

Foster Care Services: Fiscal

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FISCAL

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Meeting the needs of a child in care requires significant financial resources. It is essential that county departments explore and exhaust all potential funding sources available to each child.

The primary funding sources for the Foster Care Program include Title IV-E, Title IV-B (Part I and II), Medicaid, federal, state and limited county/RBWOal funds. These funding sources are used in accordance with budgetary guidelines and funding availability. Another resource available to DFCS is child support. It is the basic responsibility of a parent to contribute financially toward the support of the child in care, including medical support when available.

The County Statistical Reporting System (COSTAR) is primarily designed to track the purchase of services and title IV-E expenditures. DFCS accounting staff must ensure accuracy in the accounting and reporting of expenditures. Economic Support and Social Services staff also exercises fiscal responsibility for reported expenses. Compliance with federal and state eligibility and programmatic guidelines is monitored to ensure financial accountability.

ADOPTION ASSISTANCE - MAINTENANCE

- UAS Code 508 (State)
- UAS Code 509 (IV-E)

1016.1

Description

Adoption Assistance provides financial help to the adoptive family of a child with special needs prior to and following the finalization of the adoption. A direct money payment is made to the adoptive family in the form of a monthly supplement. The payment assists the adoptive parents in meeting the special needs of the child; e.g., the purchase of special clothing, dietary supplements, educational tools, etc. (See 1016.26 for instructions in how to apply for a Level of Care Per Diem if the child's special needs are extraordinary and may potentially make him/her eligible for a higher per diem.)

1016.1 PROCEDURE

See Section 109, Adoption Services Manual, for eligibility and programmatic guidelines.

ADOPTION ASSISTANCE - SPECIAL SERVICES

- UAS Code 512

1016.2

Description

Special Services Adoption Assistance provides (1) child care reimbursement at the allowable state rate for income eligible families – State Office approval required; (2) purchase of service (up to \$5,000 per child) from a licensed child-placing agency for the child's adoptive placement; (3) other reimbursable services such as therapy, orthodontics, surgery (when there are no available family or community resources and the need is documented by the service provider); (4) respite care reimbursement (approved only by the Office of

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Adoptions) and (5) adoptive placement reimbursement (not to exceed \$3,000) to a licensed child-placing agency for the conversion of a foster home into an adoptive home.

1016.2 PROCEDURE

See Section 109, Adoption Services Manual, for eligibility and programmatic guidelines.

ADOPTION - NON-RECURRING EXPENSES

- UAS Code 510

1016.3

Description

Non-recurring expenses are reimbursed to adoptive parents and/or their attorney for one-time expenses related to the finalization of the child's adoption. The maximum reimbursement (up to \$2000 per child) is for such expenses as (1) court costs; (2) attorney fees; (3) adoptive parent physicals; (4) travel and lodging during the pre-placement period; (5) assessment costs for a private agency to complete the adoption assessment, etc. Two requirements must be met: there must be a current Adoption Assistance application in effect prior to finalization; and the child must meet the state's definition of "special needs." (Prior DFCS custody is not a requirement.)

1016.3 PROCEDURE

See Section 109, Adoption Services Manual, for eligibility and programmatic guidelines.

ASSESSMENT – (former PPST Assessment)

- Entitlement code 12

1016.4

Description

Regular assessments (formerly PPST) not associated with the Comprehensive Child and Family Assessment (CCFA) provides evaluation and therapy services to children in care and/or their families. Birth parents are eligible when the permanency plan is reunification or when another permanency plan may need to be selected. Foster parents serving special needs children are eligible for consultation/therapy services to assist and support them in managing behavioral and adjustment issues with a specific child in the home. Providers must be licensed for the service performed; i.e., psychiatric and psychological evaluations and therapy must be done by a psychiatrist (M.D.) or by a clinical psychologist (Ph.D.); speech evaluations and

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therapy must be conducted by a licensed speech pathologist; and hearing evaluations must be completed by a licensed audiologist or speech therapist/pathologist within a school system. The vendor does not have to be an approved CCFA/WA provider. If the individual/agency is not approved to provide CCFA/WA, services, a contract is used for a purchase of service agreement with the provider. The individual must be licensed or certified in Georgia. These assessments are charged at the Medicaid reimbursable rate.

Before initiating 511 Assessment (to conserve state funds):

1. Document efforts to utilize diagnostic and treatment services of Medicaid providers including community mental health programs.
2. Review the Promoting Safe and Stable Families program service provider resource guide at www.pssfnet.com for vendors in your community and document efforts to use PSSFA resources.

1016.4 PROCEDURES

1. When "511" assessment funds are determined to be the only available funding source have Form 535, *Authorization and Claim for Psychological, Psychiatric or Speech Therapy Services* (revised 12/05) completed and signed by the County Director/designee.
2. Provide instructions to the *Vendor/provider* for submitting the claim to the county department for services rendered.

3. Follow the established rates indicated below:

General Psychological Evaluation. Medicaid reimbursable rate

Special Projective Psychological. Medicaid reimbursable rate

Psychiatric Evaluation. Medicaid reimbursable rate

Speech Evaluation (psychometric & hearing test). Medicaid reimbursable rate

Psychotherapy is authorized for a maximum of 10 sessions per authorization for the following amounts specified by provider, type of service and time spent:

Psychotherapy by a clinical psychologist
Individual Medicaid reimbursable rate
Family/Couple. Medicaid reimbursable rate
Group. Medicaid reimbursable rate

Psychotherapy by a psychiatrist
Individual. Medicaid reimbursable rate
Group. Medicaid reimbursable rate
Speech Therapy Medicaid reimbursable rate

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NOTE: *Exceptions to the above rates for service must be explained and confirmed in a written waiver by the County Director/designee and retained on file for audit purposes.*

ASSESSMENT – COMPREHENSIVE CHILD AND FAMILY

- UAS Code 511
- Entitlement Code 29

The purpose of the Comprehensive Child and Family Assessment (CCFA) is to assist DFCS staff, the juvenile court, families and providers in developing case plans, making placement decisions, expediting permanency and planning for effective service interventions. *NOTE: The Comprehensive Child and Family Assessment (CCFA) is the property of the Department of Family and Children Services.*

1016.5

Description

Some components of the Comprehensive Child and Family Assessment may be needed for **children** entering care. The earliest possible point to make a referral is following the 72-hour hearing when the child is detained in the care of the department. If the child or the family has received an evaluation in the previous 12 months, a Comprehensive Child and Family Assessment is not required. Instead, a Family Assessment may be completed by the Case Manager in accordance with the guidelines in 1006.1. If a child has received a psychological within the last 12 months, then specific test do not have to be repeated (See Psychological components). If the county determines the need for a Comprehensive Assessment for a child that has been in care prior to the Comprehensive Child and Family Assessment (CCFA) Program, a waiver may be requested from the Regional Field Director which states the reason why an assessment is needed, the length of time the child has been in care and child's permanency plan.

A **Comprehensive Child and Family Assessment** includes the following components:

PSYCHOLOGICAL	Ages 4 to 18	Psychological Evaluation (Report of evaluation results, including mental status and behavior. Recommendations for treatment and/or additional assessment needs.)
<i>MEDICAL/HEALTH CHECK</i>	Age 0-18	Includes Health Check Exam within ten (10) days of placement in foster care. Collection of complete medical history on medically fragile children or physical abuse cases. Health Check includes a developmental screen and dental screen.
EDUCATIONAL	Age 5 – 18 4 and under, if in early intervention	Includes educational evaluation, school history, past and current school records, testing scores, achievements, discipline and

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		attendance records, etc. and summary by provider.
<i>FAMILY ASSESSMENT</i>	Age 0-18	Includes family information (composition, health finances, employment, marital relationship, discipline, community interactions, genogram, Form 419 (background information), family stressors and resources, information on relatives as possible placement resources, conclusions and recommendations, etc.
Adolescent Assessment	Age 14-18	Is requested only after a Judicial/ Citizens Review Panel if the plan for the young person is Another Planned Permanent Living Arrangement (Long Term Foster Care) and/or Emancipation. (May be requested in other cases if the SSCM and ILC feel it is in the best interest of the child.)

Family Team Meeting (FTM)

A Family Team Meeting, facilitated by a SSCM is held within nine (9) days of the child's placement in foster care. The county may contract with an approved CCFA/WA provider to facilitate the FTM if there is no trained DFCS staff within the county. After the initial FTM, (within 9 nine of the child's placement) a FTM may be held at any critical point in the case. The 1st family team meeting will begin the initial case planning with the family and may identify any potential relative resources for placement. DFCS will schedule the date, time and RBWOation of the FTM. The SSCM will inform the parent of the FTM date and time at the 72-hour hearing. The CCFA provider may assist in coordinating the meeting.

Multidisciplinary Team (MDT) Staffing

Once all parts of the Comprehensive Child and Family Assessment are completed, a Multi-Disciplinary Team (MDT) staffing is convened with the child/family and representatives from various disciplines (a minimum of three). DFCS is responsible for scheduling the date, time and RBWOation of the MDT meeting. The provider is responsible for notifying all participants and arranging for transportation. Assessment results are shared with all participants at the staffing. The MDT Recommendation Form is completed with recommendations concerning the child's placement setting, permanency plan and services needs (including those of his/her family and or caregiver). The team will select goals and steps related to the conditions that resulted in the child's placement in foster care. These goals and steps may be incorporated into the initial case plan for the family and submitted to the court within 30 days of the child's placement in foster care.

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CCFA Providers must meet the Standards for Comprehensive Child and Family Assessments (CCFA). Only DFCS –Approved providers that appear on the Approved Provider List (available on the web @ <http://dfcs.dhr.georgia.gov/fostercare>) may provide CCFA/WA services. All forms referenced in the Procedures below may be accessed at this web site.

The CCFA shall be purchased by component. The cost is:

\$300.00

Psychological Evaluation

The provider will arrange/schedule an appointment for the child with a licensed psychologist or psychiatrist. (A Paraprofessional staff member may accompany child to appointment.) Provider must collect all background information and submit the referral question to the evaluator.

\$150.00

Health Check Screen ages 0-18 (includes dental screen & developmental screen) If delays are noted, the child is referred for an assessment. (Eligible children may receive an assessment through Babies Can't Wait (CAPTA requirement).

Provider is responsible for scheduling/ arranging appointment for a health check within 10 days of placement in foster care by an approved health check provider.

- ❖ Records collected on medically fragile children and physical abuse cases.

\$75.00

Match Profile Instrument (MPI).

If authorized by County DFCS, completed on all children in RBWO placements.

\$150.00

Educational Assessment

The Provider will collect records, interview school officials, complete the educational report and summarize the educational status of the child in the CCFA report.

\$600.00/1st child

\$300.00 additional fee/ two or more children

Family Assessment (Dynamic Assessment observation of parent(s), child, interviews with parent, child, relatives, placement resource, friends)

Facilitates MDT Meeting and recommends goals to be integrated into family case plan

Participates in Family Team Meeting facilitated by DFCS

Genogram

Form 419 (obtain reasonable information)

\$400.00/each child

The Adolescent Assessment is not a required component of the initial CCFA. If after the first Judicial or Citizens

Review Panel, the youth's permanency plan changes to Another Planned Permanent Living Arrangement (Long Term Foster Care) and/or emancipation, and/or it is determined to be in the youth's best interest, the SSCM and Independent Living Coordinator (ILC) may request that an Adolescent Assessment is completed.

\$350. 00 each assessment

Relative Care Assessment (See 1016.37) – Cost for the Assessment, transportation and a family team meeting is included in this amount. Reimbursement cost for medicals, criminals, etc. associated with the RCA see -

Termination/Cancellation of CCFA

The County Department has the right to terminate/cancel a CCFA if a child returns home at the Adjudicatory (10 day) hearing. The County Department will reimburse the contractor for each completed section of the CCFA.

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Late Assessment, fee per County DFCS

If the CCFA is received beyond the due date, the County DFCS may impose a fee reduction of \$10 per day to be deducted from the Family Assessment Component. Counties must exercise due diligence in ensuring that SSCM's are timely in referring Assessments and providing necessary information to also ensure a timely Assessment completion date. Assessments shall be completed within 30 days of the referral date.

Comprehensive Child and Family Assessment (CCFA) Court Appearance and/or Testimony

- UAS Code 511
- Entitlement Code 88

1016.6

Description

If a provider is required to appear and/or testify in court sixty days after the CCFA referral date, the provider may be reimbursed at the established rates below using entitlement code 88.

Paraprofessional rate – \$25.00/hour
Professional rate - \$50.00/hour

1016.6PROCEDURES

1. Follow established procedures for adding a name to the summons list for juvenile court hearings.
2. Attach a copy of the subpoena to the invoice.
3. Maintain copies of all approved invoices.

Comprehensive Child and Family Assessment (CCFA) Medical Exams (related to CCFA)

- UAS Code 511
- Entitlement Code 19

1016.7

Description

All children entering foster care must have a Health Check screen within ten (10) days of their placement in foster care. CCFA Medical Exams pays for any charges incurred when a child has a Health Check screen or another medical procedure during the CCFA and neither Medicaid nor any other insurance is available to cover the costs.

1016.7PROCEDURE

1. **Submit invoice with bills attached to Accounting and maintain copy in file for audit purposes.**
2. **Documentation that the child is not eligible for Medicaid or that Medicaid will not pay for the service shall accompany the invoice and be filed in the case record.**

ASSESSMENT – COMPREHENSIVE CHILD AND FAMILY ASSESSMENT (CCFA)

Other

- **UAS 511**

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Entitlement Code 00

1016.8

Description

CCFA Other covers cost associated with the CCFA that are not covered by other funding sources. CCFA "Other" is used as a last resort-funding source after all others have been explored.

Authorization to charge expenses is granted by the County Director/designee and a written waiver is maintained in the county. Approval from the Regional Field Director is required for expenditures that exceed \$1,000.00 to ensure the availability of funds. Documentation of the actual or anticipated cost must be attached to the waiver for audit purposes.

Note: Documentation that all other funding resources have been exhausted should accompany the waiver request and invoice.

Psychological Exams (related to the CCFA)

- UAS Code 511
- Entitlement Code 54

1016.9

Description

Funds available in UAS entitlement code 54 covers the cost of a psychological/psychiatric evaluation when it is part of the CCFA for a child who is either ineligible for Medicaid or the service is not covered by Medicaid. Evaluations must be conducted by a licensed psychologist (Ph.D.) or psychiatrist (M.D.). These assessments are charged at the former PPST rates for service (See 1016.4). Counties must ensure due diligence in providing Medicaid numbers for children. County DFCS follow-up may be necessary to ensure that Psychological Exams are appropriately charged for Medicaid-eligible children. If a Medicaid eligible child requires psychological/psychiatric or specialized testing (neuropsychological, psychosexual etc.) that is not Medicaid reimbursable, written documentation that Medicaid will not pay for the service must accompany the invoice. Note: The vendor does not have to be an approved CCFA/WA provider. County departments may purchase the service using a MOU. The individual must be a licensed psychologist or psychiatrist in Georgia and a Medicaid enrolled provider.

1016.9 PROCEDURE

1. Forward invoices with all bills attached to Accounting and maintain on file for audit purposes.
2. Documentation that Medicaid will not pay for the service or that the child is not Medicaid Eligible shall accompany the invoice.
3. Ensure that all efforts to utilize diagnostic and treatment services provided by Medicaid approved

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providers and community agencies have been exhausted. Document efforts to utilize diagnostic and treatment services of Medicaid providers including community mental health programs. The method of contact and reason the Medicaid or community provider will not be used should be documented on a 452.

The referral process for accessing Mental Health Services through MHDDAD is:

- a. SSCM contacts the Georgia Crisis and Access Line at 1-800-715-4225 or the website address is: www.mygcal.com, for a referral and appointment for an assessment with a Core Provider. You may also contact a Core Services Provider directly. Some approved CCFA/WA Providers are approved to provide Core Services.
- b. The Core Services Provider sets an appointment within five (5) days to begin the assessment process and to determine a recommendation for treatment needs.
- c. The Core Services Provider assesses the child's treatment needs, makes treatment recommendations, and develops an individual treatment/resiliency plan.
- d. The Core Services Provider serves as a clinical home consultant and coordinates all Behavioral Health Care Services.

COMPREHENSIVE CHILD AND FAMILY ASSESSMENT (CCFA) Relative Care Assessment (RCA)

- UAS Code 511
- Entitlement Code 29

1016.10

Description

Funding in entitlement code 29 enables county departments to initiate a referral for a Relative Care Assessment (RCA), with an approved CCFA provider, when relatives are identified during the CCFA as potential placement resources and the relative has expressed a commitment to be a long-term resource for the child. The cost of the RCA is \$350.00. The rate includes cost related to a Family Team Meeting and any required travel to another county. The RCA must be completed within thirty -days of the referral date.

1016.10 PROCEDURE

9

1. Forward invoice to Accounting and maintain on file for audit purposes.

1016.10 PRACTICE ISSUE

1. Follow the established policy and protocol for an "in county and out of county" RCA. (See 1004 – Placement Resources and Appendix A – Section XII – Relative Assessments.)

