

Commissioner Guidance Document Transmittal

Date – May 27, 2015

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

Transmittal # - 260

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

This update incorporates requirements from federal and state law addressing permanency and well-being of the child, including requirements from:

- Fostering Connections to Success and Increasing Adoptions Act, 2008;
- Patient Protection and Affordability Act, 2010;
- Child and Family Services Improvement and Innovation Act, 2011; and
- Fair Hearings for Foster Care Emergency Regulation, 2014.

Some sections are moved within the chapter to emphasize the philosophical approach of improving the social and emotional well-being of children and to be consistent with best practices in serving children. References to Project LIFE, an Independent Living service provider funded through VDSS, were removed as the scope of that contract has changed. The term eligibility worker has been replaced with benefits program specialist to reflect changes in benefits program terminology. Also references to Accurint, a person locator tool was removed as the service was awarded to a different contractor in a competitive bid.

Some structural changes include:

- Identifying services prior to developing the service plan.
- Addressing well-being for children by combining trauma, health, behavioral health, and education services within the same section.

Throughout the chapter, code language under legal citations is removed, while retaining the links to access the legal language. When only the heading is italicized, the section was moved from another area of the manual and does not include any substantive changes. When the language in a section is italicized, it signifies new, revised, or clarified guidance. Also all links have been updated throughout the chapter.

This transmittal and manual are available on Spark at:

<http://spark.dss.virginia.gov/divisions/dfs/fc/manual.cgi> and on the VDSS web site at [Foster Care \(FC\) - Virginia Department of Social Services](#)

Significant changes to the manual are as follows:

Section(s) Changed	Significant Changes
1.2 Definitions	Clarifies the definitions of adoptive placement and Independent living services consistent with the Code of Virginia.

	<p>Adds the definition for Children’s Residential facility consistent with the Code of Virginia.</p> <p>Notes change in name of CRAFFT to Consortium for Resource, Adoptive, and Foster Family Training.</p> <p>Adds the definition of Foster Care Episode to be consistent with federal language.</p> <p>Adds the definition of Person Locator Tool.</p>
2.3 Notifying and informing relatives of child removal.	Adds that the written notice to all grandparents and adult relatives that child is being or has been removed should be done within five (5) days when feasible.
2.7 Working with parents that are incarcerated	Adds new section on working with birth parents that are incarcerated
2.7.1 Locating incarcerated parents	Clarifies that a service worker should consider that a parent may be incarcerated when their whereabouts are unknown.
2.7.2 Finding an inmate	Provides processes to locate parents in county, state, federal or deportation facilities.
2.7.3 Communicating with incarcerated parents	Clarifies that service workers are obligated to make reasonable efforts in communicating with incarcerated parents.
2.7.4 Identifying services for incarcerated parents	Adds language to assist service workers in understanding that incarcerated parents should still be involved in case planning and services as appropriate.
2.7.4.1 Using VDSS funds (former section)	Deletes section; there are no longer VDSS funds to help LDSS defray the costs of conducting Family Partnership Meetings.
2.7.4.2 Using CSA funds (former section)	Deletes section; replaces with language in Section 2.9.4
2.7.5 Visitation with incarcerated parents	Adds language that children and youth have the right to visit with their incarcerated parents.
2.7.6 Other uses of Family Partnership meetings (former section)	Deletes section because added new Section 2.8 on teaming in child welfare.
2.7.6 Additional resources for working with incarcerated parents	Provides links to programs that have additional information on working with children and families of incarcerated parents.
2.7.7 Documenting involvement of incarcerated parent	Adds requirements that service worker document all efforts to locate incarcerated

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	parents, to establish plans for communication and visitation, and to involve in service planning, as appropriate.
2.8 Using teaming in child welfare practice	Adds new section that supports teaming as part of family engagement and best practice.
2.8.1 Benefits of teaming	Describes the benefits of teaming in child welfare practice.
2.8.2 Values and key principles of effective teaming	Describes the values and lists the key principles of effective teaming.
2.9.1 Addressing five critical decision points	Adds requirement that a FPM be held prior to the Foster Care review hearing and any Permanency Planning hearing for the purposes of concurrent planning as well as consideration of the change in foster care goal
2.9.4 Paying for Family Partnership Meetings	Clarifies that local CPMT policies may allow the use of State Pool funds to purchase services necessary to support a structured Family Partnership Meeting, e.g., trained facilitation.
3.1 Introduction	Added re-entry from commitment to the Department of Juvenile Justice as another means by which children enter foster care
3.2 Services to prevent or eliminate foster care placement	Moves section from 13.3 to provide information at the time the child is entering foster care.
3.5.3 Reasonable efforts after LDSS receives custody or accepts placement	Adds language, consistent with federal law, that if reunification cannot be achieved that reasonable efforts must be made to finalize an alternative permanent placement for the child (such as placing the child with relatives in another state in accordance with ICPC) and to complete whatever steps are necessary to achieve permanency for the child either through adoption or custody transfer to relatives.
3.7.1.2 Preliminary removal hearing	Notes that effective July 1, 2014, the time frame between hearings on initial petitions to dispositional hearings is reduced from 75 to 60 days to be in compliance with federal and state law. All information regarding the remaining court reviews is now located in Section 15: Judicial Hearings and Mandated Court Reviews.
3.7.1.3 Dispositional hearing	
3.7.4 Relief of care and custody	

