

May 19, 2023

GENERAL LETTER NO. 18-DI-4

ISSUED BY: Bureau of Child Welfare
Division of Family Well-Being and Protection

SUBJECT: Employees' Manual, Title 18, Chapter D(1), **Foster Family Home**, Title Page, Contents 1 and 2, Contents 3, 1-80, 81-84, revised; 85-90 and 91-115, removed.

Summary

This chapter is revised to

- Reflect licensed foster care clothing allowance increases
- Implement extended foster care policy per HF2252
- Amend voluntary placement agreement
- Update style and formatting throughout.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 18, Chapter D(1), and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	December 18, 2020
Contents 1 and 2	December 18, 2020
Contents 3	August 12, 2022
1-80	December 18, 2020
81-90	August 12, 2022
91-115	July 30, 2021

Additional Information

Refer questions about this general letter to your area service administrator.

STATE OF IOWA DEPARTMENT OF

Health AND **Human**

SERVICES

Employees' Manual

Title 18, Chapter D(1)

Revised May 19, 2023

Child Welfare

Foster Family Home

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Overview

Foster care is intended to be a temporary rather than a long-term solution for children who have been removed from their birth family homes for reasons of neglect, abuse, abandonment, or other issues endangering their health and/or safety. The decision to place a child is made when services and supports cannot ensure the safety of the child in the family home. The Department is committed to the principle that no child shall be removed from the family home unnecessarily. See 18-C(2), [Assessing Need for Placement](#) for more information.

Both state and federal law recognize that:

- Foster care services are an essential component of child welfare services; and
- A child has a right to be in the least restrictive setting appropriate to the child's needs and should remain at home with the child's parents whenever possible.

When parents are not living together and a child cannot remain safely in the home with one parent, the child may be able to live safely with the other parent. A child removed from one parent's home and placed with the other parent is not considered to be in an out-of-home placement.

The objectives of foster family care are:

- Promote a safe return home (reunification).
- To care for a child on a temporary basis in a nurturing, stimulating environment which offers the child opportunities to participate in developmentally healthy and appropriate activities.
- When reunification is not possible, promote permanency for the child (i.e., adoption, guardianship, permanent placement with a fit and willing relative or another planned permanent living arrangement. When families cannot be reunified, children must be prepared for safe, appropriate permanent placements. A placement is considered permanency if it is intended to last until the child reaches adulthood.

Definitions

“Age- or developmentally appropriate activities” means activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

“Child Study” means a written description of the child that includes:

- The child's strengths and needs;
- The child's medical, mental, social, educational, placement, and court histories;
- A description of the child's relationships with the birth family, relative and fictive kin, foster family, and significant others;
- A summary of the child's understanding and feeling about adoption; and
- Recommendations as to the type of family that can best meet the child's needs.

“Child” means:

- For family foster care, a person who is either less than 18 years of age or is 18 or 19 years of age and meets any of the following conditions:
 - Is in full time attendance at an accredited school pursuing a course of study leading to a high school diploma.
 - Is attending an instructional program leading to a high school equivalency diploma.
 - Has been identified by the director of special education of the area education agency as a child requiring special education. A person over 18 years of age who has received a high school diploma or a high school equivalency diploma is not a child within this definition. (Iowa Code Section 234.1(2))
- For guardianship subsidy, a person who has not attained the age of 18 or a person with a physical or mental disability who has not attained the age of 21.
- For adoption subsidy, a person who has not attained the age of 18 or a person with a physical or mental disability who has not attained the age of 21.

“Concurrent planning” means establishing one or more alternative permanency plan options. When a child is in foster care, it means working towards reunification of the child with the parents while at the same time establishing one or more alternative permanency plan options.

Concurrent planning is a child-focused strategy and an effective tool to expedite permanency that requires individualized assessment and decision making. It is based on full disclosure, which requires open and honest discussions with all parties at all steps in the process.

“Contractor” means the service area contractor responsible for recruitment, retention, training, support, and activities related to licensing foster families and approving adoptive families.

“Date the child enters foster care” means the date the child is physically removed from the home. (42 CFR 1355.34)

“Department” means the Iowa Department of Health and Human Services (HHS).