BURIAL EXPENSES – Entitlement Code 10

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1016.11

Description

When a child in foster care dies, state participation in burial expenses is limited to a maximum of \$1000 **unless the County Director/designee grants a waiver to exceed the state's maximum amount.** Other sources of payment (personal funds, family contributions, family insurance, community donations, etc.) are always explored and if available, are applied to the total cost. Since State funds are available to cover burial expenses, county departments are not to purchase life insurance for a child in care or invest the child's funds in burial accounts.

1016.11 PROCEDURES

41888.Offer assistance to the child's family in making burial arrangements to ensure that the child receives simple, but dignified burial services.

41889.Assist the family in determining if they are able to pay any or all of the funeral expenses without causing undue financial hardship.

41890.Explore all possible financial resources; i.e., child's personal funds, insurance, community donations, etc.

41891.Negotiate, as necessary, with RBWOal funeral homes for economical services.

5. Provide Accounting staff with all invoices and bills related to the funeral arrangements for audit purposes. Also, attach any waiver if the maximum limit for burial was exceeded.

CHILD RESTRAINT DEVICES – Entitlement Code 11

1016.12

Description

Any child being transported in a vehicle shall be protected by a seat belt or child-restraining device. If the child is under age 6, an approved transportation restraint device (child car seat or booster seat) must be used. These devices are reimbursable from state funds when purchased by a foster parent for a specific child. (If not purchased for a specific child, then the expense must be paid from regular operating funds.) The restraint device "belongs" to the child. However, if the child reaches age six (6), or can no longer use the child restraint device, the county department may inventory the device and make it available, if needed, for another child in care. It is generally recommended that children age six and older who are unusually small for their age; i.e., weighing under 80 pounds and/or under 4' 9" in height, use a booster seat, rather than a lap/shoulder belt restraint system. The County Director/designee has the authority to waive the age requirement and authorize the purchase of a booster seat for the safety needs of a particular child.

1016.12 PROCEDURES

41956.Determine the child's safety needs for a restraint device according to his/her age and size.

41957.If the foster parent purchases the restraint system, be sure that it meets the safety approval standards of the U.S. Department of Transportation and that it is installed in accordance with the manufacturer's directions.

41958.Instruct the foster parent to attach a paid receipt when claiming the expense on Form 526, *Foster Care Invoice*.

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41959. Provide Accounting with a copy of any waiver that is granted when the child's size and/or weight make a restraint device necessary.

CLOTHING: INITIAL – Entitlement Code 04

1016.13

Description

All children in foster care are entitled to an initial clothing allowance. "Initial Clothing" is purchased during the first six months following the removal and placement of a child in foster care. Limits are set according to the age of the child; i.e., **\$200** (birth through age 12) and **\$300.00** (age 13 and over.) The County Director/designee may authorize purchases in excess of the maximum limits for a "hard-to-fit" child for whom more costly purchases are justifiable. Beyond the six-month initial placement period, clothing replacement costs are limited to the amount covered in the per diem and the annual clothing allowance. Occasionally, a child may be in dire need of an additional wardrobe after the Initial Clothing allowance has been spent. The County Director/designee may grant a written waiver permitting another authorization of Initial Clothing. A copy of the waiver is maintained for audit purposes.

1016.13 PROCEDURES

1. Instruct the foster parent, to attach paid receipts for all clothing purchases to the *Foster Care Invoice*. The CPA and/or CCI may attach receipts for all clothing purchases to the pre- bill and submit to the payment center. Relatives who do not receive a per diem, (may receive Enhanced Relative Rate - ERR) upon approval by the county DFCS, may submit paid receipts to the Social Services Case Manager. (Purchases may be reimbursed all at one time or in incremental amounts over the initial six months as long as the maximum is not exceeded.)
2. If the above reimbursement procedure places a financial hardship on the foster parent or relative caregiver, explore with the County Director or designee the possibility of issuing an "advance." NOTE: Direct payment to RBWOal stores where "charge accounts" are set up is not permitted when federal/state funds are being used.

CLOTHING – ANNUAL – Entitlement Code 05

1016.14

Description

An Annual Clothing allowance of **\$300.00** per **state fiscal year** is available to any child placed in Family Foster Care (FFC/CPA) and a relative home (relative may or may not receive a per diem or enhanced relative rate if the child is in the custody of DFCS. If the child is no longer in the custody of DFCS, the relative caregiver must receive -RCS, enhanced relative care subsidy ERCS, subsidized guardianship-SG, or enhanced subsidized guardianship ESG). The allowance may be charged all at one time or in incremental

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amounts as long as the maximum is not exceeded per state fiscal year. Annual Clothing is not claimed in the same **calendar** year in which a child enters care. **Example:** A child enters care October 2003 and is eligible for and receives incremental amounts of Initial Clothing over the next six months. During SFY 04 (July 1, 2003 - June 30, 2004), the child is eligible for Annual Clothing. Annual clothing may not be purchased for any of the months in 2003 because the child entered care in 2003. However, purchases may be made any time from January 1, 2004 through June 30, 2004.

1016.14 PROCEDURES

1. Instruct the foster parent, to attach paid receipts for all clothing purchases to the *Foster Care Invoice*. The CPA (limited to FFH) may attach receipts for all clothing purchases to the pre-bill and submit to the payment center.
Relative caregivers (includes relatives who receive ERR, ERCS, RCS, SG, ESG) who do not receive a foster care per diem upon approval by the county DFCS may submit paid receipts to the Social Services Case Manager. (Purchases may be reimbursed all at one time or in incremental amounts over the initial six months as long as the maximum is not exceeded.)
2. If the above reimbursement procedure places a financial hardship on the foster parent or relative, explore with the County Director or designee the possibility of issuing an "advance." NOTE: Direct payment to RBWOal stores where "charge accounts" are set up is not permitted when federal/state funds are being used.

COMPREHENSIVE CHILD AND FAMILY ASSESSMENT (CCFA) WRAP-AROUND SERVICES

- UAS Code 518
Entitlement Codes:
 - 80 Summer Safety/ Summer Enrichment
 - 95 In-Home Intensive Treatment
 - 71 In-Home Case Management
 - 24 Crisis Intervention to Prevent Disruption
 - 47 Crisis Intervention for Behavioral Management
 - 56 Transportation
 - 88 Court Appearance
 - 00 Other

1016.15

Description

Comprehensive Child and Family (CCFA) Wrap-Around (WA) Services are comprehensive home-based mental health treatment and case management services designed to provide critical support in **Placement (PLC)** cases with the intent of promoting safe and stable families and early reunification. The individual Wrap-Around Services may be used in combination or as separate service components. Unless otherwise specified, the duration of service provision **cannot exceed eight (8) months** (crisis intervention is limited to thirty days). Aftercare services must be court-ordered and may be extended up to an additional six (6) months without a waiver. Wrap-around services are used to support children placed in **DFCS foster homes**, children reunited with their birth families with court ordered services, **children placed with relative caregivers who receive an Enhanced Relative Care Subsidy (ERCS), Relative Care Subsidy (RCS), Enhanced Subsidized Guardianship (ESG) or Subsidized Guardianship (SG)**. Wrap-Around services may also be used to support birth parents, relative caregivers and foster parents. Services are available to

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children and resource families before the adoption is finalized.

When children enter care, the need for Comprehensive Child and Family (CCFA) Wrap-Around Services should be determined in the Assessment. If the child does not have a Comprehensive Assessment or if the need for Wrap-Around Services does not arise until after an Assessment has been completed, then the service needs of the family are documented on the *Wrap-Around Services Authorization* (Form 5). An outline for accessing Comprehensive Child and Family Assessment (CCFA) Wrap-Around Services and making payments to approved providers is summarized below. The CCFA *Minimum Standards for Comprehensive Child and Family Assessments* addresses these steps in greater detail.

Before initiating Wrap-Around Services:

4. Ensure that all efforts to utilize diagnostic and treatment services provided by Medicaid approved providers and community agencies have been exhausted. Document efforts to utilize diagnostic and treatment services of Medicaid providers including community mental health programs. The method of contact and reason the Medicaid or community provider will not be used should be documented on a 452.

The referral process for accessing Mental Health Services through MHDDAD is:

- d. SSCM contacts the Georgia Crisis and Access Line at 1-800-715-4225 or the website address is: www.mygcal.com, for a referral and appointment for an assessment with a Core Provider. You may also contact a Core Services Provider directly. Some approved CCFA/WA Providers are approved to provide Core Services.
- e. The Core Services Provider sets an appointment within five (5) days to begin the assessment process and to determine a recommendation for treatment needs.
- f. The Core Services Provider assesses the child's treatment needs, makes treatment recommendations, and develops an individual treatment/resiliency plan.
- d. The Core Services Provider serves as a clinical home consultant and coordinates all Behavioral Health Care Services.

Wrap-Around Services shall only be initiated with the supervisor's approval and documentation that Medicaid services are not accessible or feasible within required timeframes for safety, permanency and the child and family's well-being.

- If services are not accessible or feasible within required timeframes for reunification or crisis intervention, then:

To initiate Wrap-Around Services, follow these steps:

- Consult the Approved Provider List found at the State of Georgia web site <http://dfcs.dhr.georgia.gov/fostercare>.
- Complete a *Wrap-Around Services Authorization* (Form 5) and obtain the necessary approvals; provide a copy to Accounting.
- Make the referral to the vendor by using the *Referral for Wrap-Around Services* (Form 6) no later

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than 15 days of identifying the service need.

- Expect the provider to acknowledge the receipt and acceptance of the referral within 24 hours of receipt.
- Contact the family and the foster parent(s) by sending a standard letter of intent that outlines the Wrap-Around Service process and introduces the particular vendor.
- Provide copies of all reports and/or other relevant information from any DFCS case file (including the current Case Plan) to the provider within (5) days of the date of the referral for Wrap-Around Services.

To process the provider's invoice for payment, follow these steps:

- By the 10th of each month, ensure that the provider has submitted **both** the *Wrap-Around Services Documentation Report* of all contacts made with the child, parent, relative, foster parent and/or adoptive parent during the previous month and the *Wrap-Around Services Invoice*;
- Review for completeness and accuracy;
- Forward to the designated DFCS approving authority for signature;
- Forward the original to Accounting for payment; retain one copy in the child's record

NOTE: The following forms are used in the provision of Wrap-Around Services and can be downloaded individually from the CCFA Information Page of the web site: <http://dfcs.dhr.georgia.gov/fostercare>

- *Around Services Authorization (Form 5)*
- *Referral for Wrap-Around Services (Form 6)*
- *Wrap-Around Services Documentation*
- *Wrap-Around Services Invoice*
- *Wrap-Around Services Invoice Instructions*

In-Home Intensive Treatment (Entitlement Code 95)

- **Purpose:** The purpose of In-Home Intensive Treatment is to provide therapeutic and/or clinical services for a family in preparation for the safe return of a child and/or to maintain and stabilize a child's current placement.

- **Service Activities:** Activities include, but are not limited to, drug treatment and support services for the parent and/or child; therapy and/or counseling; mental health evaluation of parent and/or child; domestic violence counseling; anger and stress management/counseling; behavior aides for child; grief management; loss and/or separation issues; discipline issues, etc.

Note: The specific in-home services/activities may be based on the recommendations of a licensed professional; e.g., Psychiatrist, Psychologist, Physician and/or Certified Teacher in the Comprehensive Child and Family Assessment and/or in the Case Plan.

The Case Manager specifies in a written plan the activities/services to be delivered by the provider, along with expectations for the provider to make face-to-face weekly contacts with the primary client (child) and any other required contacts, as needed, with the family, relative, foster parent and/or adoptive parent. The Case Manager will receive monthly progress reports (*Wrap-Around Documentation Report*) and at least quarterly, must have face-to-face contacts with the provider to address progress and/or other issues.

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Providers must be on-call 24 hours a day, 7 days a week, including telephone contact and home visits as necessary. The provider is also responsible for ensuring the provision of clinical services in the home.

Rate: The contracted rate for clinical services is \$60.00 per hour plus mileage at a rate of \$0.485 per mile. The maximum fee is \$5,000 per family.

In-Home Case Management (Entitlement Code 71)

- **Purpose:** The purpose of In-Home Case Management is to provide case management assistance to families in completing the defined goals and steps of the Case Plan.

- **Service Activities:** Activities include, but are not limited to, providing direct services; coordinating community services; advocating for service provision; coordinating and supervising visitation with parent(s), relative, and/or siblings; preparing families for reunification; monitoring placements for safety and stability following reunification (Aftercare); drug screening of the parent/relative; criminal record checks (fingerprint clearances) for the parent, relative or other caregiver such as Supplemental Supervision provider; establishing paternity (DNA testing); tutorial program; behavior aides for child; parent aide services and/or parenting classes; coordinating and facilitating family team meetings, preparing children for adoption (excluding Child Life Histories); developing and discussing Life Books; discipline issues; translation services; sign language services; etc. Note: A written waiver must be sent to the Regional Director to pay for any service not otherwise listed. The waiver should include who will receive the service and why the service is needed.

The specific in-home services/activities may be based on the recommendations of a licensed Child and Family Assessment and/or in the Case Plan. The Case Manager specifies in a written plan the activities/services to be delivered by the provider, along with expectations for the provider to make Weekly face-to-face contacts with the primary client identified for the WA service and bi-weekly contact with others related to the case. The Case Manager will receive monthly progress reports (*Wrap-Around Documentation Report*) and at least quarterly, must have face-to-face contacts with the provider to address progress and/or other issues.

Providers must be on-call 24 hours a day, 7 days a week, including telephone contact and home visits as necessary.

- **Rate:** The contracted rate is \$45.00 per hour (\$30.00 per hour for paraprofessional) plus mileage at a rate of \$ 0.485 per mile. The maximum fee is \$7,500 per family. A maximum fee of \$750.00 may be paid to a provider for developing and discussing a life book.

Note: County Departments may use a contract to purchase drug screens and paternity tests from a community based business or a facility using wrap-around funds. The Vendor (drug screens and paternity test only) does not have to be an approved CCFA/WA provider

Crisis Intervention to Prevent Placement Disruption (Entitlement Code 24)

- **Purpose:** Crisis Intervention to Prevent Placement Disruption provides an immediate service to stabilize a volatile family situation where safety of the child is not an issue, but may result in a child's

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current placement in a foster home, relative home, adoptive home (adoption not finalized) or Aftercare placement being at imminent risk of disrupting and/or placing the child at risk of re-entering foster care.

- **Service Activities:** Activities include, but are not limited to, coordinating community services; advocating for service provision to the child and family; monitoring placements after reunification has occurred (Aftercare); therapy and/or counseling; domestic violence counseling; anger and stress management/counseling; behavior aides for the child; parent aide services and/or parenting classes, coordination and facilitation of family conferences; grief management; loss and/or separation issues; discipline issues; translation services, sign language services; etc.

The specific activities/services may be based on the recommendations of a licensed professional; e.g., Psychiatrist, Psychologist, Physician and/or Certified Teacher in the Comprehensive Child and Family Assessment and/or Case Plan. The Case Manager specifies in a written plan the activities/services to be delivered by the provider, along with the frequency of face-to-face contacts by the provider with the primary client (child) and the family, relative, foster parent and/or adoptive parent. The Case Manager will receive monthly progress reports (*Wrap-Around Documentation Report*) and at least quarterly, must have face-to-face contacts with the provider to address progress and/or other issues.

Providers must be on-call 24 hours a day, 7 days a week, including telephone contact and home visits as necessary. The provider is also responsible for ensuring the provision of clinical services in the home.

- **Rate:** The contracted rate is \$60.00 per hour for clinical services and behavioral/disruptive crisis intervention, and \$30.00 per hour for paraprofessional family services depending on the level of intervention. Transportation is reimbursed at \$0.485 per mile. There is no maximum fee per family. However, service provision may not exceed thirty days.

Crisis Intervention for Behavioral Management (Entitlement Code 47)

- **Purpose:** Crisis Intervention for Behavioral Management provides an immediate service to stabilize and manage the behavior of a child which may result in his/her current foster care/relative placement, adoptive placement (adoption not finalized) or Aftercare placement, being at imminent risk of disruption and/or placing the child at risk of re-entering foster care.

- **Service Activities:** Activities include, but are not limited to, coordinating community services; advocating for service provision to child and family; monitoring placements after reunification has occurred (Aftercare); therapy and/or counseling; domestic violence counseling; anger and stress manage/counseling; behavior aides for child; parent aid services and/or parenting classes, coordinating and facilitating family conferences; grief management; loss and/or separation issues; discipline issues; translation services, sign language services; etc.