<p>3.7.5.1 Non-Custodial Foster Care Placements</p>	<p>Clarifies that the goal of the non-custodial agreement is to provide the services necessary to address the child’s needs and to facilitate his or her return to the home, generally within 12 months</p>
<p>3.7.5.1.1. Non-Custodial Foster Care Agreements</p>	<p>Clarifies that if both parents have custody of the child, both parents must sign the non-custodial agreement and that the non-custodial agreement is effective no earlier than the date of the last required signature</p>
<p>3.7.5.1.2 Court approval of plan for placement through a non-custodial foster care agreement</p>	<p>Notes that effective July 1, 2014, the time frame between hearings on initial petition to dispositional hearing is reduced from 75 days to 60 days.</p>
<p>3.7.5.1.3 Other requirements</p>	<p>Adds that if the child must change placements, a new non-custodial agreement is needed. As long as the child does not return home, a change in placement does not result in a new foster care episode.</p> <p>Clarifies that if it is determined that a child in foster care through a non-custodial agreement will require a permanency goal other than reunification, the LDSS should file a petition for the child’s custody to be transferred to the LDSS.</p> <p>Clarifies that if a child enters foster care directly from a non-custodial agreement then there is no new foster care episode.</p>
<p>3.8 Providing written notice of right to appeal specific foster care services</p>	<p>Adds new section requiring the LDSS, when the child enters foster care, to inform the child’s birth parents or caretakers in writing of their right to appeal the denial of specifically defined foster care services, or the delay of a decision regarding such foster care services, that are delineated in the foster care service plan and approved by the court.</p>
<p>3.9.2.1 Federal definition of Indian Child</p>	<p>Clarifies that Virginia has no federally recognized tribes but does have members of federally recognized tribes as residents. Provides definition of Indian Child covered by Indian Child Welfare Act (ICWA)</p>
<p>3.9.2.2 Determination of Indian status</p>	<p>Provides procedures to meet ICWA requirements to determine the status of a</p>

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	child when it is determined the child is a member of a federally recognized tribe.
3.9.2.3 Transfer of an Indian child to a tribal agency	Provides the federal requirements when the custody of the child is being transferred to the Title IV-E tribal agency or tribe with a title IV-E agreement.
3.9.2.4 Non transfer of an Indian child to a tribal agency	Provides practice procedures for an Indian child of a federally recognized tribe and the tribe chooses not to assume responsibility of the Indian child.
3.9.2.4.1 Indian child placement and placement preferences	Sets out the placement standards for an Indian child according to ICWA, if the child is a member of a federally recognized tribe and the tribal agency has not accepted custodial responsibility.
3.9.2.5 When ICWA is not applicable	Provides guidance to assist in providing culturally sensitive services to an Indian child from a tribe when ICWA standards do not apply.
3.9.3.1 Youth committed to Department of Juvenile Justice	Adds information to utilize OASIS help to record contacts with youth committed to DJJ but no longer in LDSS custody.
3.9.3.3 Alternative arrangement for custody upon release	Adds new section to clarify procedures for the LDSS to arrange for an alternative custodial arrangement prior to the youth's release from DJJ
3.9.4 Youth ages 18-21 who were in foster care and completing DJJ commitment	Adds new section that any young adult between 18 and 21 years who: was in the custody of LDSS immediately prior to DJJ commitment; is in the process of transitioning from DJJ commitment to self-sufficiency; and completes an initial application and enters into a written agreement within 60 days of release from DJJ commitment shall be eligible for IL services.
3.9.4.1 Eligibility	Adds information on the IL eligibility requirements for the specific population of youth who were in foster care and leaving DJJ commitment
3.9.4.2 Application	Adds information on the application process for IL services to youth who were in foster care and are ending their DJJ commitment within 60 days of the commitment ending.
4.3.1 Opening a foster care in OASIS	Changes the requirement for opening cases

	<p>in OASIS from 30 days to 14 calendar days to ensure accurate information about children in foster care is more quickly available</p> <p>Clarifies that funding information as well as change in placement information be entered in OASIS within five (5) business days</p>
4.3.2 Choosing eligibility determination	Changes language to be consistent with language used in OASIS 3.12 for program category on the funding screen in OASIS.
4.4 Setting up paper case records	Adds language that service worker should maintain a current photograph of the child, taken at least annually, in the hard copy record.
4.5.1 Title IV-E eligibility requirements	<p>Clarifies that the petition that initiated the episode of foster care be provided to the benefits program specialist to assist in establishing which month Title IV-E eligibility begins.</p> <p>Clarifies that the court orders are used to determine and start the clock on timeliness of hearings to continue Title IV-E eligibility.</p>
4.5.2 Additional requirements for continuing eligibility for Title IV-E funding and requirements for all foster care cases.	<p>Provides that the permanency hearing shall be held within 12 months of the date the child entered foster care which is defined as the earlier of the date of the judicial finding of abuse/neglect or 60 days from physical removal.</p> <p>Adds language, consistent with federal law, that if reunification cannot be achieved, to finalize an alternative permanent placement for the child (such as placing the child with relatives in another state in accordance with ICPC) and to complete whatever steps are necessary to achieve permanency for the child either through adoption or custody transfer to relatives.</p>
4.6.2 Informing Medicaid of changes	Clarifies the service worker provides the benefits program specialist with any new information that might affect Medicaid eligibility from the date of receipt of