“Department worker” means the Department of Health and Human Services worker who is responsible for providing social casework. (441 IAC 182.1(234))

“Escrow account” means an interest bearing account in a bank or savings and loan association that is maintained by the Department in the name of a particular child. (441 IAC 201.2(600))

“Family foster care supervision” means the support, assistance, and oversight provided to children in family foster care that is directed towards achievement of the child’s permanency plan goals. (441 IAC 156.1(234))

“Family-Centered Services” or “FCS” means the primary Agency purchased interventions, services, and supports to strengthen and preserve connections between children and their family as defined by Request For Proposal ACFS 20-006. These services could include **Solution Based Casework (SBC), SafeCare, Family Preservation, FTDM/YTDM, Motivational Interviewing,** and **Child Safety Conferences.**

“Family team” means people identified by the client or family as collectively possessing the technical skills, knowledge of the family, authority, and access to the resources necessary to organize effective services to build on the strengths and meet the needs of the client or family.

“Family team decision-making meeting” means a gathering of family members and extended family, social work case manager, friends, providers, community professionals, and other interested people who plan for safety, permanency, and wellbeing of a family through development and review of a individualized case permanency plan.

“Foster family care” means foster care provided by a foster family licensed by the Department according to 441 IAC Chapter 113 or licensed or approved by the family’s home state. The care includes the provision of food, lodging clothing, transportation, recreation, and training that is appropriate for the child’s age and mental and physical capacity. (441 IAC 156.1(234))

“Foster family home” means a home in which an individual or a married couple is licensed to provide room, board, and care for a child in a single family living unit for a period exceeding 24 consecutive hours. (441 IAC 112.2(237))

“ICAMA” means the Interstate Compact on Adoption and Medical Assistance.

“Interstate Compact on the Placement of Children” or **“ICPC”** means a uniform law that has been enacted in all 50 states, the District of Columbia, and the U.S. Virgin Islands. The ICPC establishes a contract among the states and jurisdictions that ensures orderly procedures for the interstate placement and postplacement supervision of children and fixes responsibilities for those involved in placing the child.

“Kinship care” means a placement with a relative or suitable person, the full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with the child.

“Permanency” means a child has a safe, stable, custodial environment in which to grow up, and a lifelong relationship with a nurturing caregiver. (441 IAC 172.2(234) and Public Law 105-89)

“Permanency hearing” means the hearing where the court makes a determination based on the permanency plan that will best serve the child’s individual interest. Upon completion of the hearing, the court shall order that the child either be:

- Returned to the parent;
- In placement for six months to achieve reunification;
- Placed for adoption;
- Referred for legal guardianship;
- Referred for subsidized guardianship;
- Placed permanently with a fit and willing relative; or
- Placed in another planned permanent living arrangement, but only in cases where the Department has documented to the court that there is a compelling reason that it would not be in the best interests of the child to reunify with the parents, place with a relative, or refer for adoption or guardianship.

A full permanency hearing is required no later than:

- 12 months after the date the child is considered to have entered foster care,
- 6 months after the court orders continued effort to reunify the child with the parents, or
- Within 30 days of a judicial determination that reasonable efforts to reunify the child and family are not required. (Iowa Code Section 232.102(10)“a,” 45 CFR 1355.20)

“Placement and care responsibility” means court-ordered authority or the authority conveyed through a voluntary placement agreement to provide supervision of a child and a child’s placement. Having placement and care responsibility includes, but is not limited to, responsibility to make placement recommendations and the authority to make plans for a child, create permanency goals for the child, and arrange for services towards those goals.

Placement and care responsibility may be given to the Department when a child is placed in out-of-home care, including placements in a licensed foster care facility, in the custody of a relative or suitable person, or in the custody of a child-placing agency. Responsibility for placement and care may or may not include the transfer of custody to the Department or to Juvenile Court Services.

Children whose custody has been transferred from one parent to another parent are not considered as being in an out-of-home placement even if the Department has been ordered to provide supervision, except when the placement is made on a trial basis.

“Respite care” means support services that provide temporary care to children. In family foster care, respite care provides temporary relief for foster parents and foster children. A licensed foster family must provide respite care. All children placed in family foster care are eligible for respite up to 24 days per calendar year. (441 IAC 156.8(7))

“Service area manager” means the Department official responsible for managing the Department’s programs, operations, and budget within one of the Department service areas. (441 IAC 172.1(234))

“Social work case management” is a method of providing services whereby a professional HHS social work case manager assesses the strengths and needs of the child and family and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific child and family’s needs.

“Social work case manager” is a person in the social worker II classification of the Department who administers social work case management.

Removing Child From Home

Legal reference: 42 USCA 671(a)(15)(A), 671(a)22, 675(1), and 675(15); 441 IAC 156.20(2), 202.2(234), and 202.2(2)“a” 42 USC 672; 45 CFR 1356.21(c); Iowa Code Sections 232.2(2), 232.6, 234.1(2), and 234.35

Policy: The safety of children is the paramount concern that must guide all child welfare services. Children shall be protected from abuse and shall be safely maintained in their homes whenever possible.