The specific activities/services may be based on the recommendations of a licensed professional; e.g., Psychiatrist, Psychologist, Physician and/or Certified Teacher in the Comprehensive Child and Family Assessment and/or Case Plan. The Case Manager specifies in a written plan the activities/services to be delivered by the provider, along with the frequency of face-to-face contacts by the provider with the primary client (child) and the family, relative, foster parent and/or adoptive parent. The Case Manager will receive monthly progress reports (*Wrap-Around Documentation Report*) and at least quarterly, must have face-to-face contact with the provider to address progress and/or other issues.

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Providers must be on-call 24 hours a day, 7 days a week, including telephone contact and home visits as necessary. The provider is also responsible for ensuring the provision of clinical services in the home.

- **Rate:** The contracted rate is \$60.00 per hour for clinical services and behavioral/disruptive crisis intervention, and \$30.00 per hour for paraprofessional family services depending on the level of intervention. Transportation is reimbursed at \$0.485 per mile. There is no maximum fee per family. However, service provision may not exceed thirty days.

Summer Safety / Summer Enrichment (Entitlement Code 80)

- **Purpose:** Summer Safety/Summer Enrichment supports the foster or adoptive family and promotes the well-being of children by providing summer enrichment activities. These activities offer stimulating learning and/or cultural experiences in the community and are available through such programs as the Red Cross, YMCA, school or church-related camps, etc. The provider must meet requirements of the Office of Regulatory Services (ORS).

- **Eligible children/youth:** Must be under 14 years of age and in DFCS custody. Child/youth must be placed in DFCS foster home, adoptive home (adoption not finalized) or a private agency foster or adoptive home (adoption not finalized). Note: For youth age 14 and older, enrichment activities are charged to Program UAS 585 (Secondary Educational and Enrichment Expenses). All referrals for 585 must go through the Independent Living Coordinator who can authorize the funds loaded in 19 lead counties.

Child Care Licensing guidelines are applicable for summer camps.

- **Rate:** AIRBWOation of funds is based on the number of children in care. Therefore, enrichment activities are limited to a maximum of \$252.00 per child per summer (June, July and August). Note: a contract is used for purchase of service agreement with ALL providers. Prepare Authorization (Form #5) and copy to Accounting. No Referral (Form 6) is required.

Transportation Services (Entitlement Code 56)

-**Purpose:** For necessary travel and/or escort services to and from facilities or resources. Example: A WA provider is contracted to provide transportation service only to and from a visit (no supervision etc.) OR a WA provider is contracted to transport a child to and from a medical appointment (drop off and pick up only).

Documentation is required and must reflect the service provided.

Rate: The WA provider may bill at a rate of \$15.00 per hour (Professional and/or Para-Professional staff). Mileage is reimbursed from the provider's residence, official business address or referring county, whichever is nearer to the designation point at the rate of \$0.485 per mile.

Note; Supervision of visits and scheduling/accompanying to appointments is not transportation only service and may be more appropriately served through In-Home Case Management.

- Rate: \$15.00 per hour
- **Rate:** Mileage is reimbursed at \$0.485 per mile.

Court Appearance or Testimony (Entitlement Code 88)

- **Purpose:** To reimburse the CCFA Wrap-Around Provider for their appearance and/or testimony when subpoenaed to court..

- **Rate:** A CCFA Wrap-Around Provider may be reimbursed:
\$50/per (professional)
\$25/hour (paraprofessional)

Foster Care Services: Fiscal

Other Reimbursable Expenses (Entitlement Code 00)

-Purpose: Covers miscellaneous expenditures authorized by County DFCS that are approved, and are not covered under Entitlement Codes 24, 47, 53, 71, 80, 88 or 95. These costs should be minimal and should be used as "last resort" funding source after all others have been explored.

Authorization to charge expenses is granted by the County Director/designee in written waiver and maintained in the county. Approval from the Manager of Field Operations is required for expenditures that exceed \$1,000.00 to ensure the availability of funds. Documentation of the actual or anticipated cost must be attached to the waiver for audit purposes.

CONCURRENT PER DIEM PAYMENTS

1016.16

Description

Per Diem payments may be paid to a child's ongoing provider during his/her temporary absence of up to **ten (10) days** during a calendar month. This provision requires that the absence of the child is planned and purposeful; e.g., visits with a parent or relative; pre-placement visits to another facility, hospitalization, admission to other institutions for evaluation/treatment (provided the foster parent or facility is willing to have the child returned), camp, runaway (provided the foster parent or facility is willing to have the child returned) or when the foster parent is attending required training that involves an overnight stay. Note: If the child's absence is a result of a facility closing (CPA or CCI), concurrent payments are not made.

If there are concurrent payments to two foster homes or facilities at the same time **and the child is classified as IV-E**, then only **one IV-E payment in a single day may be made**. The "primary" foster home/facility continues to receive IV-E payments during the child's temporary absence (up to 10 days). The alternate home/facility must be paid out of IV-B (State).

1016.16 PRACTICE ISSUES

42024.Should a foster parent go on vacation, be hospitalized or for any other reason, be unable to care for the child in the home, it is necessary to remove the child and temporarily place him/her in another approved DFCS foster home or Private Agency foster home. **In such instance, concurrent payments due to the absence of the foster parent may not be paid.** Instead, see 1016.32 regarding the use of "Respite Care" as an option for the foster parent. Note: The CPA and CCI is responsible for temporarily placing a child within their agency FFH or facility. A waiver from the Family Services Director is required for placement of a child from a CPA or CCI temporarily in a DFCS foster home except for sibling visitation.

42025.If a youth is attending college and living away from the foster home, payment to the foster home is limited to those days or weeks that the youth visits in the foster home. Form 529 is completed to indicate the youth's return to the foster home; a subsequent Form 529 is completed to show the youth's departure from the home to return to college.

42026.If a child/youth is in a CPA or CCI placement and visits (stays overnight) with his/her siblings placed in a DFCS foster home, a basic DFCS FFC per diem rate may be paid to the DFCS foster home using concurrent per diem.

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1016.16 Procedures (Concurrent Per Diems paid to two homes/facilities)

1. For concurrent payments of a Title IV-B child, Form 529 is prepared to show the child's move from his original home to the temporary home. The funding classification remains IV-B for either home. The Form 529 should be annotated, "Concurrent Per Diem." When the child leaves the temporary placement home and returns to the original home, Form 529 is prepared and is annotated, "Concurrent Per Diem."
2. For concurrent payments of a Title IV-E child, follow the procedures above with one exception. The Form is annotated, "Concurrent Per Diem," but IV-B (State) the per diem payments must be indicated for the days that the child is in the temporary home.

ENHANCED RELATIVE RATE (ERR)

- UAS Code 542
- 01 Enhanced Relative Rate Payments

1016.17

Description

The Enhanced Relative Rate (ERR) provides financial support to relative caregivers at the rate of 80% of the current DFCS foster care per diem for the basic care of a related child in the custody of DFCS placed in their home. The relative caregiver must have an approved Relative Care Assessment (RCA). The ERR is paid at a monthly per diem rate.

The ERR monthly per diem rate for children in the custody of DFCS and placed in an approved relative home is:

Birth through age 5.....	\$ 355.25 per month
Age 6 through ages 12.....	\$ 401.50 per month
Age 13 and over.....	\$ 457.47 per month

1016.17 Procedures

1. Follow the procedures outlined in 1004.1.9 for obtaining a completed, signed and dated ERR Agreement.
2. Use Form 529 to indicate a change from foster care per diem to ERR. Show an effective date as the 1st day of the next month after the end of the Per Diem eligibility. (Example: Per Diem eligibility ends on the 15th; ERR eligibility begins on the 1st day of the month after the end of Per Diem eligibility).
3. Notify the Office of Family Independence on Form 713 to terminate any TANF payment paid for the child's care. Show an effective date as the first day of the month after the receipt of the RCA and the ERR agreement (provided all other ERR criteria is met).
4. If a child has funds (child support, SSI, social security, etc.) and the amount is less than \$400.00, **do not apply the funds to state reimbursable costs**. The SSCM shall request disbursement of the funds each month to the relative caregiver using Form 750, "Authorization for Restricted Funds". Note: The relative caregiver may receive the ERR and the child's funds if less than \$400.00.

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FOSTER/ADOPTIVE SUPPORT SERVICES

- UAS Code 531
 - 06 Support Services
 - 67 IMPACT
 - 68 Continued Parent Development

1016.18

Description

Funding in UAS Code 531 (Foster/Adoptive Support Services) enables county departments to reimburse the following services required in the screening, preparation and approval of foster and adoptive families. Note: Fees for processing fingerprint checks are paid upfront by the county department, rather than by reimbursement.

- Drug screen, physicals, lab tests and fingerprint checks which are required of prospective and current foster/adoptive parents, including other adults in the home;
- Any additional required training;
- IMPACT materials and supplies not available through Central Supply;
- Expenses for foster/adoptive parents to attend the eight day certification training to become co-leaders in GPS or other IMPACT programs;
- Expenses for foster/adoptive parents to co-lead the ten (10) week IMPACT sessions;
- Registration, travel, lodging, meal costs associated with foster parent attendance at the annual Adoptive and Foster Parent Association of Georgia Conference and the Foster Parent and Staff Development Institutes;
- Water safety services for either children in care or their foster parents (swimming lessons, basic rescue training, etc.); and
- CPR and First Aid training.

1016.18 PROCEDURES

Fingerprinting (State and National):

42092. Send to Accounting the names of all applicants attending IMPACT using any internal form or process. Attach the two (2) imprinted cards for each applicant and signed consent forms.

42093. Explain to the applicants that Accounting submits their fingerprint cards, along with the processing fee, to the Georgia Crime Information Center (GCIC) for the state and national fingerprint clearances.

Foster Care Services: Fiscal

42094. Follow similar procedures for currently approved foster parents who are required to submit to a fingerprint check every five years as an annual re-evaluation requirement.

Drug screen, physicals and lab tests (VDRL and TB):

42256. Explain to applicants that all three of the following requirements must be met before claiming state reimbursement of the above:

- The results of the fingerprint check must be satisfactory;
- The results of the drug screen must be negative; and
- At least the first five IMPACT meetings must have been attended.

2. Provide applicants with the minimum requirements for a drug screen:

- Marijuana/Cannabinoids (THC)
- Cocaine
- Amphetamines/Methamphetamines
- Opiates; and
- Phencyclidine (PCP)

3. Have applicants keep paid receipts for drug screens, physicals and lab testing; instruct applicants to attach these to Form 526, *Foster Care Invoice*, and enter the total amount claimed under "Other Expenses." Note: The *Invoice* may be submitted for reimbursement even though a child has not yet been placed.

4. Review the submitted *Foster Care Invoice* for accuracy and completeness before submitting to Accounting for payment. Ensure that the requirements in Procedure 1 are met before processing continues.

5. Follow Procedure 3 above for claiming reimbursement for physicals/lab testing as required per policy to maintain approved status.

Additional Training and other IMPACT materials and supplies (not available through Central Supply):

Submit to Accounting the names of foster/adoptive parents and documentation of expenses incurred for training and preparing IMPACT materials.

IMPACT-Related Expenses for Certification Training:

Have the foster/adoptive parent complete and submit Form 5357, *Bill for Services Rendered*, to claim travel and per diem following state rates after their successful completion of the Certification Training.

IMPACT Reimbursement for Co-leading 10 Week Session:

See the Procedures in 1014.43 for certified foster/adoptive parents co-leading a ten- (10) week IMPACT session to follow in order to claim the flat \$500 fee for service.

Annual Adoptive and Foster Parent Association of Georgia (AFPAG) Conference:

1. Select and approve up to 10% of the county's foster parents to attend and receive state reimbursement. Note: County departments will be notified if this percentage changes based on the availability of funds.

2. Instruct attendees to complete and submit Form 5357 to claim travel, lodging, meals and registration.

3. Review Form 5357 for completeness and accuracy. Ensure that regular state rates for reimbursing

Foster Care Services: Fiscal

expenses are followed.

Foster Parent and Staff Development Institutes:

42460. Allow all foster parents who need annual continued parent development hours an opportunity to attend the Institute closest to his/her residence. Note: If the County Director determines that the circumstances of the foster parent prevent him/her from attending the Institute closest to his/her home, approval may be granted for the foster parent to attend in another RBWOation.

42461. See Procedures 2 and 3 above for claiming reimbursement of travel, lodging, meals and conference registration.

CPR and First Aid Training/ Water Safety Instructional Costs:

42528. Have the foster parent obtain a paid receipt (or similar documentation) for the training/instruction.

42529. Instruct the foster parent to attach the receipt to their monthly *Foster Care Invoice*, which is submitted in the usual way to the county department.

Note: If the Foster Parent experiences a hardship, the County Director may request an advance for hotel costs and registration fees.

Foster Home Development Funds

- UAS Code 323

1016.19

Description

Foster Home Development Funds are specifically for the development of contracts with qualified contractors to assist counties in completing pre-service training and family home evaluations.

Note: 323 Funds cannot be used to purchase recruitment materials or equipment or support recruitment activities.

1016.19 PROCEDURES

1. Qualified contractors shall have a minimum of a Bachelor's level of education in Social Work, Counseling or Psychology or a related field; able to understand and implement the philosophy and conceptualizations inherent in pre-service training; demonstrate a functional understanding of the agency's mission; and able to provide thorough well-written family evaluations with supported recommendations. At least 4 years of GPS: MAPP leader experience can be substituted for the

Foster Care Services: Fiscal

educational requirement.

2. Contractors are paid a flat rate of \$800 for facilitating the 20-hour IMPACT Pre-Service curriculum. Because of the flexible facilitation schedule of IMPACT, counties should determine payment intervals based upon the timeframes of the specific group. (For example, an IMPACT facilitator with a 3-week group could be paid in one lump sum at the conclusion; but if the group was 7 weeks, the contractor could be paid \$400 after hour 10 and the balance at the conclusion of the group). Note: Approved Foster Parents are paid a flat rate of \$350.00 to Co-Lead the 20-hour IMPACT Pre-Service curriculum. See 1014.23 Parent Co-Leaders for information on approval of foster parents as co-leaders.
3. Contractors are paid a flat rate of \$600 for a completed family evaluation.

4. Partial or incomplete assessments rates are negotiated based upon the amount of work completed. At a minimum, contractors must provide any documentation collected and a written summation of any contacts including any preliminary assessments. Depending on the amount and quality of the contacts, the summation may range from a statement to a detailed narrative and payments should be made accordingly.

HOMESTEAD

■ UAS Code 571 (100% TANF Funds)

29 Assessment (Court-ordered home evaluations)

61 Homestead Services

62 One-Time 24 Hour Crisis

1016.20

Description

The CPS Family Preservation Program known as Homestead provides intensive, in-home assessment and intervention services for eligible families. **Note:** If the county department initiates CCFA/Wrap-Around Services while the child was in care (PLC), Wrap-Around UAS 518 funds (and not Homestead) may be used to purchase these services from an approved CCFA/ WA provider.

Funds may purchase in-home or court-ordered assessments of relatives to prevent unnecessary foster care placements or to expedite reunification with relatives for children in foster care. The county department must use a Homestead vendor to complete the court ordered home evaluation for a safety resource placement. A contract with the provider is required.

Homestead Services also assures greater safety in CPS or PLC cases through the purchase of intensive, in-home counseling where children are at-risk of unnecessary foster care placement or are ready for reunification. There must be an open CPS, or PLC case. Homestead services include initial family assessment, therapy sessions, paraprofessional support services, travel and evaluations. A contract is required to purchase these services. Additionally, Homestead provides a one-time 24-hour crisis intervention payment in any eligible Homestead case.

1016.20 PROCEDURES

See CPS Services Manual, Family Preservation, Chapter 2107, for eligibility and programmatic requirements.

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ILP: ADOLESCENT ASSESSMENT

- *UAS Code 586*
93 – Adolescent Assessment

1016.21

Description

An Adolescent Assessment may be ordered separately from the regular full CCFA for adolescents between the ages of 17.5 and 20.5 who are being considered for the Transitional Living Program. Prior approval by the Independent Living Coordinator (ILC) is required in order to use UAS program code 586.

1016.21 PROCEDURES

1. Follow procedures for initiating an initial CCFA. (See: 1016.4, 1006 and/or Appendix A)
2. Invoices that utilize 586 funds must be submitted to the ILC for approval and payment.

ILP: COLLEGE / VOCATIONAL RELATED EXPENSES

- *UAS Code 584 (State and IV-E)*
75 College-Related Expenses

1016.22

Description

The purpose of UAS Code 584 is to make available financial assistance for post-secondary education and training to young adults who are in various stages of transition from foster care. Generally, these youth meet the following criteria: (1) are between the ages of 14-21; (2) have completed high school or its equivalent; (3) are presently in foster care or were formerly foster care and eligible for ILP services when custody was terminated and (4) have an open IDS case.

Funding is need-based and limited to the pursuit of an undergraduate degree, diploma or certificate at public or private institutions within the state of Georgia. Time-limited study abroad and transient programs are also allowable. These funds supplement, rather than supplant, other types of financial assistance available to the youth. There are no implied or expressed limits to funding to/for an individual youth, unless otherwise stated below. NOTE: For youth age 21 to 25, see the other ILP services in this section.