	<p>information regarding the changes.</p> <p>Adds requirement that the service worker reports the final order of adoption to the benefits program specialist within ten (10) days of receipt of information.</p>
4.6.4 Managed care	<p>Provides information and links on the transition of children in foster care to managed care organizations (MCO).</p> <p>Specifies the service worker is the only person authorized to request the change to MCO through the Managed Care helpline. Service worker or foster care parent can make changes to the child’s primary care physician by contacting the assigned MCO</p>
4.8. Arranging visitation with parent(s) or prior custodians	<p>Adds language on the benefits of providing frequent and meaningful visitations between parent or prior custodian and child.</p>
4.8.1 Visitation plans	<p>Adds that a visitation plan shall be a written plan which should be developed and documented in OASIS within five (5) days of the child entering foster care. The visitation plan shall also be documented in the service plan.</p> <p>Adds information on the content of visitation plans and scheduling visits between parent or prior custodian and child.</p>
4.8.2 Levels of supervision during visits	<p>Adds language that the level of supervision should be based on identified safety threats. Delineates three levels of supervision that are appropriate in scheduling visitation with parent or prior custodian and child.</p>
4.8.3 Visitation observations	<p>Adds language defining what the service worker or visit supervisor should document in OASIS when observing a visit.</p>
4.8.4 Reviewing visitation plans	<p>Adds language defining when visitation plans should be reviewed and under what circumstances changes to the visitation plan should be considered; changes to the visitation plan should be discussed with the family.</p>
4.9 Obtaining medical and dental exams	<p>Clarifies that service worker shall</p>

	<p>immediately refer the child who has urgent health, mental health, or substance abuse needs upon entering foster care to a licensed health or mental health professional for examination to be completed within 72 hours.</p> <p>Clarifies the provider for the required medical examination be a Medicaid provider or covered by the child’s health insurance.</p> <p>Requires the child receive a dental exam within 60 days if the child has not received an examination within six months and every six months thereafter. A child’s first dental exam should be scheduled at whichever is later 6 months of age or when the child first gets teeth.</p> <p>Clarifies medical examinations are provided in accordance with EPSDT whether or not the child has Medicaid coverage.</p> <p>Requires the service worker to document mental and dental examinations in OASIS and the paper case record. The service worker should use the new Child Health Information Form.</p>
4.11.5 Other government benefits to which child may be entitled.	Provides a link to SSA information on types of benefits and eligible children.
5.4 Understanding traumatic stress for children in foster care	Adds new section defining trauma for children in foster care.
5.4.1 Consequences of trauma for the child	Adds new section describing the impact trauma can have on children short- and long-term.
5.4.2 Observable behaviors of traumatic stress	Adds new section regarding observable behaviors of children who have experienced trauma and/or mental health issues.
5.5 Initial assessment process	Adds the service worker should identify the child’s trauma experiences and their impact on the child’s behavior when conducting the initial assessment.
5.5.1 Identifying child and family strengths	Changes order of sections, moving this

and resource	section before Section 5.5.3 to identify strengths prior to identifying needs. Changes title.
5.5.2 Identifying child and family strengths and resources to help address trauma	Adds new section that service workers should identify strengths and support the child and family in further developing and using these strengths. Provides examples of protective or ameliorating factors in child and family that can moderate traumatic stress impact.
5.5.3 Identifying needs and issues prior to services	Changes order of sections, moving this section after Section 5.5.1 to identify needs and issues after identifying strengths.
5.5.4 Identifying needs of child who has experienced trauma	Adds new section with general information on needs of traumatized children. Adds that service worker should help identify strategies and resources to assist child's family and caregivers in helping child heal.
5.6 Initial assessment requirements	Changes language to require the selection of a foster care goal and exploration of a concurrent goal during the initial assessment
5.6.2 Comprehensive social history	Adds requirement to gather well-being information when conducting initial assessment, specifically child health information. Provides link to new Child Health Information Form to document specific child health information
5.8 Types of assessment tools	Adds trauma assessment as helpful in assessing strengths and needs of child and family, specifically the CANS modules to screen for trauma, sexual abuse, and violence needs.
5.8.3.3 Health assessment resources (former section)	Deletes this section and moves Bright Futures information to Section 12.11.2
5.9.1 Child and Adolescent Needs and Strengths	Adds information about the benefits of a uniform state-wide assessment of the needs and strengths of children in foster care.
5.9.1.1 Who should be assessed with CANS	Clarifies that CANS is required for all children and youth in foster care at least annually. Clarifies that the local CPMT may

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	<p>determine the frequency with which the CANS should be re-administered for the purposes of CSA funding.</p> <p>Clarifies that if youth is to receive an IL stipend paid by CSA, CANS is required.</p>
5.9.1.2 Assessment areas	Adds information about child welfare module in CANS.
5.9.3 Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	Updates information consistent with DMAS website. Provides links to DMAS website for EPSDT information.
5.9.3.1 When EPSDT screenings shall be conducted	Clarifies requirements that the service worker ensure that specific EPSDT screenings are provided for child while in foster care.
5.9.4 Assessment by managed care organizations	Adds new section on the assessment conducted by the MCO when child enters foster care, as required by the MCO contract with the Virginia Department of Medical Assistance Services.
6.3 Critical decisions in making placements	<p>Defines placement utilizing federal language.</p> <p>Adds when child cannot remain safely at home and the service worker seeks out relatives first for placement to include relatives in other states in accordance with the ICPC.</p>
6.4 Keeping siblings together	Adds language consistent with federal law to keep siblings together in the same placement.
6.4.1 Assessment of sibling relationships	Adds considerations when the service worker assesses the placement of siblings together.
6.4.2 Placing siblings together	Adds language that diligent efforts shall be made to place all siblings together unless there are specific safety and well-being issues
6.4.3 When siblings are separated in placement	Adds considerations in placement decisions when all efforts to place siblings together are exhausted and siblings are not placed together.
6.4.4 Continuing efforts to place siblings together	Adds language consistent with federal law, that if siblings are separated, continued efforts shall be made to place siblings together.