Eligibility Criteria

Legal reference: 42 USC 672; 45 CFR 1356.21(c); Iowa Code Sections 232.2(2), 232.6, 234.1(2), and 234.35; 441 IAC 156.20(1) and 202.2(234)

Policy: The need for placement shall be determined by an assessment of the child and family to determine:

- The educational, physical, psychological, social, family living, and recreational needs of the child, and
- The family’s ability to meet those needs.

Procedure:

1. Follow the procedures in 18-B(1), [Assessment of Family Strengths and Needs](#) and [Service Eligibility, Referrals, and Case Transfer](#), or 18-B(2), [Determining Services to Be Provided](#).
2. If it appears that out-of-home placement may be necessary, consider the eligibility requirements described in the following sections.

Residence

Legal reference: 441 IAC 130.3(2)

Policy: To be eligible for services, the person must be living in the state of Iowa. Persons living in Iowa for a temporary purpose are considered to be “living in Iowa,” unless the purpose is vacation.

Children are considered residents of Iowa when they are under the jurisdiction of an Iowa juvenile court and are placed in another state.

Procedure: If a child who is not “living in Iowa” is referred for intake and assessment, work through the Iowa interstate compact administrator to obtain services from the child’s home state. See 18-D(6), [Interstate Compact on the Placement of Children](#) for instructions.

Age Limits

Legal reference: Iowa Code Sections 234.1(2) and 234.35; 441 IAC 156.20(1), 202.1(234), and 202.9(1)

Policy: The Department may provide foster care to any person meeting the definition of “child” in Iowa Code Section 234.1.

See additional information in [Voluntary Placements for Children Under the Age of 18](#) and [Voluntary Placements for Children Aged 18 or Older](#).

Authority for Placement

Legal reference: Iowa Code Chapter 232 and Sections 234.1 and 234.35

Policy: The Department does not have legal authority to remove children from their homes. Removal must be accomplished using a voluntary placement agreement or through a physician, law enforcement, or a judicial determination that remaining in the home is contrary to the welfare of the child or that placement is in the best interest of the child.

The Department shall provide out-of-home services only to children for whom the Department has legal responsibility for placement and care. The Department shall pay for foster care only as authorized by Iowa law.

Procedure: Obtain the necessary approvals for the placement. This may include:

- Parents or guardian approval through a voluntary placement agreement.
- Juvenile court order.
- Interstate Compact approval for a placement outside Iowa. See [Out-of-State Placement](#).
- Tribal approval, for a Native American child with tribal affiliation. See [Placement of an Indian Child](#).
- Certification of the need for care and managed care organization approval for a Medicaid-funded PMIC placement.
- Voluntary placement agreement with the child if aged 18 or older.

Ex Parte Court Order for Temporary Custody

Legal reference: Iowa Code Sections 232.78 and 234.35

Policy: The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has issued an ex parte order giving the Department temporary custody of the child.

Procedure: Follow local procedures for requesting the juvenile court to issue an ex parte order for the removal of a child.

1. Gather information to support all of the following:
 - The child's immediate removal is necessary to avoid imminent danger to the child's life or health;
 - There is not enough time to file a petition and hold a hearing concerning temporary removal under Iowa Code Section 232.95;
 - The child cannot either:
 - Be returned to the place where the child was residing or
 - Be placed with the parent who does not have physical care of the child; AND
 - One of the following applies:
 - The person responsible for the care of the child is absent, or though present, was asked and refused to consent to the removal of the child and was informed of the intent to apply for an order to remove the child; or
 - There is reasonable cause to believe that a request for consent would further endanger the child; or
 - There is reasonable cause to believe that a request for consent will cause the parent, guardian, or legal custodian to take flight with the child.
2. Unless the juvenile court has designated this responsibility to another:
 - Make every reasonable effort to inform the parent or other person legally responsible for the child's care.
 - Follow up with any inquiries that may aid the court in disposing of the application.
3. Within five working days of the removal order, the person designated by the court shall prepare and file a written report with the court that includes documentation of:
 - Conferences held.
 - Efforts to inform the parents or other person legally responsible for the child's care of the application.
 - Any inquiries made to aid the court in disposing of the application.
 - All information communicated to the court.

Voluntary Placement for Children Under Age 18

Legal reference: Iowa Code Section 234.35(1)(c); 441 IAC 202.3(1) and 202.3(2)

Policy: The Department has responsibility for the placement and care of a child under the age of 18 when it has agreed to provide foster care services for the child based on a signed agreement between the Department and the child's parents or guardians. A voluntary placement agreement for a child under age 18 shall terminate 90 days after the effective date of the agreement.