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Examples of post secondary school and training expenses include, but are not limited to, the following:

- Unmet tuition and fees, such as athletic, activity, technology, etc.
- Room and/or board:
 - On-campus housing and meal plans must be used if available
 - If on-campus housing is not available, the amount approved for off-campus room and/or board must not exceed the cost of on-campus housing and supports in effect at the University of Georgia during the corresponding term
 - The cost for room and board at the University of Georgia should be used to standardize the housing amount for institutions that do not offer housing or meal plans
- Required books, supplies, tools, equipment and software
- Uniforms and supplies for training programs
- Personal computers and printers:
 - With training, such as at a computer camp; OR,
 - As documented post-secondary requirement
- Driver's education
- Tutoring
- Subsistence stipend, as needed (limit \$50.00 per month)
- Transportation assistance to and from institutions outside of the home region or state.
 - Transportation costs are not to exceed \$650.00 per state fiscal year and cannot be used toward the purchase, maintenance or insuring of a personal vehicle.

1016.22 PROCEDURES

1. Refer eligible youth for services through the Independent Living (IL) Coordinator.
2. Reference the procedures outlined 1012.10 regarding the role and responsibilities of the IL Coordinator in completing and forwarding an Authorization for Billing Form to the institution or vendor.

ILP: EDUCATIONAL AND ENRICHMENT EXPENSES

- *UAS Code 585 (State and IV-E)*
 - 76 Secondary or High School Related Expenses*
 - 80 Summer Enrichment for children 14 and older*

1016.23

Description

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The purpose of UAS Code 585 is to assist youth in transitioning from foster care by attaining a secondary education and completing the goals specifically outlined in the youth's Written Transitional Living Plan. Youth age 14-21 who are presently in foster care (IV-E and non-IV-E) former foster care youth who were (1) eligible for ILP services when custody was terminated and (2) have an open IDS case are eligible. Program funds may be used to purchase transportation, lodging, food, snacks or refreshments for ILP activities and other supplies needed in support of achieving program goals. There are no implied or expressed limits to funding to/for an individual youth, unless otherwise stated below.

Examples of educational and enrichment-related expenses may include, but are not limited to, the following:

- Summer or evening school fees
- Independent Living life skills conferences, training, workshops, and expenses related to workshop topic
- Food and lodging associated with Independent Living life skills conferences, etc., if such items are included in one fee to cover the cost of the entire event
- Books and supplies
- Educational/work-related tools, equipment or uniforms
- Tutoring
- Testing and test preparation (SAT, ACT, etc.)
- Fees required for graduation (junior and senior dues)
- Non-essential graduation expenses (class rings, senior pictures/portraits, announcements/invitations, senior yearbooks, etc. and NOT to include senior trips, proms, formals, balls, or related expenses) are not to exceed \$350.00 total AND youth must have senior classification
- Driver's education
- Extra-curricular activities (band, band uniforms, instruments, athletics, cheerleading, clubs, etc.)
- Enrichment activities (swimming, karate, horseback riding lessons, etc.) – Summer Enrichment activities may not exceed \$250.00
- Personal computers and printers, with training, such as at a computer camp
- Transportation to and from ILP sponsored activities
- Support groups such as Al-Anon, Alateen, anger management, stress management, parent education, child development, etc.

1016.23 PROCEDURES

1. Refer eligible youth for services through the Independent Living (IL) Coordinator
2. Reference the procedures outlined 1012.10 regarding the role and responsibilities of the IL Coordinator in completing and forwarding an Authorization for Billing Form to the institution or vendor.
3. Maintain copies of all forms and approved invoices.

ILP: TRANSITIONAL LIVING (TL) PROGRAM

- UAS Code 586
78 Transitional Living-Related Expenses

1016.24

Description

Funds available in UAS Code 586 assist youth in their transition from foster care to self-sufficiency. To be

Foster Care Services: Fiscal

eligible, youth must (1) currently be in care and have signed Form 7, Consent to Remain, or (2) be former foster care youth; i.e., youth in Aftercare status, who remained in care until age 18, but who have not reached the age of 21. These services are most appropriate for those youth who demonstrate the skills, knowledge and stability to successfully maintain a household. See 1012.8 regarding the process for application, assessment (Comprehensive and/or Youth,) submission of materials via IL Coordinator, etc. If a youth is approved, the Written Transitional Living Plan is updated to reflect TL as a service and to identify the amount and duration of

financial support (up to a maximum of \$8,000.00 per youth in a state fiscal year, unless otherwise waived by the Social Services Director.)

The IL Coordinator executes a written contract with the youth to ensure compliance with the TL guidelines, including a work requirement. Approved IFC providers receive the Division's established per diem for supervising/monitoring the youth in their apartments and adhering to the TL Program Standards.

Examples of transitional living-related expenses may include, but are not limited to, the following:

- Transitional Living Assessments
- Transitional Living Conference-related expenses
- Counseling and support group-related expenses
- Start-up funds for: deposits for rent, utilities, phone, etc., but not including cable or satellite television
- Basic furniture items, such as bed, chest of drawers, table, chairs, etc.
- Cooking and cleaning supplies
- Monthly housing subsidy (rent and utilities, but not including cable or satellite television)

1016.24 PROCEDURES

1. Refer eligible youth for services through the Independent Living (IL) Coordinator.
2. Reference the procedures outlined in 1012.10 regarding the role and responsibilities of the IL Coordinator in completing and forwarding an Authorization for Billing Form to the institution or vendor.
3. Maintain copies of all forms and approved invoices.

ILP: EDUCATIONAL RELATED EXPENSE FOR YOUTH AGES 21 - 25

UAS Code 583

75 College-Related Expenses

1016.25

Funds available in UAS Code 583 support the educational expenses of former foster care youth between the ages of 21 and 25 who were eligible for ILP services when state custody was terminated. These funds are need-based and intended to pay for post-secondary education and/or training-related expenses. Funding is limited to the pursuit of an undergraduate degree, diploma or certificate at public or private institutions within the state of Georgia. Time-limited study abroad and transient programs are also allowable. These funds supplement, rather than replace, other types of financial assistance available to the youth. There are no implied or expressed limits to funding to/for an individual youth, unless otherwise stated below.

NOTE: For other youth under age 21, see other ILP services described in this section.

Foster Care Services: Fiscal

Examples of post secondary school and training expenses may include, but are not limited to, the following:

- Un-met tuition and fees, such as athletic, activity, technology, etc.
- Room and/or board:
 - On-campus housing and meal plans must be used if available
 - If on-campus housing is not available, the amount approved for off-campus room and/or board must not exceed the cost of on-campus housing and supports in effect at the University of Georgia during the corresponding term.
 - The cost for room and board at the University of Georgia should be used to standardize the housing amount for institutions that do not offer housing or meal plans.
- Required books, supplies, tools, equipment and software
- Uniforms and supplies for training programs
- Personal computers and printers:
 - With training, such as at a computer camp; OR,
 - As documented post-secondary requirement
- Driver's education
- Tutoring
- Subsistence stipend, as needed (limit \$75.00 per month)
- Transportation assistance to and from institutions outside of the home region.
 - Transportation costs are not to exceed \$650.00 per state fiscal year and cannot be used toward the purchase, maintenance or insuring of a personal vehicle.

1016.25 PROCEDURES

1. Refer eligible youth for services through the Independent Living (IL) Coordinator
2. Reference the procedures outlined 1012.10 regarding the role and responsibilities of the IL Coordinator in completing and forwarding an Authorization for Billing Form to the institution or vendor.
 1. Maintain copies of all forms and approved invoices.

Foster Care Services: Fiscal

ILP: EDUCATION AND TRAINING VOUCHER (ETV)

- UAS Code 591 (100% federally funded)
75 Post Secondary school-related Expenses

1016.26

Description

The purpose of UAS Code 591 is to assist young adults in transitioning from foster care by attaining a post-secondary education and completing the goals specifically outlined in the youth's Written Transitional Living Plan. Generally, these youth have completed high school and are in post-secondary schools (college or vocational.) Youth age 18-21 who are presently in foster care or former foster care youth who were eligible for ILP services when custody was terminated; former foster youth age 21-23 who were participating in the voucher program on the date they attained age 21, as long as they are enrolled in a full-time post-secondary education or training program and are making satisfactory progress toward completion of that program; and youth who were adopted from foster care after attaining age 16, are eligible. The annual amount for which a youth may be eligible for shall not exceed \$5,000.00 per Federal Fiscal Year (FFY). There must be an open IDS case on a youth eligible under this section.

Funding is need-based and limited to the pursuit of an undergraduate degree, diploma or certificate. These funds supplement, rather than replace, other types of financial assistance available to the youth.

Foster Care Services: Fiscal

Examples of post secondary school and training-related expenses may include, but are not limited to, the following:

- Un-met tuition and fees, such as athletic, activity, technology, etc.
- Room and/or board:
 - On-campus housing and meal plans must be used, if available
 - If not available, then the amount approved for off-campus room and/or board must not exceed the cost of on-campus housing and supports in effect at the University of Georgia during the corresponding term.
 - The cost for room and board at the University of Georgia should be used as a standard for cost for institutions that do not offer housing or meal plans
- Required books, supplies, tools, equipment and software
- Uniforms and supplies for training programs
- Personal computers and printers:
 - With training, such as at a computer camp; OR,
 - As documented post-secondary requirement
- Tutoring
- Subsistence stipend, as needed (limit \$75.00 per month)
- Transportation assistance to and from institutions outside of the home region or State. Transportation costs are not to exceed \$650.00 per state fiscal year and cannot be used toward the purchase, maintenance or insuring of a personal vehicle.

1016. 26 PROCEDURES

1. Refer eligible youth for services through the Independent Living (IL) Coordinator
2. Reference the procedures outlined 1012.10 regarding the role and responsibilities of the IL Coordinator in completing and forwarding an Authorization for Billing Form to the institution or vendor.
2. Maintain copies of all forms and approved invoices.

Foster Care Services: Fiscal

ILP: INDIVIDUAL DEVELOPMENT ACCOUNT –

■ UAS Code 582 (State and IV-E)

28 – Asset Specific Financial Literacy Trainings - \$25.00 for completion of specific training

44 – Seed/Diarist Payment - \$100.00 one time payment to youth to start a savings account.

Youth must complete the initial financial literacy training to receive a payment.

87 – Survey Stipend - \$30.00 upon completion of IDA and ILP specific surveys.

42 – IDA Match – The IDA Savings Account Match when youth achieves goal or turns 21

1016.27

Description

The IDA is available to eligible youth in foster care, ages 14 to 21, and youth transitioning from foster care who are eligible for ILP services when the Department's custody was terminated. The IDA is established at a financial institution within the community. The youth may deposit funds into the account and the funds are MATCHED by ILP. Youth will be encouraged to save \$1,000.00. If the youth reaches the goal prior to turning age 21, ILP will match the savings through the Georgia ILP- IDA Program. If the youth has not achieved the savings goal by age 21, the current balance in the savings account will be matched. Once the youth's savings has been matched by ILP-IDA, the youth is no longer eligible to participate in the ILP-IDA Program. For example, if youth receives a 2:1 match, each time the youth deposits \$25, youth will get an additional \$50 toward their savings goal. Through financial literacy, youth will learn how to reduce debt, develop a savings plan and prepare a savings goal. Youth may also learn about credit history, banking, investing and money management.

Note: The IDA account is opened in the name of the youth, and earns interest, usually at the bank's savings rate.

RECRUITMENT/REFERRAL RECORD KEEPING

The Independent Living Coordinator (ILC)/Identified Community Partner maintains a record of the number of youth referred, the number eligible and ineligible, the number attending orientation and the number actually enrolled.

ORIENTATION

Orientations are held and facilitated by the ILC and/or community partners.

The basic financial literacy training course facilitated by the ILC and/or community partners takes place immediately following orientation for the group so that a youth can expeditiously begin program enrollment. For youth who cannot attend the orientation, a schedule of upcoming courses is provided to them.

At the orientation, the ILC and/or community partner:

- ✓ Discusses the application process and asks the youth if he/she has a government photo ID card.
- ✓ Ensures the youth understands the program and how it works.
- ✓ Ensures the youth understands their commitment to save.
- ✓ Lays out expectations regarding financial literacy training
- ✓ Discusses the CHEX system. (CHEX Systems provides deposit account verification services to its financial institution members to aid them in identifying account applicants who may have a history of account mishandling. For example, people whose accounts were overdrawn and then closed by their bank.) For youth who are in the CHEX system as a result of having a negative banking record,

Foster Care Services: Fiscal

this obligation has to be cleared before a youth can enroll. The youth must attend a special class offered by the bank to resolve this issue.

- ✓ Explains that ILP will seed the account with \$100 upon the youth's successful completion of the basic financial literacy training. These funds are to assist in getting the youth started with their savings once the account is opened.
- ✓ Discusses account specifics, such as the amount and frequency of deposits, desired goal amount (maximum), purpose of the account, matching fund ratio, authorized withdrawal purposes, and beneficiary information.

In order to complete the orientation process, the youth must:

- ✓ Complete the application, including providing a government photo ID card.
- ✓ Agree to attend the basic financial literacy training course (usually occurs immediately following orientation).
- ✓ Agree to go to the bank within a certain period of time to open the IDA account.
- ✓ Sign an agreement to participate in the Georgia ILP IDA program.

Once this is complete the ILC and/or Community IDA Coordinator must:

- ✓ Open a paper file for each youth.
- ✓ Start a file face sheet documenting when items are completed.
- ✓ File the youth's enrollment documents, and copies of photo ID.
- ✓ Inform the bank that the youth has completed all orientation requirements and can open the account.

ENROLLMENT

The youth is officially enrolled once a youth:

- ✓ Completes basic financial literacy training
- ✓ Goes to the bank and opens the IDA account
- ✓ Informs the ILC that they have completed requirements and provides the IDA account number to the ILC.

The State IDA Coordinator and/or ILC must:

- ✓ Communicate with the bank to verify IDA account number.
- ✓ Record the IDA account number on the file face sheet.
- ✓ Complete a Congratulations letter to the youth.
- ✓ Enter the required information into the Management and Information System.
- ✓ Send the bank the \$100 seed money to place into the youth's account.

IDA ASSET GOALS

An IDA may be offered for single or multiple goals. When determining acceptable goals for the Georgia ILP IDA program, there are two general specifications that are applied:

1. Economic self sufficiency: the goal should enable participants to sustain themselves as they transition to independence.
2. Value appreciation: Investment goals that will likely increase in value over time.

Youth must indicate which asset they wish to purchase first in their application. Georgia ILP has offered the IDA for common goals such as:

- Car Insurance
- Investments
- Homeownership
- Education Materials
- Limited healthcare
- Micro enterprise
- Apartment Rental

Foster Care Services: Fiscal

INCENTIVES TO INCREASE SAVINGS

ILP provides financial incentives to youth for participating in activities. Financial incentives are transferred to the participant's accounts from ILP.

The following is a chart that indicates activities for which stipends are provided. The amount depends upon ILP's funding capacity.

- ✓ Financial literacy training
- ✓ Youth Leadership Meeting
- ✓ Community Partnership Meeting
- ✓ Self Evaluation Meeting
- ✓ Diarist Payment
- ✓ Half Day Event
- ✓ Full Day Event (including overnights)

EMERGENCY WITHDRAWALS

Youth can make requests to withdraw funds for an emergency from their IDA. **When withdrawals are made for purposes that aren't allowable under guidelines, the withdrawals are not matched.** The following procedure is followed.

- A youth contacts the ILC and/or Identified Community Partner to discuss the emergency.
- In most cases an emergency withdrawal is completed with the youth over the phone (based on the bank's policy).
- Emergency withdrawals can be approved for day to day living expenses that matched withdrawals are not approved for. These could include but are not necessarily limited to: rent, food, bills, prescriptions for youth or youth's child, clothing for school or work, etc. Efforts are made first to help youth find other resources to meet these needs if possible, to reduce unmatched withdrawals.
- Sometimes youth want to make withdrawals for purchase of entertainment equipment, accessories (details) for auto and other items that are actual wants and not needs. The ILC discourages these types of withdrawals by reminding the youth of the commitment to saving. However, in the end the money belongs to the youth.
- Once the form is complete, approval is given (documented in writing) for the youth to withdraw their money.
- A copy of the transaction is maintained in the youth's file.

CLOSING AN ACCOUNT AND EXITING PROGRAM PARTICIPANTS

ILP encourages all enrolled youth to participate to the fullest extent possible in the program. However, some participants are unable to continue or are uninterested in continuing the program for a variety of reasons. In order to allow as many youth as possible to actively participate, ILP will periodically review savings activity and attempt to identify those youth who are no longer actively engaged in the program. Inactive youth will be removed from the roll and their slots will be opened to new participants, based upon funding availability related to seeding and matching funds. The following guidelines will be used to identify inactive youth:

1. Accounts with no deposit, excluding seed funds, since the account was opened.
2. Accounts with a balance of less than \$100 and no deposits in the last year.
3. Accounts with balances of \$100 or more with no deposits in a year or more.
4. Accounts where the ILC is unable to RBWOate the participant.