	<p>Defines siblings as children sharing a biological or adoptive parent.</p>
6.4.5 Sibling visitation and communication	<p>Clarifies language that if some siblings remain in the biological home, then the visitation and communication plan should be developed within five (5) days of placement. When it is necessary to place siblings in different foster homes, the visitation and communication plan should be developed within 15 calendar days. The plan shall be documented in OASIS and addressed in the service plan.</p> <p>Adds that the visitation and communication plan should include weekly contact with siblings when consistent with the best interests of the child, and if visitation will not be weekly, the plan should address why weekly visits are not in the best interest of the child(ren.)</p>
6.6 Engaging relatives and significant adults as placement options	<p>Adds that the written notice to all grandparents and adult relatives that child is being or has been removed should be done within five (5) days after removing the child when feasible.</p>
6.7.2. Family Partnership Meeting prior to removal and placement	<p>Adds requirement that a Family Partnership Meeting be held for the purposes of concurrent planning prior to the development of the foster care plan for the Foster Care Review and Permanency Planning Hearings.</p> <p>Adds as an item to be determined whether there is a relative who is willing and able to provide placement for the child should the child enter foster care.</p>
6.7.4 Preparing key partners for placement	<p>Adds informing the prospective provider information on the child's trauma history as part of all information known about the child.</p>
6.7.5 Preparing key partners for impact of child's traumatic stress on placement	<p>Adds new section describing the strategies that the service worker can use to help key partners understand and prepare for the impact of the child's traumatic stress on placement.</p>
6.8 Procedures for emergency foster care	<p>Clarifies what is required for an emergency</p>

placements	approval of a foster home. Clarifies that variances shall only be granted on kinship care providers.
6.12 Placements in relative homes	Adds exploring placements with relatives in other states in accordance with ICPC when the child cannot live safely with birth parents or prior custodians.
6.13.1 Resource family home approval requirements	Adds when the child is placed in a TFC home, the LDSS documents in OASIS the resource parents' address, not the TFC agency address.
6.14 Placement in independent living arrangements	Clarifies the ages of foster care youth for independent living arrangements to be ages 16 and older.
6.14.1 Factors to assess in determining youth's readiness	Clarifies that a youth, age 16 and older, may live in an independent living arrangement if this type of placement is in his or her best interest.
6.14.4 Paying for independent living arrangements	Clarifies that the amount paid for an IL living arrangement is the IL stipend maximum amount.
6.17 School placements (former section)	Moves entire section on school placements, including sections within that section, to Section 12.12. This move allows the combining of all well-being services (trauma, health, behavioral health, and education) within Section 12 on Identifying Services to be Provided.
7.4 Concurrent Planning	Adds language indicating that concurrent planning should be used for all foster care cases beginning July 2015 . Directors must approve exceptions and the regional permanency consultants must be notified via email.
7.4.1 Six processes that support concurrent planning	Suggests use of the Permanency Planning Indicator to assist in planning for placement to support the concurrent goal, rather than to determine if a concurrent goal is necessary
7.5.1 Using Family Partnership Meetings prior to changes in goal	Adds the requirement that a Family Partnership meeting be held prior to the development of the Foster Care service plan for the Foster Care Review Hearing and any Permanency Planning Hearing for the purpose of addressing concurrent

	planning as well as the possibility of changing the permanency goal
8.6.5 Beginning visits and trial home visits	Clarifies the components of the background check consistent with the Code of Virginia for the primary caretakers and all adults in the home where the child will be returned. Advises that results do not prohibit reunification. However, the court shall be informed and the results must be considered in assessing the home for safety.
8.6.5.1 When a child receives SSI and is on a home visit	Clarifies that the service worker and supervisor may approve monies from SSA benefits in addition to SSI benefits while the child is on a trial home visit.
9.4 Convening Family Partnership Meeting	Changes title from "How the team is used"
10.1 Introduction	Adds exploring transferring custody of the child to a relative living in another state when the child cannot be returned to his parents or prior custodian.
10.4.1 Focus of services	Adds written notice to all grandparents and adult relatives that child is being or has been removed should be done within five (5) days when feasible.
10.6 Relative assuming custody of child or youth	Clarifies components of criminal background check and advises that results do not prohibit custody to the relative. However, the court shall be informed that the relative would be unable to be approved as a kinship resource home due to results.
10.10 Special circumstances for relative foster parents	Adds the special protection in Code which prevents the removal of a child in foster care from a relative foster home in which he or she has been placed for six consecutive months without the consent of the relative. Exceptions include: the home no longer meets approval standards; a Family Partnership Meeting recommends removal; a court order; or an immediate safety risk to the child.
11.3.2 Independent Living	Added language indicating the independent living can no longer be chosen as a goal for youth younger than 18
11.4.3 Convening Family Partnership Meeting	Changes title from "How the team is used"
11.4.4 Rights and responsibilities	Inserts section title and moves three sections on rights and responsibilities from

	Section 11.4.3 Convening Family Partnership Meeting to new section.
11.5.2 Convening Family Partnership Meeting and using youth's team	Changes title from "How the team is used"
11.6.2 Convening Family Partnership Meeting	Changes title from "How the team is used"
Section 12 Developing Service Plan (former section)	Moves this entire former chapter section from Section 12 to Section 14 to be consistent with best practice of developing service plan after identifying services.
Section 12 Identifying Services To Be Provided	Moves this entire former chapter section from Section 13 to Section 12 to be consistent with best practice of identifying services prior to developing service plan. Changes title from "Providing Foster Care Services" to "Identifying Services To Be Provided"
12.1 Introduction	Adds planning and delivery of services should also focus on meeting the social and emotional well-being of children in foster care, including addressing trauma, health, behavioral health, and educational needs.
12.2.3 Outcomes	Adds measurable well-being outcomes.
12.3 Services to prevent or eliminate foster care placement (former section)	Moves section to Section 3.2 to provide information at the time the child is entering foster care.
12.3 Identifying services based on strengths and needs	Adds new section that once comprehensive assessment is completed, the service worker and team brainstorm creative ways to build upon strengths, resources, and natural supports of the child and family to meet their unique needs. Adds links to resources that can help identify services based on the child's needs.
12.4 Wraparound approach	Moves this section from section 16.6. Adds well-being.
12.5 Serving children in their homes and communities	Adds new section that highlights results and provides links to information on two federal initiatives that have documented significant improvements through serving children in their homes and communities. Provides examples of evidenced-based programs that have demonstrated results.
12.6 Infant and toddler early intervention services	Adds new section with information and link to the Infant and Toddler Connection