A voluntary placement agreement shall not be used to place a child outside Iowa and shall not be signed with parents or guardians who reside outside Iowa. A voluntary placement agreement shall terminate if the child's parents or guardians move outside Iowa after the placement.

Procedure: If the parents or guardians agree to voluntary placement as an alternative to an ex parte order, then the placement agreement can be used for foster care placement if the child:

- Is determined to be at imminent risk of harm and
 - Cannot be kept safe through any means other than removal from the home.
1. Do not recommend an out-of-home placement until an assessment determines that reasonable efforts have been made to prevent placement.
 2. When a child must be out of the home for less than 20 days, help the family find relatives or friends who can assume temporary responsibility for the child as an alternative to out-of-home placement.
 3. Offer **voluntary foster care placement** services only with the approval of the service area manager. A voluntary placement may be made if the child would otherwise be removed by a court order and both parents or guardians sign the placement agreement.
 4. Use form 470-0715 or 470-0715(S), *Voluntary Foster Care Placement Agreement*, to record the agreement. Both parents or guardians must sign the agreement. If signatures cannot be obtained, obtain an ex parte order. See [Ex Parte Court Order for Temporary Custody](#).

Manual Letter No. 17-E-1 issued on August 29, 2014. The District Court issued an injunction restricting the use of Voluntary Foster Care Placement Agreements and Safety Plans in certain circumstances. The Attorney General's office is currently reviewing its legal opinions in this case. However, until further notice, Foster Care Placement Agreements **shall not** be used when:

- Signed by only one parent when the use of such agreements interferes with the custodial rights of the other parent, or
 - Signed by a non-custodial parent or a parent who has not yet established any custodial rights.
5. Terminate the voluntary placement agreement if the child moves outside Iowa after the placement. When a voluntary placement agreement is terminated, send a copy of the Notice of Decision to the foster care provider.

Court-Ordered Supervision

Legal reference: 42 U.S.C. 672(a)(2)

Policy: The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has ordered the Department to provide supervision of the child and the child's placement.

Procedure: The Department's supervision responsibilities include:

- Engaging the child and family in case planning, including conducting periodic reviews of the case. For more detailed information, see 18-C(2), [Case Management](#).
- Engaging the child and family in creating timely and appropriate permanency goals for the child;

- Arranging and monitoring services to support achievement of the child's permanency goals;
- Making placement recommendations; and
- Monitoring the child's placement.

Transfer of Legal Custody to Department

Legal reference: Iowa Code Sections 232.21(2), 232.44(6), 232.62, 232.95, 232.102 and 234.35; 441 IAC 202.4(3)

Policy: The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has transferred legal custody to the Department.

The juvenile court may transfer legal custody to the Department through a temporary removal hearing in the CINA process or a shelter care hearing under the delinquency procedures.

The juvenile court may transfer legal custody to the Department after disposition is authorized for children adjudicated delinquent and for children adjudicated child in need of assistance.

Procedure: The Department's responsibilities as custodian are defined as follows:

- To maintain or transfer to another the physical possession of the child.
- To protect, train and discipline the child.
- To provide food, clothing, housing, and medical care.
- To consent to emergency medical care, including surgery.
- To sign a release of medical information to a health professional.

The social work case manager normally exercises the rights and responsibilities of the custodian.

The residual parental rights retained by the child's parents make it imperative that they be involved in all major planning and medical decisions affecting the child. See [Parent Rights and Responsibilities](#).

Voluntary Placement for Children Aged 18 or Older

Legal reference: Iowa Code Sections 234.1, 234.35(1) and 234.35(3); 441 IAC 156.20(1)“b,” 202.1(234), and 202.3(3)

Policy: The Department has responsibility for the placement and care of a child 18 years of age or older when it has agreed to provide foster care services for the child on the basis of a signed voluntary placement agreement between the Department and the child or the child's court-appointed guardian.

Procedure: See Procedures in 18-C(2), [Voluntary Placement for Children Aged 18 or Older](#).

Selecting Placement Type Needed

Legal reference: Iowa Code Section 232.2(4), 232.2; 441 IAC 202.4(234)

Policy: Placement shall be made in the least restrictive, most family-like setting available consistent with the best interests and special needs of the child. See also 18-C(2), [Case Permanency Planning](#).

Procedure: When the decision is made that the child needs to be removed from the current living situation to be safe, take the following steps.