Steps to close account include:

1. Mail a letter informing the participant of their account status. Offer participant an opportunity to contact the ILC within a reasonable period of time to discuss the account. Keep a copy in the participant's file.
2. In the event a participant wants to exit the program or does not respond, update the records.
3. Communicate with the bank by telephone to request an electronic transfer of funds from the participant's account to the main ILP IDA account. Keep records of all correspondence.
4. File all correspondence in the participant's file.

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FINANCIAL LITERACY TRAINING

Community Partners will provide basic financial literacy training with the assistance of the Regional ILC's.

An annual financial literacy calendar is developed and shared with all program participants. At all sessions, ILP provides food, games and fun for all participants. The State IDA Coordinator and the ILC tracks when asset specific training is completed for youths and the number of hours completed.

MANAGEMENT INFORMATION SYSTEM

The IDA Coordinator has specific requirements to follow in keeping track of the enrollment information, savings withdrawals, savings deposits, matched withdrawals, updates, etc. These are tracked in a database and used in all reports. It is the State IDA Coordinator's responsibility to maintain this database with accurate information at all times.

It is also the State IDA Coordinator's and ILC's responsibility to maintain the working relationship with the bank, including facilitating phone calls, updating online account administration, getting paperwork, etc. The State IDA Coordinator also keeps track of the following:

- ✓ When a youth closes an account and for the reason for closing the account.
- ✓ When asset specific training is complete for a youth and the number of hours earned.

IN-HOSPITAL CARE – Entitlement Code 08

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1016.28

Description

In-Hospital Care pays for all charges incurred when a child requires in-patient hospitalization and neither Medicaid nor any other insurance is available to cover the costs. Expenses may include the hospital room charges, as well as the services of the physician, anesthesiologist, radiologist, etc. Exclusions are (1) emergency room treatment where there is no overnight stay; and (2) follow-up services, once the child is discharged from the hospital.

1016.28 PROCEDURE

Forward all bills to Accounting and maintain on file for audit purposes.

Note: Documentation that Medicaid will not cover the expenses should be filed in the case record and accompany the bills and payment request sent to accounting.

INTERSTATE TRAVEL – Entitlement Code 10

1016.29

Description

Interstate travel expenses are authorized by the Interstate Compact on the Placement of Children (ICPC) Office. These reimbursable travel expenses are associated with a child's approved ICPC placement in or return from

an approved ICPC out-of-state resource. The Interstate Travel Waiver is prepared and sent to the county department at the time the county is notified that the ICPC placement is approved. It can also be used if the placement in another state disrupts and/or if the child must be returned to Georgia. Travel costs (for the child only) include subsistence, mileage, airfare, etc. If it is necessary for the Case Manager or other DFCS staff person to accompany the child, the worker's travel costs are paid from Grant in Aid (GIA). Advance approval from the Commissioner is requested by submitting Form 5354, *Interstate Travel Request*, through the DFCS Division Director. (See Administrative Policy and Procedures Manual, Section I.) Note: DFCS staff travel is paid using reimbursable travel, entitlement code 11.

1016.29 PROCEDURES

1. Have on file the authorization of interstate travel expenses through the Georgia ICPC Office prior to arranging travel for the child.
1. Contact the DHR Office of Financial Services/Travel Subsection, and Travel, Incorporated, for assistance in making travel arrangements and securing payment authorization. (See Administrative Policy and Procedures Manual for information.)
2. Forward all bills related to travel to Accounting and maintain on file for audit purposes. (Attach copy of Interstate Travel Waiver as the county's authorization to charge the expenses for the child.)

PARENT AIDE SERVICES

- UAS Code 573 (100% TANF Funds)
72 Parent Aide Services

Foster Care Services: Fiscal

1016.30

Description

The CPS Family Preservation Program known as Parent Aide is available to any family in an open or active CPS case as well as any family with an open Social Services case. **Note:** If the county department initiated CCFA Wrap-Around Services while the child was in care (PLC); continue to use UAS 518 funds (and not Parent Aide Services), to purchase these services.

Services may only be authorized once in a 12 consecutive month period unless the State Office, Social Services Section, waives the requirement. Paraprofessional staff provides parent education, training, education support and job search to families through classes, parenting groups and in-home evaluation. Parent Aides work in partnership with the Case Manager to ensure the safety and protection of the children through improved parenting knowledge and skills. The Case Manager submits Form 100 (*PUP/Homestead/Parent Aide Authorization*) and Form 101 (*PUP/Homestead/Parent Aide Cumulative Record*) for approval. A contract is required for all service providers.

1016.30 PROCEDURE

See CPS Services Manual, Chapter 2107, for eligibility and programmatic requirements.

PER DIEM – REGULAR (DFCS Foster Homes)

- UAS Code 501 (*IV-E Family Foster Care*)
- UAS Code 502 (*IV-B*) / *Child Welfare – Family Foster Care*
- UAS Code 503 (*Initial – Family Foster Care*)
- UAS Code 560 (*IV-E Voluntary Family Foster Care*)

1016.31

Description

Per Diem - Regular is the Division's established per diem for a child placed in an approved foster home (regular or relative). Accounting staff charge the per diem expenses for a child according to the fund source indicated on the Invoice by the Case Manager; i.e., Initial, IV-E, or Child Welfare (IV-B).

Note: Per Diem is only paid to the foster home for the days that the child also spends the night. Exception: The child is away at a facility for treatment and the foster parent participates in the child's treatment and agrees to have the child returned to the home.

1016.31 PRACTICE ISSUES

The Family Foster Care (FFC) Basic Service Rate for DFCS Foster Homes is set by the Legislature and approved by the Governor.

1. The FFC Basic Service Rate for DFCS family foster homes is:

Effective July 1, 2007
Birth through age 5.....\$14.60
Age 6 through age 12.....\$16.50

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Age 13 and over.....\$18.80

1. The Accounting system is automatically programmed to change the per diem rate when the child reaches age 6 or 13 and qualifies for a higher level of per diem. All other per diem changes in foster care; e.g., change in per diem amount due to a newly approved CPA or CCI, will require notification to Accounting via Form 529.
2. A special per diem (or add-on) ranging \$0.50 to \$1.75 is discretionary and is approved by the County Director/designee. It is applied to the Basic Service Rate for a child in FFC whose care demands additional time and skills of the foster parent. This rate applies to relative and regular foster homes. Other considerations when applying the special rate are:
 - The amount relates to the extent of the extra and unusual care required by the provider to meet the special needs of the child;
 - The amount may be added for a temporary period due to additional needs a child may have; e.g., care following an accident, major surgery, acute illness, etc; and
 - The amount is approved by the County Director/designee and is confirmed in writing specifying the following: name of child, date of birth, amount approved, effective date and time frames for approval. Additionally, a description of the child's condition(s), which justifies the additional amount of per diem, is required. A copy of the authorization is provided to Accounting.
3. A Sibling Incentive (Sib-I) is provided to promote sibling placements. The Sib-I is applied to the monthly per diem amount for the siblings. The Sib-I is available to all regular and relative foster homes (DFCS and CPA).

Sibling Incentive (Sib-I).... A sibling group of three or more receives a Sib-I of \$100.00 for each sibling. For example: Jane, Daniel, Rick and Marla are placed in a family foster home. The total per diem amount is reimbursed to the foster parent along with the Sib-I of \$400.00 (\$100.00 each for Daniel Marla, Rick and Jane).

To initiate the Sib-I for sibling groups of three or more at the initial placement:

1. The Social Services Case Manager (SSCM) completes the 527 (Initial Authorization of Foster Care) for each child.
2. After including the required information on line 14 – “Authorized Foster Care Per Diem Rate” insert “Sib-I \$100.00”.
3. Submit the form to accounting within five days of the child's placement.

To initiate the Sib-I for sibling groups of three or more after the initial placement:

1. The SSCM completes Form 529 (Authorization of Foster Care Status Change/Termination).
2. On line 14 – “Change Authorized Foster Care Per Diem Rate to” insert “Sib-I \$100.00”.
3. Submit the form to accounting within five days of the change.

Note: Mid-month changes are effective the 1st day of the next month.

The sibling incentive continues as long as the siblings remain together and there are at least three or more siblings that remain in the same DFCS regular foster home or relative foster home. The siblings must be in the custody of DFCS. The Sib-I is not applied to respite care or concurrent per diem rates.

To discontinue the Sib-I:

1. The SSCM completes Form 529.
2. On line 14 – Change Authorized Foster Care Per Diem Rate to, insert “Sib-I Discontinued”.
3. Submit the information to accounting within five days of the change.

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PER DIEM – INITIAL

- UAS Code 503 Initial Family Foster Care
- UAS Code 605 Initial Institutional Foster Care
- UAS Code 579 Initial Specialized Foster Care State Approved Per Diem
- UAS Code 611 Initial (TANF) RBWO- Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies (CPA)

1016.32

Description

When the child enters care, the SSCM reports the child in "Initial" funding (UAS Codes 503, 507, 565 or 579) on Form 527, *Initial Authorization of Foster Care*. If IV-E is determined anytime during the first six months, the Rev Max Specialist notifies the case manager of the child's IV-E status via Form 529, *Authorization of Foster Care Status Change/Termination*. If the child has not been determined IV-E eligible by the end of six months, the Rev Max Specialist initiates Form 529 to change the child's funding classification from "Initial" to the appropriate CW (IV-B) UAS Code and provides the effective date of the change. The SSCM is responsible for updating the IDS system.

PER DIEM – SPECIALIZED FOSTER CARE (State Approved Per Diem Waivers)

- UAS Code 574 (IV-E Specialized Foster Care)
- UAS Code 575 (IV-E Voluntary Specialized Foster Care)
- UAS Code 577 (Child Welfare Specialized Foster Care)
- UAS Code 579 (Initial Specialized Foster Care)

1016.33

Description

Written State Office approval is required for the county department to pay a DFCS foster home a per diem, which is higher than the Basic Service Rate plus \$1.75 (maximum amount which can be approved by the County Director/designee). When placing children whose needs require specialized foster care services, consideration is given to the complexity of the child's needs; the level of services required; and the skills, experience and support networks of the foster family. Specialized Foster Care payment rates are established by the Provider Relations Unit (PRU).

PRU bases the decision upon information furnished by the DFCS SSCM that describes the needs of each child and the capacity of the foster family to meet those needs. The limitation on the number of specialized foster care placements in any given foster home is determined by the needs of the children, the number of other children in the home and their levels of need, as well as the skills and capacities of the foster parents. A home should ideally provide care for one child with a specialized per diem rate; however, a home should never serve more than three children receiving a specialized per diem waiver. Applications for funding are reviewed at the RBWOal and state levels to ensure that procedures are being fairly and consistently applied statewide. Renewal of the state's approval is required. Depending on the needs of the child, the special per diem may be decreased, continued or increased at each review.

1016.33 PROCEDURES

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1. Prepare the Funding Application. Include documentation from treatment providers describing the services needed, their frequency and any treatment recommendations.
2. Submit the application for a RBWOal level review by one of the following: an internal DFCS review team or a RBWOal multi-disciplinary review committee. (Note that the purpose of the review is to explore RBWOal services/funding and to obtain recommendations regarding the child's needs and the type of placement required and services needed.)
3. Submit the application to the DFCS State Office, Provider Support Unit, 2 Peachtree Street, 18-407, Atlanta, Georgia 30303, along with the concurrence of the RBWOal review team.
4. For children free for adoption and for whom an adoptive home has been identified, submit the application to the Office of Adoptions, 2 Peachtree Street, Floor 8, Atlanta, Georgia 30303. (Once the Adoption Assistance rate is determined, no further PRU reviews are required.)
5. Follow the outlined emergency application procedures below whenever approval is needed prior to the completion of the full Funding Application:
 - Arrange for a RBWOal level review of the child and any application materials prepared up to that time.

Attach a memorandum from the County Director/designee describing the situation and justifying the need for an emergency specialized per diem waiver.

Provide a letter of documentation from the hospital, the attending physician and/or a discharge statement under JL/JR, if appropriate, depending on the child's circumstances.
 - Fax the above documents to: 404-657-4482 or mail to the State Office, Provider Support Unit.

Upon confirmation of the emergency request, notify the foster parent that the funding amount may increase, decrease or end.
 - Complete the full application and submit to the State Office prior to the expiration of the emergency approval.
6. Prior to the end of each eligibility period (as indicated in the approval letter), complete the following steps:
 - Obtain the recommendation of the RBWOal review team to request that funding be decreased, continued or increased based on the needs of the child.

Complete and submit an updated Attachment A - Specialized Foster Care Memorandum.
 - Complete and submit updated documents as required in the application materials; e.g., MATCH Profile Instrument (MPI-1) RBWO & SFC Application Checklist, Attachment B Specialized Foster Care Medically Fragile Supplement, Physician's statement regarding the child's current

Foster Care Services: Fiscal

status/needs, etc.

PER DIEM – (Private Provider Homes and Facilities) Room Board and Watchful Oversight (RBWO)

- Child Caring Institutions (CCI): IV-E RBWO UAS Code 605, State RBWO UAS Code 606, Initial (TANF) RBWO UAS Code 607 and Voluntary Custody RBWO UAS Code 608
- Child Placing Agencies (CPA): IV-E RBWO UAS Code 609, State RBWO UAS Code 610, Initial (TANF) RBWO UAS Code 611

1016.34

Description

RBWO is the provision of lodging, food, and the attentive and responsible care of children. The program matrix for Child Caring Institutions (CCI) and Child Placing Agencies (CPA) which includes the following new program designations for children in care:

CCI Program Designations:

Base
Maternity
Emergency Placement
Teen Development
Additional Watchful Oversight (AWO)
2nd Chance
Camp
Maximum Watchful Oversight (MWO)

CPA Program Designations:

Traditional
Base Watchful Oversight (BWO)
Maximum Watchful Oversight (MWO)
Specialty Base Watchful Oversight (SBWO)
Specialty Maximum Watchful Oversight (SMWO)
Specialty Medically Fragile Watchful Oversight (SMFWO)
Providers will maintain responsibility for the provision or acquisition of services to ensure that each child's physical, social, emotional, educational/vocational, nutritional, spiritual/cultural and permanency needs are met.

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Children will be placed in the best oversight environment based on their behaviors and characteristics, known as the Difficulty of Care Factors.

Four main areas of a child's life are assessed to determine the best placement:

School Adjustment
Performance in Home Environment
Social and Community Activities
Health and Developmental Factors

For a list of RBWO rates link to the Field Fiscal Services Web Site at: <http://167.193.156.254/FFS/index.htm>. Link to COSTAR Part 3.

1016.34 PROCEDURES

1. When placing with a CCI or CPA, the SSCM shall contact approved providers and place the child in a CCI at the Base RBWO program rate or in a CPA at the Base or Traditional program rates.
2. A determination for the amount of watchful oversight required to create a stable environment for a child can be made by utilizing the RBWO Child Characteristics Chart.
3. The SSCM, with the County Director's approval, may place the child with an Additional Watchful Oversight (AWO) provider program rate. The AWO rate is secured by utilizing the existing process for approving DFCS FH rate increases. Provider Relations must be notified when a youth is placed in an AWO program rate. Once the approved placement is made, the SSCM shall fax a copy of the Institutional Placement Agreement Form to PRU at (404) 657-4482. The Form should have the established program designation and rate, as well as the appropriate signatures.
4. The SSCM shall contact their RBWOal PRU office and submit an RBWO Application Packet, if the child appears to require Maximum Watchful Oversight (MWO) or one of the Specialty Programs. Provider Relations will assist the County with determining what type of program designation the child needs and also assist in identifying appropriate placement options.

After a placement is established, the IDS System, Placement Central, should be updated.

PER DIEM – Undocumented Immigrant - Regular DFCS Family Foster Care
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- | |
|----------------|
| ■ UAS Code 529 |
|----------------|

1016.35

Description

Foster Care Services: Fiscal

Per Diem – Illegal Immigrant Family Foster Care is the Division's established per diem for a child who is an illegal immigrant and who is placed in a DFCS family foster home

Follow the Practice Issues in 1016.31.

PER DIEM – Undocumented Immigrant – Room Board Watchful Oversight - (CCI)

- UAS Code 612

1016.36

Description

RBWO is the provision of lodging, food, and the attentive and responsible care of children. Once it has been determined that the child's needs cannot be met in a relative home or a DFCS foster home is not available or appropriate, placement through RBWO is pursued.

See 1016.34.

PER DIEM – Undocumented Immigrant – Room Board and Watchful Oversight - Privately Supervised Family Foster Care (CPA)

- UAS Code 613

1016.37

Description

RBWO is the provision of lodging, food, and the attentive and responsible care of children. Once it has been determined that the child's needs cannot be met in a relative home or a DFCS foster home is not available or appropriate, placement through RBWO is pursued.