	of Virginia.
12.10.1.1 Out of state travel	Clarifies permission for out of state travel is given by LDSS director or designee.
12.10.2.1 Using Medicaid funds to purchase transportation	Clarifies that transportation to the nearest provider capable of rendering care for covered services is covered by Medicaid when no other transportation is available. Transportation services are accessed through the child’s managed care organization (MCO).
12.10.2.2 Using Title IV-E funds for transportation	Clarifies information on payment for transportation for school consistent with guidance school placement section in 12.12.2.1.1.
12.11 Health and behavioral health services	Changes title of section from “Medical and treatment services” to “Health and behavioral health care services.” Adds definition of well-being.
12.11.2 Medical care and treatment to be provided to child in foster care	Adds specific requirements for medical examinations while child is in foster care. Clarifies medical examinations are provided in accordance with EPSDT program whether or not the child has Medicaid coverage. Adds the service worker should involve the birth parents in attending the child’s medical appointments when appropriate. Requires the service worker document required medical and dental examinations in OASIS and the paper case record.
12.11.3 Bright Futures resources on children’s health information	Moves information from Section 5.8.3.3 to this new section. Adds the service worker should inform key partners of Bright Futures resources that provide comprehensive information and guidelines on children’s health.
12.11.4 Trauma focused treatments	Adds new section providing examples and links to evidence-based therapies, promising practices, and other therapies that help children manage issues and symptoms related to trauma.
12.11.5 Children with Special Health Care Needs Program	Adds new section with information and links on program by the Virginia Department of Health.

<p>12.11.6 Paying for medical care</p>	<p>Clarifies that Medicaid may pay for transportation to appointments when other transportation is not available. Clarifies that funding other than Medicaid can only be used for medical needs not covered under Medicaid or medical services provided by vendors or in facilities not covered by Medicaid under fee-for-service or the responsible MCO. Clarifies that Medicaid will pay for providers that are in the MCOs network that are not in DMAS' network. Adds that the foster care provider or service worker should ask the medical provider to verify eligibility prior to services being provided to ensure coverage of services.</p>
<p>12.11.7 Medicaid services</p>	<p>Restructures section to highlight Medicaid services most related to children in foster care consistent with Medicaid provider manuals.</p>
<p>12.11.7.1.1 Medicaid eligibility under age 26 for children in foster care</p>	<p>Adds new section effective January 1, 2014 that young adults under age 26 who were receiving Medicaid until discharge from foster care when turning age 18 are eligible to receive Medicaid when meeting specific requirements and that effective July 1, 2014, former foster care youth from other states may also be eligible.</p>
<p>12.11.7.1.2 Residency requirements for Medicaid</p>	<p>Moves this section under Medicaid eligibility since they address eligibility issues.</p>
<p>12.11.7.1.3 Medicaid out-of-state</p>	<p>Moves this section under Medicaid eligibility since they address eligibility issues. Changes language to more consistent with DMAS terminology. Updates Virginia Medicaid Providers' website address.</p>
<p>12.11.7.1.4 Extension of Medicaid for children in adoptive placements</p>	<p>Moves this section under Medicaid eligibility since they address eligibility issues. Clarifies that if a child in an adoptive placement is not Title IV-E eligible, but has special medical or rehabilitative needs referenced in an adoption assistance agreement and meets the financial requirements for the Child Under Age 21 covered group as determined by Virginia's Medicaid program, the child is eligible for Medicaid.</p>

<p>12.11.7.2 Using Medicaid providers</p>	<p>Moves this section that was Section 13.8.3.10 to earlier in Medicaid section to emphasize that Medicaid providers shall be used for the Medicaid eligible child under fee-for-service when they available, appropriate, and accessible.</p> <p>Adds for the Medicaid eligible child receiving services under a responsible MCO, providers in that MCO provider network shall be used. Notes that Medicaid will pay for providers in the MCO provider network that are not in the DMAS Medicaid provider network. Adds to verify eligibility prior to services being provided to ensure coverage of services.</p>
<p>12.11.7.3 Medicaid’s Early Intervention Program</p>	<p>Adds section listing services provided under this program and adds link to provider manual.</p>
<p>12.11.7.4 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)</p>	<p>Updates information and adds information on EPSDT specialized services.</p>
<p>12.11.7.5 Dental services</p>	<p>Adds link to Dental Services manual.</p>
<p>12.11.7.6 Community Mental Health Rehabilitation Services</p>	<p>Changes title to be consistent with name of services.</p> <p>Adds these services are managed by Magellan. Specifies when service requires authorization or registration.</p> <p>Updates information consistent with DMAS information and provides link to provider manual.</p>
<p>12.11.7.7 Medicaid Substance Abuse Treatment Services</p>	<p>Adds new section separating information out from under prior section. Specifies when service requires registration.</p>
<p>12.11.7.8 Medicaid Psychiatric Services</p>	<p>Adds new section to be consistent with and adds link to Medicaid provider manuals.</p>
<p>12.11.7.9 Medicaid Rehabilitation Services</p>	<p>Adds new section on intensive rehabilitation services with link to provider manual.</p>
<p>12.11.7.10 Medicaid Durable Medical Equipment</p>	<p>Adds new section with information and link on equipment and supplies.</p>
<p>12.11.7.11 Medicaid Long-Term Care Services</p>	<p>Provides updated information that the Virginia Department of Behavioral Health and Developmental Services (DBHDS) is managing Medicaid waivers for specific populations of children that may need long term care services. Updates language to</p>