PREVENTION OF UNNECESSARY PLACEMENT – PUP

- UAS Code 521 (100% TANF Funds)

1016.38

Description

The CPS Family Preservation Program known as PUP provides services to stabilize risk factors that contribute to child maltreatment. The outcome of the service is to ensure the protection and safety of children. The Case Manager completes Form 100 (*PUP/Homestead/Parent Aide Authorization*) and Form

Foster Care Services: Fiscal

101 (*PUP/Homestead/Parent Aide Cumulative Record*) for each family. The County Director or designated supervisor or review committee provides the authorization and approval. To be eligible for PUP services, the family must meet the following criteria:

- There is an open CPS, Placement, or Adoption case where maltreatment has been substantiated or the CPS case disposition is pending;
- There is an open Diversion case;
- The Case Manager documents one of two conditions:

(A) **Risk of Imminent Placement** (placement likely within 14 days without intervention;

OR

(B) **Immediate Reunification** (child is in a per diem placement and is ready to be safely reunified with the parent, relative or non-per diem resource within 60 days of initiating PUP).

EXCEPTION: For Diversion cases, drug screens/substance abuse assessments, neither (A) nor (B) is required; i.e., *PUP may fund drug screens/substance abuse assessments in all programs.*

- When evidence indicates substance abuse by a caretaker, a drug screen is required before additional PUP services may be authorized. If the drug screen is positive, the caretaker is required to participate in substance abuse assessment and treatment services in order to obtain additional services under PUP.

A family is eligible to receive the following PUP services authorized once in a 12 consecutive month period.

Emergency Housing/Financial Assistance
Temporary Child Care Services
Counseling
Emergency Transportation Services
Emergency Medical/Dental Services
Psychiatric/Psychological Testing and Evaluation
Drug Screens
Substance Abuse Assessment

Note: If the county department initiated CCFA Wrap-Around Services while the child was in care (PLC);

Use UAS 518 funds (and not PUP) to purchase services comparable to approved services under In-Home Intensive Treatment, In-Home Case Management, and Crisis Intervention. See CCFA Standards. See CPS Manual, Family Preservation, Chapter 2107 for further eligibility requirements and programmatic guidelines.

PROMOTING SAFE AND STABLE FAMILIES (PSSF) PROGRAM

- UAS 773 - Family Preservation: Placement Prevention and Crisis Intervention
 - 73 Placement Prevention
 - 24 Crisis Intervention Services
- UAS 774 Family Support Services
 - UAS 783 Time Limited Reunification Services
 - UAS 784 Adoption Promotion and Support Services

Foster Care Services: Fiscal

Promoting Safe and Stable Families Program makes federal funding available to counties to meet **direct service needs** of children and families known to the agency through Child Protective Services, Foster Care and/or Adoption Services. Further, the activities supported by PSSF are designed to promote child and family well-being, safety, stability and permanency with birth, foster and adoptive families.

1016.39

Description

Family Preservation PSSF Placement Prevention (entitlement code 73)

Services provided to children and families where abuse/neglect has been confirmed. Placement Prevention Services may be provided prior to the child's removal from the home. Services are provided as part of a family's safety and/or case plan and are designed to safely maintain children in their homes and prevent unnecessary placement into foster care. Placement Prevention Services should be used only when agency identified risk factors which resulted in child abuse and neglect can be safely and effectively addressed with the child in the home.

Family Preservation PSSF Crisis Intervention (entitlement code 24)

Crisis Intervention Services are support services provided to birth, foster, relative, and adoptive families in crisis or at-risk of having a child removed from their home. Services may be provided to support families in achieving agency case plan goals, preserve the stability of relative or foster placements, to facilitate the safe and timely reunification of children in care and to support families preparing for or post reunification to prevent disruption. Services may include but are not limited to: In-home visitation and support services to increase parenting skills, knowledge of healthy child development, promote positive parent-child interaction and non-corporal behavior management; Caretaker support services (birth, relative, foster and extended) to include concrete and wrap around services to promote the safety and stability of families (birth, relative, foster) child, health, development and well-being. Individual, family and group counseling; stress and resource management; stress and resource management, domestic violence intervention counseling and support services substance abuse screening day treatment and (24) hour, on-call post treatment support. Transportation may be provided in support of these activities.

PROMOTING SAFE AND STABLE FAMILIES (PSSF) PROGRAM

- UAS 774 – Diversion and Family Support Services
 - 74 Diversion and Family Support Services
 - C9 Community Partnerships for Protecting Children (CPPC)

1016.40

Description

Foster Care Services: Fiscal

To prevent child maltreatment among families at risk through the provision of family supportive services. PSSF Diversion and Family Support Services offer short term community and home based services, home visitation, case management, information and referral services to at-risk families (birth, relatives, and extended) to prevent problematic issues from escalating to the point of requiring initial or subsequent CPS intervention. Used when providing direct service benefits to children and families with other open agency records (i.e., Food Stamps, TANF), families who will have an open CPS case if services are not provided and families with open or recently closed CPS cases. Services must be child and family specific. PSSF Diversion and Family Support Services are also available for CPS cases that are substantiated and closed with dispositions of low risk, unsubstantiated and closed, screened out or referred for Diversion services. PSSF Diversion and Family Support Services may be used in lieu of or in conjunction with Early Intervention Services. PSSF Diversion and Family Support Services may also be provided by an approved PSSF Network Agency (www.pssfnet.com for a listing of approved Family Support Providers).

Diversion and Family Support Services (entitlement code 74)

Description: Caretaker support services (birth, relative, and extended) to include concrete and wrap around services to address family needs that place children at risk of neglect; promote the safety and stability of the home environment; or services to promote child health, development and well-being. These services may include but are not limited to: individual, family and group counseling; stress and resource management training; respite care for parents and other caregivers; early developmental screening of children to assess the needs of these children and assistance in obtaining specific services to meet their needs, mentoring, tutoring and health education for youth; a range of center-based activities such as parent support groups; services and classes designed to increase parenting skills; counseling and home visiting activities, behavior or stress management training, parent-child group and family activities, linkages with health, education, and employment support systems, information and referral services.

Community Partnerships for Protecting Children - CPPC (entitlement code C9)

Description: the use of entitlement code CP for this program is restricted to use by the following nine community partnership for Protecting Children (CPPC) counties: Brantley, Catoosa, Clarke, Cobb, Dekalb, Fulton, Jenkins, Muscogee and Peach.

PROMOTING SAFE AND STABLE FAMILIES (PSSF) PROGRAM

■ UAS 783 – Time Limited Reunification Services

83 Intervention and Support Services

1016.41

Description:

This program is used to provide direct service benefits to a child who is removed from his/her home and placed in a family foster care or child care institution, and to the parents or primary caregiver of the child to facilitate the safe, appropriate and timely reunification of the family. The intensive reunification services are only available during the 15-month period that begins on the date the child enters foster care. PSSF Time Limited /reunification services can be used to expand or enhance Homestead or CCFA Wrap-Around Services.

Foster Care Services: Fiscal

Intervention and Support Services (Entitlement Code 83)

Description: Services include but are not limited to: family conferencing and mediation; parent and child development activities, supervised parent/child and sibling visitation; individual, group, and family counseling; inpatient residential or outpatient substance abuse treatment recovery services; mental health services; assistance to address domestic violence; temporary child care and therapeutic services for families; transportation to and from any of the services listed above.

PROMOTING SAFE AND STABLE FAMILIES (PSSF) PROGRAM **■ UAS 784 Adoption Promotion and Support Services** **84 Adoption Promotion Activities**

1016.42

Description

Services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interest of children, including such activities as recruitment, pre-and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

Adoption Promotion Activities (entitlement code 84)

Methods of disseminating general, targeted and child-specific recruitment information should utilize mass media and printed materials. Public service announcements, talk shows and news programs should be utilized to illuminate the needs of foster children and provide specific children with visibility to delineate their unique characteristics. Efforts could be undertaken to develop ongoing newspaper columns concerning the plight of specific children and sibling groups in care and the need for adoptive and foster families. This should include both major dailies and RBWOal weeklies. Ongoing columns are effective because of their predictability. Work with reports and editors to stimulate relevant news and feature articles. Press releases could be prepared and disseminated to weeklies, neighborhood newspapers, trade papers, employee magazines, and the newsletters of unions, clubs, fraternities, sororities, and churches. Poster flyers and brochures could be developed for distribution throughout communities. They could be distributed through churches, clubs and other organizations and to doctors' offices, hospital and clinic waiting rooms, libraries, beauty parlors, barber shops, and Laundromats, community center, etc. Adoption promotion recruitment and retention activities could include, but are not limited to:

Decals, bus and tax cab placards, slogans or themes on bookmarks, pencils, balloons, key chains, rain hats, t-shirts, etc. displays in stores windows and libraries, information booths at meetings or gatherings placement in restaurants, flyers, handouts, and bill inserts, notices in congregational and community bulletins, calendars, newsletters, special events, carnivals or fairs, picnics, and ice cream socials, them night activates, display ads in phone book, adoptive mother and father of the year.

Pre and Post Adoption Support Services (Entitlement Code 57)

Services may include, but are not limited to: child specific adoptive home studies, conversion studies, assessments and child life histories, counseling services to assist children transitioning from foster care to adoptive placement, in-home monitoring to support families post adoption,

ENHANCED RELATIVE CARE SUBSIDY (ERCS)

■ UAS Code 553

01 Relative Care Subsidy Payments

Foster Care Services: Fiscal

1016.43

Description

The Enhanced Relative Care Subsidy (ERCS) provides financial support for a child who was transferred from the temporary legal custody of DHR to the permanent custody of a relative (defined by blood, marriage or adoption) following the issuance of a non-reunification order by the court. The purpose of ERCS is to assist relatives in providing a safe and permanent home for a child by helping to defray basic expenses of caring for the child; e.g., clothing, child care, counseling services, etc., by providing 80% of the current DFCS foster care per diem. Eligibility for payment begins the first day of the following month in which custody is transferred to the relative and may continue through the month of the child's 18th birthday or until he/she reaches age 19 if they will graduate from high school. The child's continued eligibility is reviewed at least annually and at any period the agency becomes aware of changes in circumstances, which may result in the child being ineligible for continued enhanced subsidy payments. The Juvenile Court Judge also reviews the circumstances of the child in the permanent custody of the relative every three years. Should the ERCS placement no longer be appropriate and/or there is a change in the custody arrangements per court order, the ERCS is terminated. Note that ERCS payments continue even if a family moves out of the county or state. The legal county remains responsible for the ERCS case, including management and payment of subsidy.

The ERCS monthly rate for a child is:

Birth through age 5.....	\$ 355.25 per month
Age 6 through ages 12.....	\$ 401.50 per month
Age 13 and over.....	\$ 457.47 per month

1016.43 PROCEDURES

1. Follow the procedures outlined in 1004.2.5 for obtaining a completed, signed and dated ERCS Application and Agreement.
2. Upon notification from the court that permanent custody has been transferred to the relative, complete and submit Form 45ERCS to Accounting to initiate ERCS payments.
3. Use Form 529 to indicate a change from foster care per diem to ERCS. Show an effective date as the 1st day of the month following the per diem eligibility. Example: Per Diem eligibility ends on the 15th; ERCS eligibility begins on the 1st day of the next month.
4. Notify Family Independence Services on Form 713 to terminate any TANF payments being paid for the child's care. Show an effective date as the first day of the month following the custody transfer (provided all other ERCS criteria are met).
5. Explore with Family Independence Services whether the child remains eligible for Medicaid. Share any information about the child's status so that this determination can be made. (Note: Most children in an ERCS placement will remain eligible for Medicaid.)
6. If benefit or support payments (SSI, Child Support) are received on behalf of a child, the SSCM shall send notification of the change in payee from the county DFCS to the relative caregiver. The relative caregiver must follow-up with an application to Child Support Enforcement (CSE) or social security.

RELATIVE CARE SUBSIDY (RCS)

■ UAS Code 553

81 Relative Care Subsidy Payments

Foster Care Services: Fiscal

1016.44

Description

The Relative Care Subsidy (RCS) provides financial support for a child who was transferred from the temporary legal custody of DHR to the permanent custody of a relative (defined by blood, marriage or adoption) following the issuance of a non-reunification order by the court. The purpose of RCS is to assist relatives in providing a safe and permanent home for a child by helping to defray basic expenses of caring for the child; e.g., clothing, child care, counseling services, etc. Payments of **\$10.00 per day** begin the 1st day of the following month permanent custody is transferred to the relative and may continue through the month of the child's 18th birthday or until he/she reaches 19 if they will graduate from high school. The child's continued eligibility is reviewed at least annually and at any period the agency becomes aware of changes in circumstances, which may result in the child being ineligible for continued subsidy payments. The Juvenile Court Judge also reviews the circumstances of the child in the permanent custody of the relative every three years. Should the RCS placement no longer be appropriate and/or there is a change in the custody arrangements per court order, the RCS is terminated. Note that RCS payments continue even if a family moves out of the county or state. The legal county remains responsible for the RCS case, including management and payment of subsidy.

The RCS monthly rate for a child is:

Birth through age 5.....	\$ 304.17 per month
Age 6 through ages 12.....	\$ 304.17 per month
Age 13 and over.....	\$ 304.17 per month

1016.44 PROCEDURES

1. Follow the procedures outlined in 1004.2.1 for obtaining a completed, signed and dated RCS Application and Agreement.
2. Upon notification from the court that permanent custody has been transferred to the relative, complete and submit Form 45RCS to Accounting to initiate RCS payments.
3. Use Form 529 to indicate a change from foster care per diem to RCS. Show an effective date as the 1st day of the month following the per diem eligibility. (Example: Per Diem eligibility ends on the 15th; RCS eligibility begins on the 1st of following month.)
4. Notify Family Independence Services on Form 713 to terminate any TANF payments being paid for the child's care. Show an effective date as the first day of the next month after the custody transfer (provided all other RCS criteria are met).
5. Explore with Family Independence Services whether the child remains eligible for Medicaid. Share any information about the child's status so that this determination can be made. (Note: Most children in a RCS placement will remain eligible for Medicaid.)
6. If benefit or support payments (SSI, Child Support) are received on behalf of a child, the SSCM shall send notification of the change in payee from the county DFCS to the relative caregiver. The relative Caregiver must follow-up with an application to Child Support Enforcement (CSE) or social security.

Foster Care Services: Fiscal

Relative Care Assessment (RCA) - Not Related to the CCFA

- UAS Code 511
Entitlement Code 29

1016.45

Description

When a child is initially placed in care or if circumstances require that the child be placed again, a safe and appropriate placement resource must be identified. The particular placement selected is determined by the

overall goal of the placement, the needs of the child and birth family (as related by blood, marriage, or adoption), and the availability of the resource. Exploration of all possible relative placement resources is critical and must be expedited in order to maintain and promote family continuity. The Relative Care Assessment (RCA) is completed on any relative who expresses interest in being a resource for the child, unless court requirements restrict or prevent such relative from being considered as a placement resource.

Funding in entitlement code 29 enables county departments to initiate a referral for a home evaluation, with an approved CCFA provider, when relatives are identified as potential placement resources and the relative has expressed a commitment to be a long-term resource for the child. The cost of the Home Evaluation is \$350.00. The rate includes cost related to a Family Team Meeting and any required travel to another county. The home evaluation must be completed within thirty -days of the referral date.

1016.45 PROCEDURE

1. Forward invoice to Accounting and maintain on file for audit purposes.

1016.45 PRACTICE ISSUE

- 1 Follow the established policy and protocol for "in county and out of county" home evaluations. (See 1004 – Placement Resources and Appendix A – Section XI – Relative Assessments.)

RESPIRE CARE

- UAS Code 520
 - 60 Overnight Respite Care Services
 - 94 Day Respite Care (less than 24 hours)

Foster Care Services: Fiscal

1016.46

Description

Respite for family foster care providers is a support service to allow foster parents "time away" from their parenting responsibilities. There are two types of respite care: overnight care and day care. Only children in approved family foster homes (DFCS or CPA) are eligible for this service. Respite care is paid at the child's current per diem rate, not to exceed five (5) days per child served for overnight respite care and (5) days per child served for day respite care. The respite days may be taken individually or consecutively in a fiscal year. Respite care providers must meet DFCS established standards as detailed below: The CCI is responsible for respite care within their facility at no additional cost.

Note: Respite care for foster parents attending approved overnight conferences should follow the provider guidelines established. However, these days will not count against a foster parents respite balance.

Overnight Respite Care

This type of respite care is designed to give foster parents a needed break from parenting for such purposes as vacation, hospitalization or any other reason or circumstance which makes the foster parent unable to provide for the child's care in their home. The respite home provider (DFCS approved foster home or CPA foster home) must meet the DHR Minimum Standards for Foster Homes, including the maximum number of children for whom respite care can be provided; i.e., six, including birth, foster and non-related children placed in the home, and the ages of the children served; i.e., no more than two (2) children under age two being served at any time. The primary home receives the respite per diem (UAS 520) while the respite provider is reimbursed from the child's normal UAS per Diem program number. A waiver is required from the Family Services Director for approval to place a child from a DFCS approved foster home in a CPA or CCI for respite. The waiver request should include, identifying information on the child, reason for waiver, efforts to RBWOate a DFCS approved foster home, and treatment plans, recommendations from therapist etc. This also applies to the use of DFCS foster homes for respite purposes, if the child is in a CPA or CCI.

Day Respite Care

This type of respite care is designed to provide less than 24-hour childcare in order for the foster parent to deal with short-term situations of being away from the home; e.g., hair appointments, unexpected family illness, or any other personal activities. The respite care provider must meet the same requirements as Supplemental Supervision providers. (See 1011.11.) Only children in approved DFCS or CPA foster homes are eligible for this program.

A waiver is required from the Family Services Director for approval to place a child from a DFCS approved foster home in a CPA or CCI for respite. The waiver request should include, identifying information on the child, reason for waiver, efforts to RBWOate a DFCS approved foster home, and treatment plans, recommendations from therapist etc. This also applies to the use of DFCS foster homes for respite purposes, if the child is in a CPA or CCI.

1016.46 **PROCEDURES**

1. For Overnight Respite Care, complete Form 529, indicating where the child is placed and the effective dates of placement. Annotate the top of Form 529 with "Overnight Respite Care" so that Accounting is instructed to make per diem payments from two different UAS Codes. Maintain a log or similar mechanism to monitor the number of "Overnight Respite" days taken by the foster parent during the fiscal year.
2. For Day Respite Care, have the foster parent record the service as "Day Respite Care," along with

Foster Care Services: Fiscal

the date and cost (limited to the child's current per diem rate) on Form 526, *Foster Care Invoice*. Maintain a log or similar mechanism to monitor the number of "Day Respite Care" episodes taken by the foster parent during the fiscal year.

RESTRICTED FUNDS

1016.47

Description

Personal funds (income) received by the county departments on behalf of a child in care are deposited into a restricted funds account. The management of funds is outlined in the Administrative Policy and Procedures Manual. Income may be derived from such sources as child support, Supplemental Security Income (SSI), Veterans Administration (VA) benefits, Social Security, etc. The balance in the child's restricted funds is closely monitored by the Case Manager to be sure that a child does not unnecessarily lose eligibility for benefits that have resource limits. Accounting issues a current balance report for the Case Manager to review. The Case Manager may also maintain a running balance sheet in the record, as another means of monitoring the child's restricted

funds. Fiscal policies require that all countable income of the child is applied first to offset per diem expenses. Other fiscal policies direct how remaining monies are deposited and used. Form 526, *Foster Care Invoice*, is submitted by the foster parent to request payment. All expenditures must be substantiated by paid receipts attached to the Invoice. The Case Manager reviews the expenditures and codes the fund source (county, restricted or state). Approval is obtained prior to submitting the Invoice to Accounting for processing and payment.

1016.47 PRACTICE ISSUES

1. The Case Manager needs to report any income received on behalf of or earned by a child to Accounting and Economic Support.
1. Federal regulations require that SSI lump sum payments which exceed **\$3,474.00** must be managed as outlined below:

Deposit funds in a dedicated interest bearing savings account;

Make spending decisions from this account in accordance with such allowable expenses as education or job skills training; personal needs assistance; special equipment; housing modification; medical treatment; therapy or rehabilitation, etc.; and

Provide an accountability report of expenditures when required to do so by Social Security.

NOTE: Funds contained in these spending accounts are not "Zebley funds" as described in 1016.45. Instead, these funds refer to **any** SSI lump sum payment over the specified amount (\$3,474). Their management differs from the treatment of other income; i.e., they are not considered income or resources for the IV-E child and are not applied toward the cost of per diem or other state reimbursable expenses.

2. If the child has any funds available when the per diem is due (either from income which

Foster Care Services: Fiscal

has come in or is on deposit in restricted funds), these monies are applied to offset the monthly per diem cost. Any remaining funds may (but are not required) to be deposited in a contingency fund up to \$400 (total of checking and savings). Any funds over the \$400 limit are used in the following order:

- (1) To pay for other state reimbursable items; then
- (2) To pay for the personal needs of the child not reimbursable from state or county funds; e.g., clothing, supplemental supervision, unusual medical, child restraint devices, etc.

EXCEPTIONS TO PROCEDURE 3:

“Zebley” Children (See 1016.55) who are classified as IV-E eligible.

- Children who have concurrent eligibility for SSI and IV-E.

State RBWO Children (See 1016.35) who have all income, including lump sums, and restricted funds managed by the payment center once the child is placed in a RBWO setting.

- Children in the Independent Living Program who have an Independent Living Youth Waiver (see Addendum to chapter) to set aside funds at a recommended amount before applying any money to the youth's per diem or other costs.

- **NOTE:** Waiver requests should not exceed resource limits provided in Practice Issue 4; otherwise the youth may lose eligibility for these programs.

3. Accounting will provide a current balance report to the Case Manager at least one time per month (preferably before invoices come in) to monitor the child's funds in relation to the following resource limits:

- \$ 1000 for CW-FC Medicaid (Note: RSM has no resource limits)
- \$ 10,000 for IV-E eligibility
- \$ 2000 for SSI recipients classified as IV-E
- \$ 2000 for SSI recipients classified as IV-B

Should the child's resources exceed the above-established limits for eligibility, the Economic Support Worker or Social Security (as appropriate) needs to be notified immediately.

4. Expenditures for children in care that do not come in on Form 526, *Foster Care Invoice*, are requested via Form 750, *Authorization of Restricted Funds* (see Appendix J). The Case Manager obtains the form from Accounting and completes such information as: the type of funds requested (restricted, donations, volunteer, special accounts, Christmas, anonymous, emergency, etc.); the amount requested; the purpose of the check; items to be purchased; the name of the child or vendor to whom the check is made out; the signature of the approving authority, etc.

5. The release of a child's restricted funds is governed by existing circumstances such as:

- If the child leaves care and DFCS no longer has custody, the balance of funds is discharged to the child's legal custodian on behalf of the child once all applicable bills for the month have been paid. **Note:** If the source of the funds is issued by either the Social Security Administration or the Veteran's

Foster Care Services: Fiscal

Administration, then notify that agency of the child's return to the custodian and request a disposition of the funds. Normally, unused monies are returned to the issuing agency; however, approval may be given to release the funds to the custodian of the child.

- If the child leaves care once he/she is emancipated (i.e., having reached the age of 18), then ensure that all applicable bills for the month have been paid and then follow the instructions in the "Note" above. Should there be remaining funds once the above procedures are taken, then such funds may be released to the young adult.
 - If the child leaves care, and contact cannot be established with the family to release the funds, then Accounting retains the restricted funds for five (5) years. County departments need to contact Field Fiscal Services or the Division's Legal Services. Unclaimed funds are considered abandoned and are reported and remitted to the State Revenue Commissioner.
 - If the child dies while in care, there may be legal issues at stake. Therefore, county departments need to contact Field Fiscal Services or the Division's Legal Services Officer. Generally, the Probate Court is involved in the disposition of the funds.
6. If the child is on adoptive status and has restricted funds, the adoptive family is eligible to receive these funds once the adoption has been finalized and all foster care expenses and/or extraordinary expenses incurred prior to the finalization are resolved. Any remaining funds are then forwarded to the adoptive parent.
 7. If a child is receiving Adoption Assistance (IV-E or State) and SSI, the adoptive parent may receive both payments. However, the county department immediately notifies Social Security of the concurrent receipt of funds. Accounting needs to maintain the child's SSI in restricted funds and not apply it to per diem since Social Security will recoup the "overpayment." Once monies have been recouped, the remaining funds may be used for any anticipated or extraordinary expenses the child may have. Following finalization (assuming that repayment has been made to Social Security and the child's foster care related expenses have been paid), any remaining funds are sent to the adoptive parent.
 8. If the county department learns that a child in care may recover money as a result of a possible legal cause of action, the SAAG is contacted and requested to file a petition so that the county probate court may appoint a guardian of the property of the child. The guardian would then have the obligation to prosecute the child's claim as he or she sees fit.
 9. Child support payments received on behalf of any child in DFCS care are applied as indicated:
 - Child support payments received during the current month are applied to offset the monthly per diem costs as outlined in Procedure 3; and then,
 - If there is any income left over, such income should be applied to expenditures reimbursed with State funds for prior months. (Accounting will need to re-classify the expenditures.)
 - If child support payments are collected during the period of custody, but payments are not received by the county department until after a child has been returned home, the same

Foster Care Services: Fiscal

procedures will apply as outlined for a child still in custody of the county department. Once all applicable bills are paid and state expenditures have been reimbursed, if personal funds remain for the child, contact CSE for disbursement instructions.

- County departments may decide to reclassify any remaining income from the child support payments to cover any county-funded costs.
- In the event that personal funds remain on the books following the death of a child or the inability to RBWOate the child, the county department should contact DFCS Field Fiscal Services Section regarding the disposition of these dormant or abandoned funds.

RETURN OF RUNAWAYS

- UAS Code 513

1016.48

Description

The transportation expenses associated with returning a runaway child to Georgia may be charged to UAS Code 513. The child must be in DFCS custody to use this program funding. All costs related to the child's return (meals, lodging, airfare, etc.) are reimbursable with state funds, provided that copies of all bills and receipts are retained for audit purposes. The Case Manager is responsible for making the arrangements for the child's return. (See ICPC guidelines contained in Chapter 1017 for involvement of the other state and Chapter 1011 for procedures regarding the child on runaway status.)

SUPPLEMENTAL SUPERVISION

- UAS Codes 501, 502 or 503
Entitlement Code 17

1016.49

Description

Supplemental Supervision pays for **regular or temporary childcare** when a child is in the custody of DFCS and placed in a relative/regular family foster home or an approved relative home (may or may not receive enhanced relative rate - ERR) when:

1. Temporary childcare is needed while the foster parent(s) or relative caregiver (DFCS has custody of the child) works outside of the home. Supplemental Supervision using state funds may be used up to five days when a child enters foster care or has a change in placement. This time period allows for the referral of the child to Childcare and Parent Services (CAPS). Example: Temporary childcare is needed until foster care placement is stabilized.
2. The foster parent(s) or relative caregiver (DFCS has custody of the child) does not work and attends training/educational classes to assist them in meeting the needs of the child.

Foster Care Services: Fiscal

3. When the child is placed in a Family Foster Home with approved an approved foster parent in another state.
4. Respite care: When the child is placed with another foster parent for respite and the child needs child care in a different child care setting while the respite foster parent works.
5. An "occasional" provider is used in the event of the:
 - Child's illness
 - School closure
 - Holiday period
6. The approval of the Informal/Out of Home Provider by CAPS is pending (not to exceed 30 days). Note: All Informal In-Home/Out of Home Providers are required to participate in the CAPS program for reimbursement of child care.

If the foster parent or relative caregiver (DFCS has custody of the child) does not meet the eligibility requirements for CAPS, a waiver from the Family Services Director is needed to use State Supplemental Supervision. Exception: When 1-6 (see above) applies.

Maximum payment rates are included in the **Child Care and Parent Services (CAPS) Manual**. The rates must be consistent with the CAPS established rates. It is possible to pay Supplemental Supervision to two providers; i.e., the "regular" provider and, if necessary, to an "occasional" provider in the event of the child's illness, school closure, holiday period, etc. See Chapter 1011 regarding the programmatic guidelines for selecting and monitoring the child care provider. Also see CCFA/Wrap-Around Services regarding the payment of fingerprinting costs for the approval of the provider.

Note: When a child transitions from the custody of DFCS into the custody/guardianship of a relative caregiver and he/she requires supplemental supervision, the relative caregiver shall be instructed by the SSCM to apply for child care services through CAPS. The relative caregiver **must** meet eligibility requirements as established by CAPS. Only children in the custody of DFCS are eligible for supplemental supervision using UAS codes 501,502 or 503 funds.

1016.49 PROCEDURES

1. Determine if the child needs childcare.
 - Discuss the need for child care with the placement resource **prior** to placement.
Note: Whereas, the Child Placing Agency staff works in partnership with the DFCS SSCM and shares in case management activities for the child, the DFCS SSCM has primary responsibility for ensuring that children in the custody of DFCS are referred for child care services. Supplemental Supervision/child care services and the child care provider for a child in the custody of DFCS must be approved by the DFCS SSCM.
2. Within 24 hours of the caregiver requesting childcare services, complete the appropriate sections of the referral, Form 57, Childcare Referral and Application fro Supplemental Supervision and submit to the CAPS Case Manager in the county where the child resides. Example: If a child is in the legal custody of Clayton, but resides in Coweta County, the Childcare Application must be submitted to the CAPS case manager in Coweta County. Exception. If one of the conditions in 1-6 (see Description) applies.
 - a. The CAPS case manager will contact the foster parent or relative caregiver

Foster Care Services: Fiscal

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- to make arrangements for and/or RBWOate quality childcare; the CAPS case manager may also contact the provider.
- b. Documentation that the child is not eligible for supplemental supervision through CAPS must be presented with the invoice to pay the child care provider using regular supplemental supervision funds for DFCS foster parents and relative caregivers (child is in the custody of DFCS).
 - c. If the DFCS foster parent or relative caregiver (child is in the custody of DFCS) does not meet
 - d. the CAPS eligibility requirements a waiver from the Family Services Director is required before authorization of supplemental supervision. The waiver request should include child's identifying information, reason for request and any supporting documentation such as treatment plans, recommendations from therapist, physician, etc.
2. If Regular Supplemental Supervision is appropriate for the child, provide instructions to the foster parent, CPA or relative in how to obtain reimbursement:
- Pay the provider for the service (including the registration fee, if applicable);
 - Obtain all necessary receipts to properly claim reimbursement;
 - DFCS foster parent must attach receipt(s) to Form 526, *Foster Care Invoice*, and enter the total supplemental supervision cost (including the one-time registration fee) being claimed; CPA must attach receipts to pre-bill; relative caregivers must submit receipts to SSCM.
 - Submit to the county department in the usual manner on the monthly Invoice.
3. Review the *Foster Care Invoice* for accuracy and coding; submit to the approving authority for signature.
4. Forward to Accounting for payment.
5. Request written approval from the County Director/designee for a cash advance if the reimbursement method of payment places an undue hardship on the foster parent or relative.

CAPS SUPPLEMENTAL SUPERVISION

UAS Code 557 (Federal Childcare and Development Funding)

UAS Code 555 (Pre-K)

1016.50

Description

The Social Services Case Manager must make certain that children in foster care have successful outcomes and reach their full potential. Selecting the best childcare setting for the child while the caregiver works and negotiating a rate that is consistent with the Childcare and Parent Services (CAPS) program established rate is the SSCM's responsibility.

The Childcare and Parent Services Program (CAPS) provides priority services for children

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who are in the custody of DFCS in family foster care (regular and relative who receive a per diem) that requires regular predictable child care **while the foster parent or relative foster parent works (DFCS and CPA)**. Reimbursement for care (as well as registration fees) is paid directly to the Childcare provider through the regular CAPS payment process. Childcare providers must meet the same licensing or registration requirements as other childcare providers who provide care to DFCS children. The CAPS case manager assists the SSCM with the application and enrollment process, as well as the identification of quality childcare. Children in foster care age 4 and attending Pre-K, have childcare charged to UAS 555.

Some examples of when a child may need child care services through CAPS are:

- The foster parent works. If the foster parent is married, both spouses must meet the work requirement.
- Recommended by the child's Pediatrician or a Licensed Therapist/Psychologist. A written recommendation is required. The foster parent(s) must meet the work requirement.
- Foster parent works and attends required training.

Children in the custody of DFCS and placed with a relative caregiver (not a relative foster parent)

For children in the custody of DFCS that reside with a relative who works and may or may not receive the Enhanced Relative Rate (ERR), regular and predictable child care services through CAPS may be charged to UAS 544.

Children formerly in the custody of DFCS

When a child transitions from the custody of DFCS into the custody or guardianship of a relative caregiver and requires child care services, the relative caregiver shall be instructed by the SSCM to apply for childcare services through CAPS. The relative caregiver **must** meet eligibility requirements as outlined by CAPS. Only children in the **custody** of DFCS are eligible for supplemental supervision using (State) regular supplemental supervision funds (UAS codes 501,502 or 503).

1016.50 PROCEDURES

1. The Social Services Case Manager shall establish if childcare services are needed before placement is made with the caregiver and at each periodic visit.
2. The SSCM must approve supplemental supervision/childcare services and the provider for a child in the custody of DFCS.
3. The SSCM must complete the appropriate sections of the referral, Form 57, *Childcare Referral and Application for Supplemental Supervision* and submit to the CAPS Case Manager within 24 hours of the foster parent, CPA or relative requesting childcare services.