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	reflect new DBHDS terminology regarding intellectual disabilities.
12.11.8 Psychotropic medications	Adds new section describing use of psychotropic medications for children in foster care. Provides links to information.
12.11.8.1 Responsibilities of service worker in managing child's medications	Adds service worker is responsible for ensuring psychotropic medications are administered and monitored. Identifies responsibilities.
12.12 School placements and education	Moves entire former section 6.17, including all sections within that section to this section. This change allows combining education with all other well-being services (trauma, health, behavioral health) in Section 12.
12.12.2.1.1 Regular school transportation	Clarifies the definition of reasonable and necessary transportation.
12.13 CSA services	Provides purpose of CSA, consistent with the Code of Virginia
12.13.1 CSA foster care services	Provides definition of foster care services for children and families who are eligible to receive services through CSA, consistent with the Code of Virginia.
Section 13 Providing Foster Care Services (former Section)	Moves this entire former chapter section from Section 13 to Section 12 to be consistent with best practice of identifying services prior to developing service plan.
Section 13 Achieving Permanency for Older Youth	Moves this entire former chapter section from Section 14 to Section 13 to be consistent with best practice of identifying services to achieve permanency for older youth prior to developing service plan.
13.2.2. Legal citations	Incorporates additional information on Chafee Foster Care Independence Act.
13.4.1 Youth required to receive Independent Living Services	Adds that any youth 18 years old who is still in high school and therefore still in foster care is eligible for IL services Adds that any young adult between 18 and 21 years who was in the custody of LDSS immediately prior to DJJ commitment, is in the process of transitioning from DJJ commitment to self-sufficiency, and completes an initial application and enters into a written agreement within 60 days of

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	release from DJJ commitment shall be eligible for IL services.
13.4.2 How long youth may receive services from LDSS	Clarifies that youth in LDSS custody immediately prior to DJJ commitment may receive services up to age 21 years.
13.4.3 Services available to youth adopted at age 16 or older	Adds new section. Clarifies what services are available to youth adopted from the foster care system at age 16 or older.
13.8.3 Transitional living plan for youth age 14 and over	Adds language that the transitional living plan shall provide information on the youth's right to appeal LDSS decisions on services in the transitional living. Clarifies language that the service worker shall utilize the transitional living plan template provided by VDSS.
13.8.3.1 Development and maintenance of the transitional living plan	Clarifies language that the service worker shall maintain the time frames as required for development and updating of the transition plan for youth.
13.10 Independent living services for youth age 14 and older	Provides information and definitions on the NYTD independent living categories and requires documentation in OASIS.
13.11 Paying for Independent Services	Clarified that CSA can also be used to pay for IL services in compliance with policies established by the local CPMT.
13.13 Education and training voucher program for youth	Clarifies that maximum amount youth may receive is \$5,000 per state fiscal year or the total cost of attendance whichever is less.
13.14 Referring and transitioning youth to Adult Services	Provides link to Transition Planning for Foster Care Youth with Disabilities.
13.15 Conducting NYTD outcomes survey with youth ages 17, 19, and 21	Clarifies time frames that surveys shall be conducted for baseline and follow-up youth. Clarifies that VDSS and Administration for Children and Family services will identify and confirm participants in the baseline and follow-up surveys.
13.15.1 Engaging youth to participate in the NYTD Outcomes Survey	Clarifies the items that the service worker should inform and discuss with the youth about the NYTD survey.
13.15.2 Administering the baseline NYTD outcomes survey	Clarifies that the informed assent is part of the survey document for the NYTD baseline population.
13.15.3 Administering follow-up NYTD outcomes survey for 19 year olds	Clarifies that the youth should be given a copy of the survey if requested.

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<p>13.16 Transition plan prior to youth turning age 18 or no longer receiving foster care services</p>	<p>Adds providing youth information on new option for health insurance for youth under age 26 that they may be eligible for Medicaid when they are in foster care and receiving Medicaid until discharged from foster care upon turning 18 years or older and meet Medicaid requirements. Clarifies youth under age 19, who are not eligible for Medicaid, may be eligible for FAMIS.</p>
<p>13.18 OASIS documentation for IL services</p>	<p>Adds new section; provides guidance for service workers for documentation in OASIS of IL/NYTD requirements.</p>
<p>13.19 Program Monitoring and Case reviews</p>	<p>Adds new section; clarifies documents to be maintained in the youth's paper copy file for NYTD and the IL program.</p>
<p>Section 14 Achieving Permanency for Older Youth (former section)</p>	<p>Moves this entire former chapter section from Section 14 to Section 13 to be consistent with best practice of identifying services to achieve permanency for older youth prior to developing service plan.</p>
<p>Section 14 Developing Service Plan</p>	<p>Moves this entire former chapter section from Section 12 to Section 14 to be consistent with best practice of developing service plan after identifying services.</p>
<p>14.3 Engaging family and key partners in developing the service plan</p>	<p>Adds when developing the service plan, the LDSS shall inform individuals in writing of their right to appeal denial of specifically defined foster care services, or delay of a decision regarding such foster care services, that are delineated in foster care service plan and approved by court.</p>
<p>14.5.1 Part A of the Foster Care Service Plan</p>	<p>Clarifies language for reporting educational enrollment information to be consistent with federal requirements.</p> <p>Clarifies that the most recent information available regarding the child's health shall include documentation that the Child Health Information Form is updated and current. Lists information on the Child Health Information Form.</p> <p>Adds requirement that a concurrent goal be identified and needs and services to address this goal be addressed.</p> <p>Adds including information on the</p>