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- If the child is placed in a CPA, the SSCM in the county that has legal responsibility for the child sends the referral to the CAPS Case Manager in the county where the child resides. Example: A child is in the temporary custody of Clayton County DFCS. The child is placed with a CPA (Families First) and resides in the CPA's family foster home in Dekalb County. The child's SSCM in Clayton County makes the referral for childcare services to the CAPS Case Manager in Dekalb County.
5. The SSCM must discuss the procedures for obtaining childcare with the foster parent and/or CPA Case Manager.
 6. The SSCM must discuss the approval process for informal providers with the caregiver and or CPA case manager.
 - The Informal provider cannot be enrolled in CAPS to provide Supplemental Supervision or provide childcare services until the SSCM approves the informal provider.
 - Within two days of the caregiver indicating that they would like to use an informal provider, the SSCM must complete the following to approve the informal provider:
 - a. Visit the site where the informal care is to be provided and complete a safety assessment. Document the results of the safety assessment.
 - b. Complete a criminal records check (CRC) – GCIC and NCIC and document the results.
 - c. Complete a Child Protective Services (CPS) Screen to include a Sexual Offenders Registry, Pardons and Parole and Department of Correction Screen. Document the results.
 - d. Discuss the DFCS discipline policy with the informal provider. Provide a written copy of the discipline policy to the informal provider and document that the provider agrees to adhere to the discipline policy.
 - e. Discuss the child's development with the informal provider and document the informal provider's understanding and knowledge of the child's development.
 - f. Discuss the requirements for Informal Provider Enrollment for CAPS:
 - A face to face interview with the CAPS Case Manager,
 - A home visit by a representative from Bright from the Start (BFTS) and
 - Safety and health training.
 - g. Document that the informal care provider has an operable smoke detector and fire extinguisher. The informal provider may not be approved as an informal provider if there is not an operable smoke detector and fire extinguisher in the home.
 7. Explain to the foster parent and/or CPA that rates paid to the childcare provider must not exceed the state's maximum reimbursable rate based on the county where the provider is RBWOated. If the foster parent selects a provider that exceeds the state's reimbursable rate, a waiver from the State Child Care Unit is required to authorize payment of the additional amount. All waiver request must be submitted to the CAPS Field Program Specialist.
 8. Explain to the foster parent and/or CPA that a change in the childcare provider must be approved by the Case Manager **before** it occurs.
 9. Report all changes in the child's placement and childcare arrangements to the CAPS Case Manager within five (5) working days. Examples:
 - The child moves from one foster home to another.
 - The childcare arrangement changes.
 - The child is removed from foster care.
 - The foster parent stops working or childcare is no longer needed.
 - There is a CPS investigation on any childcare provider who cares for children subsidized by CAPS.

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8. After the Childcare and Parent Services Referral Form (Form 57) is submitted to the CAPS Case Manager, the SSCM shall inform the caregiver and/or CPA Case Manager of the

Following CAPS procedures:

- a. The CAPS Case Manager will contact the foster parent and may provide assistance with making arrangements and/or RBWOating quality childcare; the CAPS Case Manager may also contact the childcare provider.
- b. The foster parent, child care provider and SSCM will receive a copy of the "Childcare Certificate" which is issued to authorize care through CAPS. The SSCM shall provide a copy of the "childcare certificate" to the CPA Case Manager.
- c. Until CAPS subsidized childcare begins, State Supplemental Supervision will be reimbursed through the foster parent invoice process (pre-bill for CPA's) using UAS Codes 501, 502, 503 and entitlement code 17.
- d. Once CAPS is initiated, the CAPS program will issue reimbursement payments directly to the child care provider. State Supplemental Supervision shall only be used for a maximum of five days when a child enters foster care or has a change in placement and needs childcare services to allow adequate time for the referral and authorization of CAPS.
- e. Only children in the custody of DFCS are eligible for Social Services State Supplemental Supervision using UAS codes 501, 502 or 503.

Supplemental Supervision and Childcare Services will be authorized from the date that the CAPS CM receives the Form 57.

When a foster parent works and needs additional childcare in order to attend foster parent training, the CAPS Case Manager can authorize the additional care.

1016.50 PRACTICE ISSUES

1. CAPS-funded Supplemental Supervision is available to children birth to age thirteen (13). There are exceptions to the age limit when the child has documented special needs (emotional, physical or behavioral) that warrant adult supervision at all times or the court orders supervision.
2. The Social Services Case Manager monitors the ongoing need for and payment of childcare services.
3. The SSCM shall work with the informal provider to meet the requirements established by CAPS to ensure the safety and well-being of the child. A waiver is needed from the state office, Family Services Section to use State Supplemental Supervision funds 501, 502 or 503 to pay an informal provider who does not meet the CAPS requirements. Documentation is necessary and an explanation of the extenuating or exceptional circumstances that prevent the informal provider from being approved by CAPS. Exceptions that do not require a waiver: Informal providers caring for a child who is placed with a foster parent in another state or the Informal provider is an "occasional" provider in the event of the child's illness, school closure, holiday period etc.

NOTE: CAPS requires that an informal provider who cares for a child in the home, must be related to the child (grandparent, great-grandparent, aunt, uncle, an adult sibling, etc.). If the in-home provider is not related, then they should care for the child outside of the home.

4. Foster parents may become informal child care providers (**for children other than the ones placed in their home**). However, the county

Foster Care Services: Fiscal

director/designee must provide written permission. The foster parent must meet all of the above requirements with one exception. The Office of Regulatory Services is not required to monitor the home.

5. The child must attend at least one day during the negotiated period for the childcare provider to be reimbursed. An exception is allowed when reimbursement may be made to "hold the slot" when the child is ill, or in respite care or cannot attend for other limited reasons.

6. The date that the CAPS Case Manager receives the referral/application from the SSCM is used as the date to begin paying the provider for childcare services.

7. The SSCM shall monitor the appropriateness of the childcare arrangements at each visit with the caregiver.

8. The SSCM shall advocate on behalf of the child to ensure he/she receives appropriate services. For instance, some children with delays or other behavioral, emotional and physical challenges may require specialized care.

9. The SSCM shall involve the child's parent in decisions regarding childcare services as appropriate.

10. The SSCM in partnership with the caregiver shall continue the child in the Head start, Pre-Kindergarten, after-school program, childcare program in his/her community, if possible, when he/she enters foster care.

SAFETY HELMETS – Entitlement Code 00 (Other)

1016.51

Description

Safety helmets are reimbursed up to a maximum of \$30.00 when purchased by foster parents or relatives approved as foster parents. The cost of a safety helmet is claimed when the foster parent submits the monthly *Foster Care Invoice* (Form 526) with the receipt attached. Since there is no specific entitlement code for this expenditure, Accounting charges up to \$30.00 to "Other" under the appropriate UAS Code for the child's eligibility. The requirement for wearing a safety helmet is found in state law; specifically, the law prohibits any child under the age of 16 from operating a bicycle or riding as a passenger on a bicycle on any road, bicycle path or sidewalk without wearing a helmet which is properly fitted and securely fastened.

ENHANCED SUBSIDIZED GUARDIANSHIP (ESG)

UAS Code 553

01 Enhanced Subsidized Guardianship payment

Foster Care Services: Fiscal

1016.52

Description

Enhanced Subsidized Guardianship (ESG) provides financial support for a child who was in the custody of DHR for a minimum of twelve months and guardianship is awarded to a relative (defined by blood, marriage or adoption). The purpose of ESG is to assist relatives in providing a safe and permanent home for a child by helping to defray basic expenses of caring for the child; e.g., clothing, child care, counseling services, etc., by providing 80% of the current DFCS foster care per diem. Eligibility for payment begins the first day of the following month in which guardianship is transferred to the relative, and DFCS has been relieved of custody, and may continue through the month of the child's 18th birthday or until he/she reaches age 19 if they will graduate from high school. The child's continued eligibility is reviewed at least annually and at any period the agency becomes aware of changes in circumstances, which may result in the child being ineligible for continued enhanced subsidized payments. Should the ESG placement no longer be appropriate and/or there is a change in the guardianship arrangements per court order, the ESG is terminated.

Note that ESG payments continue even if a family moves out of the county or state. The legal county remains responsible for the ESG case, including management and the payment of ESG each month.

The ESG monthly rate for a child is:

Birth through age 5.....	\$ 355.25 per month
Age 6 through ages 12.....	\$ 401.50 per month
Age 13 and over.....	\$ 457.47 per month

1016.52 PROCEDURES

7. Follow the procedures outlined in 1004 for obtaining a completed, signed and dated ESG Application and Agreement.
8. Upon notification from the court that guardianship has been granted to the relative, and DFCS is relieved of temporary custody), complete and submit Form 45ESG to Accounting to initiate ESG payments.
9. Use Form 529 to indicate a change from foster care per diem to ESG. Show an effective date as the 1st day of the month following the end of per diem eligibility. Example: Per Diem eligibility ends on the 15th; ESG eligibility begins on the 1st day of the following month.
10. Notify Family Independence Services on Form 713 to terminate any TANF payments being paid for the child's care. Show an effective date as the first day of the month following the custody transfer (provided all other ESG criteria are met).

Foster Care Services: Fiscal

11. Explore with Family Independence Services whether the child remains eligible for Medicaid. Share any information about the child's status so that this determination can be made.

12. If benefit or support payments (SSI, Child Support) are received on behalf of a child, the SSCM shall send notification of the change in payee from the county DFCS to the relative caregiver. The relative caregiver must follow-up with an application to Child Support Enforcement (CSE) or social security.

SUBSIDIZED GUARDIANSHIP (SG)

UAS Code 553

01 Enhanced Subsidized Guardianship payment

1016.53

Description

Subsidized Guardianship (SG) provides financial support for a child whom DHR is relieved of temporary legal custody of DHR to the legal guardianship of a relative (defined by blood, marriage or adoption). The purpose of SG is to assist relatives in providing a safe and permanent home for a child by helping to defray basic expenses of caring for the child; e.g., clothing, child care, counseling services, etc., by providing payments in the amount of \$10.00 per day. Eligibility for payment begins the first day of the next month in which guardianship is granted to the relative and may continue through the month of the child's 18th birthday or until he/she reaches age 19 if they will graduate from high school. The child's continued eligibility is reviewed at least annually and at any period the agency becomes aware of changes in circumstances, which may result in the child being ineligible for continued subsidized payments. Should the ESG placement no longer be appropriate and/or there is a change in the guardianship arrangements per court order, the SG is terminated. Note that SG payments continue even if a family moves out of the county or state. The legal county remains responsible for the SG case, including management and the payment of SG each month.

The SG monthly rate for a child is:

Birth through age 5.....	\$ 304.17 per month
Age 6 through ages 12.....	\$ 304.17 per month
Age 13 and over.....	\$ 304.17 per month

1016.53 PROCEDURES

Foster Care Services: Fiscal

1. Follow the procedures outlined in 1004 for obtaining a completed, signed and dated SG Application and Agreement.
2. Upon notification from the court that guardianship has been granted to the relative, and DFCS is relieved of temporary custody, complete and submit Form 45SG to Accounting to initiate SG payments.
3. Use Form 529 to indicate a change from foster care per diem to SG. Show an effective date as the 1st day of the month following the end of per diem eligibility. Example: Per Diem eligibility ends on the 15th; SG eligibility begins on the 1st day of the following month.
4. Notify Family Independence Services on Form 713 to terminate any TANF payments being paid for the child's care. Show an effective date as the first day of the next month following the custody transfer (provided all other SG criteria are met).
5. Explore with Family Independence Services whether the child remains eligible for Medicaid. Share any information about the child's status so that this determination can be made.
6. If benefit or support payments (SSI, Child Support) are received on behalf of a child, the SSCM shall send notification of the change in payee from the county DFCS to the relative caregiver. The relative caregiver must follow-up with an application to Child Support Enforcement (CSE) or social security.

UNUSUAL MEDICAL/DENTAL – Entitlement Code 10

1016.54

Description

Unusual Medical/Dental covers medical and dental needs of a child who is either ineligible for Medicaid or receives a service not covered by Medicaid. Since 100% State funds cover the expense, Unusual Medical/Dental is used as "last" funding source after all others have been explored (insurance, county, personal funds, etc.).

Authorization to charge expenses is granted by the County Director/designee in a written waiver maintained in the county. **Approval from the Regional Director of Field Operations is required for expenditures that exceed \$5,000** to ensure the availability of funds. Documentation of the actual or anticipated cost must be attached to the waiver for audit purposes. Also, efforts to utilize "other" sources such as community resources, insurance, county, personal funds, etc. shall be documented and accompany the waiver request. If the child is eligible for Medicaid, documentation that Medicaid will not cover the expense is necessary and should accompany the waiver request to use Unusual Medical/Dental as a funding source.

Foster Care Services: Fiscal

1016.54 PRACTICE ISSUES

1. When a child is hospitalized and requires a sitter, payment is made to the individual based on a bill that specifies the hourly sitter rate and the total number of service hours.
2. When a child requires orthodontia treatment, documentation consists of an orthodontic examination regarding the need for treatment (other than for cosmetic reasons) as well as an estimate of cost and the length of treatment.
3. When a child requires psychological/psychiatric services, another funding program such as UAS Code 511 Entitlement Code (Assessment) is used.

ZEBLEY TRUST

1016.55

Description

As a result of the ***Zebley v. Sullivan*** Supreme Court decision, certain children in care became recipients of sizeable SSI lump sums. "Zebley children" had been denied SSI in the past because of the previously established eligibility criteria. The legal decision changed the criteria, making certain children eligible to receive retroactive payments. With the approval of Social Security, an irrevocable trust (known as the "Zebley" Trust Fund") was established with Wachovia Bank of Atlanta acting as Trustee. Setting aside these funds in a Trust protects the money from being counted as resources for the SSI child. Interest accrues on deposits in the Trust Fund.

At a minimum, it is intended that the Trust be held until the child reaches age 18 (or up to age 21 for those youth who remain in voluntary placement with the county department). However, the decision to discharge the money (in part or in full) rests with the Trustee and is based on the young person's intended use of the funds for his/her long-term needs and/or the self-sufficiency and maturity of the individual to "take charge" of the funds. Any disbursement from the Trust is also governed by regulations of the Social Security Administration (SSA).

1016.55 PROCEDURES

7. If a "Zebley child" continues to receive monthly SSI, follow the procedures according to the child's eligibility classification:

- **For a "Zebley child" classified as CW-FC (IV-B):**

- Deposit a minimum of \$400.00 in restricted funds before applying any of the child's funds to state reimbursable costs.

- Pay for the child's personal expenses and state reimbursable costs once the \$400 limit has been reached.

- Deposit any remaining amount in an interest bearing

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account and allow monies to accrue up to the SSI resource limit of \$2000 (inclusive of the \$400).

- Transfer funds to the Zebley Trust Fund as the resource limit is approached.

- **For the “Zebley child” who is classified as IV-E:**

Deposit monies received on behalf of the child in a restricted funds account up to the IV-E resource limit of \$10,000.

- Do NOT apply the child’s funds to state reimbursable costs.

Transfer funds to the Zebley Trust Fund as the resource limit is approached.

8. Request, when appropriate, a partial withdrawal of funds from the Zebley Trust Fund using the following criteria:
 - The requested amount is to cover an expense or item for which there is no other means of state reimbursement;
 - The expenditure covers such costs as medical care, educational enrichment, entertainment, etc., and is NOT for basic items such as food, clothing and shelter;
 - The request is a “one-time” disbursement of a significant amount (other withdrawal requests can be considered as needs are identified which meet the above criteria); and
 - The child will derive a direct, personal benefit as a result of the withdrawal.
9. Check with the Medicaid Eligibility Specialist to ensure that the requested withdrawal does not make the child ineligible for SSI benefits or Medicaid.
10. Complete a *Zebley Trust Fund - Request for Withdrawal* (see Appendix T for the form and instructions).
11. Forward the *Request for Withdrawal* to the State Foster Care Unit for review and recommendation. The Unit will act as “transmittal agent” and forward the Request to the Trustee for the final disbursement decision:
 - If approved, the Trustee will mail a copy of the approved Request to the county department. A check will be disbursed at the end of the quarter after interest is posted.
 - If not approved, the Trustee will notify the county department via a copy of the denied Request.
12. Request, when appropriate, the release of all funds held in the Zebley Trust when a child leaves custody or reaches the age of 18 (or up to age 21 if in voluntary placement) or is adopted. Follow these steps:

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Send a letter of notification to the youth (or if a minor child, to the child's family) of the existence of the Trust Fund and the right to petition the Trustee to have the funds released (See Appendix T for a sample letter).

- Provide a copy of the notification letter to the Trustee and retain a copy in the case file.

Assist (if necessary) the beneficiary or his/her family in making the *Request for Withdrawal*.

NOTE: The Trustee's decision to release the funds for a youth who has reached the age of majority is based on whether the youth possesses the self-sufficiency, skills and maturity necessary to take charge of his/her own funds. The Trustee may elect to continue as Trustee. In the case of a child who leaves custody or is adopted, the Trustee's decision will be based on the long-term needs of the child.