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	individual's right to appeal LDSS decisions on specific services and placement in the foster care service plan approved the court.
14.6 Completion of the Foster Care service plan and submission to court	Notes that effective July 1, 2014, the initial service plan must be submitted within 45 days of the child's entry in foster care in compliance with federal and state law.
14.8 Dispositional Hearing to review Foster Care Plan	Incorporates changes in timelines for hearings consistent with Code of Virginia and federal law effective July 1, 2014
14.12 Appeals and fair hearings for specific foster care services	Adds new section on appeals and hearings.
14.12.1 When hearings may be granted for foster care services	
14.12.2 Providing written notice	
14.12.3 Request for appeals	
14.12.4 Validating the appeal	
14.12.5 Summary of Facts	
14.12.6 Administrative Hearing	
14.12.7 Withdrawal statement	
14.12.8 Appeal to Circuit Court	
Section 15 Judicial Hearings and Mandated Foster Care Reviews	Changes section title to accommodate a new court hearing type, restoration of parental rights.
15.1 Introduction	Adds that service workers and supervisors should review all court orders for specific language and components required for federal funding.
15.2.1 Types of reviews and hearings	Clarifies changes in timelines for hearings consistent with Code of Virginia and federal law effective July 1, 2014 Foster Care review hearings are now held within four (4) months of the Dispositional hearing. Clarifies that the courts are scheduling the Permanency Planning Hearing one month earlier than required by law, in order to ensure that the federal timeline is met even if the hearing does not take place as scheduled.
15.2.4 Completing the Foster Care Service Plan Review Form	Adds the requirement that progress towards the identified concurrent goal be addressed in the foster care service plan review

15.4 Basic Timeline	Clarifies changes in timelines for hearings consistent with Code of Virginia and federal law effective July 1, 2014.
15.8.2 Children committed to the Department of Juvenile Justice	Clarifies procedures for the LDSS to arrange for an alternative custodial arrangement prior to the youth's release from DJJ Clarifies that youth in foster care prior to their commitment to DJJ and released between 18 up to 21 years of age, are eligible to apply for IL services. Refers back to earlier section for additional information on this population.
15.9 Restoration of parental rights	New section on new type of hearing. Defines under what conditions this type of hearing may be considered
15.9.1 Requirements for a petition	Defines the requirements and whom may file a restoration of parental rights petition
15.9.2 Placement plan	Defines the components of the placement plan for restoration of parental rights.
15.9.3 Hearing of the petition	Defines what considerations the court must review prior to approving placement in the home of the parent whose rights were terminated.
15.9.4 Supervision of the placement	Defines the requirements for time and place for the visits prior to the report.
15.9.5 Report of visitation	Defines the components needed in the report of visitation to the court
15.9.6 Hearing for restoration of parental rights	Defines the requirements for the hearing and what evidence will be considered prior to restoring the parental rights.
15.9.7 Other stipulations for the restoration of parental rights	Defines stipulations that are considered during the process for this type of petition.
15.9.8 Restoration of parental rights	Clarifies when the episode of foster care ends for the child when the parental rights have been restored.
16.2.2 Outcomes	Adds outcome that children in foster care should be visited monthly.
16.3 Required training	Provides a link to the Training and Development website on SPARK for additional training information
16.3.5 Ongoing annual training requirement	Clarifies that the recommended timeline for annual training is within each calendar year but still at the discretion of the LDSS as long as consistent across child welfare

	divisions.
16.4 Managing by data	Moves from Section 16.7 to Section 16.5 to follow training to signify additional tools for the service worker and supervisor in managing foster care services.
16.6 Wraparound Approach (former section)	Moves section to Section 12.4.
16.12 Missing children or youth from foster care	Adds a new section on developing a plan in collaboration with local law enforcement to address children/youth in foster care that run from their foster care placement. Adds link to National Center for Missing and Exploited Children and its checklist of actions to take in initial stages of a missing child or youth. Adds requirement that all activities taken to locate child or youth be documented in OASIS.
16.12.1 Notification to law enforcement	Provides information to share with law enforcement when the child or youth is missing from foster care.
16.12.2 Notification to other key partners	Provides information on notifying key partners when the child is missing from foster care.
16.12.3 Continued efforts to locate	Provides efforts that the service worker shall make during the initial stages when the child or youth is missing and on a monthly basis to locate the child or youth. Adds requirement that all efforts to locate child or youth be documented in OASIS.
16.12.4 When missing child or youth returns	Provides when notifications should occur for youth who returns to foster care.
16.12.5 Discussing run away episode with child or youth	Provides information on engaging the youth when the youth returns to help develop a plan to keep the youth from wanting to run in the future.
16.12.6 Resources	Provides a link to and information on the services provided by the National Runaway Safeline, the federally designated national communication system for runaway and homeless youth. Provides links to and information on the National Center for Missing and Exploited Children, Virginia's Missing Children Clearinghouse, and Shared Hope International.
16.12.7 Documentation	Provides information that the service worker shall document in OASIS when a child or youth is missing.

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16.13 When child dies in foster care	Adds new section that defines the protocol and practice when a child dies in foster care.
16.13.1 Making funeral arrangements	Adds language on making funeral arrangements for the child in foster care.
16.13.1.1 Involving Biological Parents	Provides guidance on the biological parent's role in planning and participating in the funeral arrangements.
16.13.1.2 Involving resource parents and other significant individuals	Adds language on involving resource parents and significant other individuals in the funeral planning process.
16.13.1.3 Accessing funding	Adds language to clarify what funding may be available to assist with the cost of burial arrangements including up to \$ 2,000 approved by the VDSS Division Director of Family Services.
16.13.1.4 Next steps	<p>Adds language that the LDSS should coordinate the provision of grief and loss services through community resources.</p> <p>Adds language that at the appropriate time, if there are other children the LDSS is serving, a family team meeting should be held with the family to modify the service plan as appropriate.</p>
16.14.1 Completing the case narrative	Adds that the case narrative shall also include efforts of the service worker to conduct family search and engagement, to keep siblings together, and to maintain sibling connections.
16.14.2 Completing additional documentation	Clarifies that all court hearings should be entered into OASIS
17.1.3 Rates	Provides the July 1, 2014 maintenance payments rates. Clarifies that the independent living amount listed in the chart references the maximum independent living stipend provided to a youth through CSA funds.
17.1.4 General guidance regarding maintenance payments	<p>Clarifies information on making payments if a child is out of the home temporarily for 14 days or less.</p> <p>Clarifies that payment will begin at the first of the month following the event that caused the increase in maintenance costs. Clarifies that pro-rating will be done at the beginning and ending of a foster care</p>

	<p>placement or episode.</p> <p>Clarifies that an agency shall use the VEMAT to provide enhanced maintenance for increased supervision and support from the foster parent due to the specific child's behavioral, emotional, or physical/personal care requirements.</p> <p>Clarifies that a Financial Agreement for Department of Social Service Approved Providers should be used upon placement to document maintenance and enhanced maintenance rates and should be updated any time rates change.</p>
<p>17.1.6 Maintenance payments from state pool funds</p>	<p>Clarifies that enhanced maintenance payments shall be utilized only when the VEMAT is used and the child clearly has a defined need for increased supervision and support from the foster parents due to the child's specific care requirements.</p> <p>Clarifies that the child's service needs are not included in maintenance payments.</p> <p>Removes language allowing the LDSS to determine additional financial support (e.g., special services payments) to foster parents to maintain the child in the home and provide for his or her needs. Retains language that the LDSS shall not decrease or increase the state-determined basic maintenance rates to foster parents.</p>
<p>17.1.8 Documenting maintenance payments in OASIS</p>	<p>Provides new guidance consistent with the changes in OASIS 3.12 with the change in funding screens.</p>
<p>17.2 Paying for enhanced maintenance (VEMAT guidance)</p>	<p>Removes language from this section on utilizing VEMAT when negotiating adoption assistance and moves language to Section 2, Chapter F of the Child and Family Services Manual. This section provides guidance only on the use of VEMAT in the foster care setting.</p>
<p>17.2.2.1 General guidelines for the use of the VEMAT</p>	<p>Clarifies that Title IV-E and state funds shall only be claimed for enhanced maintenance payments when the LDSS uses the VEMAT.</p>

	<p>Adds that any time the LDSS makes payments to foster or adoptive parents for additional daily supervision and support for the child, regardless of what the payments are named, the LDSS shall use the VEMAT. If the VEMAT is not used, local-only funds shall be used for the payments.</p> <p>Clarifies that when administering the VEMAT, the rater and child specific team shall consider the services provided to the child that reduce or eliminate any direct additional supervision or support provided to the child by the foster parent and reduce the enhanced maintenance payment based on these services.</p>
<p>17.2.2.3 How the VEMAT is administered</p>	<p>Clarifies that if the VEMAT is not conducted by the end of the month in which the 60th day falls, the LDSS shall pay from the first of the month following when the VEMAT should have occurred with local funds until the VEMAT is finalized.</p>
<p>17.2.2.4 Completed VEMAT forms</p>	<p>Clarifies that the completed VEMAT shall be printed and placed in the child's foster care paper case record.</p>
<p>17.2.2.6 Frequency of administering the VEMAT</p>	<p>Clarifies that local only funds will be used to pay enhanced maintenance from the first of the month following the 365th day for the readministration of the VEMAT until the 1st of the month after the VEMAT is completed.</p>
<p>17.2.2.7 Foster parent request for readministration of the VEMAT</p>	<p>Clarifies that the rate reassessment tool shall be administered within 15 days of the written request for re-administration.</p>
<p>17.2.4 Completing the VEMAT after placement</p>	<p>Removes the ability to have an extension of 30 days from the end of the month in which the 60th day occurs.</p> <p>Clarifies the emergency payment shall continue until the VEMAT is completed and becomes effective, and shall be paid from local-only funds beginning on day 61 until the first day of the month following the month the VEMAT is administered.</p>

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17.2.5.2 Purchased services	Adds language in accordance with 22VAC40-221-30 of agency responsibilities if the LDSS chooses to contract out services to be in compliance with VEMAT guidance.
17.2.5.4 Documentation	Adds language in accordance with 22VAC40-221-30 on child placing agency requirements when enhanced maintenance is paid for a child.
17.2.8 Reviews	Adds language that a child’s GAL may request a review of the VEMAT in accordance with 22VAC40-221-60.
17.3 Paying supplemental clothing allowance	<p>Clarifies the protocol for requesting approval for additional supplemental clothing allowance when a child outgrows clothing or clothing is lost or destroyed.</p> <p>Clarifies that that tax on clothing purchased is reimbursable, but is included in the amount allowed for the child.</p>
17.4 Paying for incidentals	Advises to utilize LASER manual for reimbursable and non reimbursable examples of incidentals for children and youth in foster care.

Questions about this transmittal should be directed to the Regional Permanency Consultants:

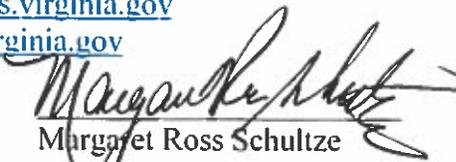
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