1. Involve the child's parents in selection of the child's placement. Consider the child living with the noncustodial parent before considering out-of-home placement. For direction on family engagement and working with the family to develop the family case plan, see 18-C(2), [Engaging the Family](#).
2. Determine the child's needs based on your assessment of the child. See [Additional Assessments Required](#).

Family Foster Care

Legal reference: 441 IAC 202.2(4)

Policy: If the child cannot be placed with a relative or a suitable person who has a kinship bond with the child, foster family care shall be used for a child unless the child has needs which require specialized services that cannot be provided in a family setting.

Procedure: Determine eligibility for family foster care as follows:

1. Determine if the child meets the requirements for age. (See [Age Limits](#).)
2. Contact the service area manager or designee to request approval for payment of foster family care for a child aged 18 or 19. Explain in writing how the child meets all of the following criteria:
 - The child does not have an intellectual disability.
 - The child is at imminent risk of:
 - Becoming homeless (meaning a less restrictive placement is not available), or of
 - Failing to graduate from high school or obtain a general equivalency diploma.
 - The placement is in the child's best interest.
 - Funds are available in the service area's allocation.

When the service area manager has approved payment for foster care, funds that may be necessary to provide payment for the time period of the exception, not to exceed the current fiscal year, are considered encumbered and no longer available.

Document the child's eligibility for approval in the case record along with the written approval. Obtain the signed voluntary placement agreement for a child aged 18 or older. See additional information in [Voluntary Placements for Children Under the Age of 18](#) and [Voluntary Placements for Children Aged 18 or Older](#).

3. Determine if the child meets the requirements for residence. (See [Residence](#).)
4. Determine if the child meets needs able to be met in a family setting.
5. See [Selecting a Foster Family](#) for procedures on locating a foster home.

Placement of an Indian Child

Legal reference: 125 U.S.C. Section 191(a) and Iowa Code Chapter 232B

Policy: Placements of Native American children in foster care settings shall be conducted in accordance with the statutory provisions and requirements of the federal and Iowa Indian Child Welfare Acts. See 18-C(2), [Making a Placement: Placement of a Child with American Indian Heritage](#) for requirements.

An Indian tribe has jurisdiction over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of that tribe. If an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction regardless of the residence or domicile of the child.

Procedure: See 18-C(5), [Indian Child Welfare Act](#) for instructions on identifying Native American ancestry, involving tribal representatives, making placements, placement hierarchy, protocols, and additional information on the laws and tribal court proceedings.

Placement of a Child with Mexican Citizenship

Legal reference: Vienna Convention on Consular Relations; Consular Convention Agreement between the United States and Mexico

Policy: When a child taken into state custody is a Mexican national or a multiple-nationality minor, the Department shall involve the Mexican Consulate in case planning for the child.

Procedures: See 18-C(2), [Making a Placement: Placement of a Mexican National or Multi-Nationality Child](#) for procedures and for the content of the Memorandum of Understanding Between the State of Iowa and the United States of Mexico Concerning Child Welfare Cases Involving Mexican National and Multiple Nationality Minors.

Making the Placement

Legal reference: 441 IAC 202.4(1)

Policy: Placement consistent with the best interests and special needs of the child shall be made in the least restrictive, most family-like setting available in close proximity to the child's home.

Procedure: Consider the following factors when choosing the placement that best meets the needs of the child:

- The engagement of the child's family
- The child's need to be placed with siblings (see [Siblings](#))
- The child's need for an appropriate and stable educational setting
- The child's need for continuity with previous placements
- The ability of the placement resource to sustain the placement
- The success of the placement resource in serving children with similar needs
- The expected length of placement

NOTE: Placement out-of-home shall be consistent with the best interests and special needs of the child and shall be made in the least restrictive, most family-like setting available and in close proximity to the child's home.

- Children shall not be delayed or denied placement based on their race, color, or national origin.
- Efforts shall be made to place siblings together unless to do so would be detrimental to any of the children's physical, emotional or mental well-being.
- Efforts to prevent separating siblings, reasons for separating siblings, and plans to maintain sibling contact shall be documented in the child's case permanency plan.
- To comply with the requirements of **MEPA-IEP**, all placement decisions must be made as an individualized determination of each child's needs.
- Determine the proposed foster parents' capacity to care for a child based on an assessment of the child's needs.

Additional Assessments Required

More in-depth assessments are required when a child goes into out-of-home placement.

Social History

Legal reference: Iowa Code Sections 232.97 and 232.181; 441 IAC 202.2(3)

Policy: With the exception of emergency care, a social history shall be completed on each child before a Department recommendation for out-of-home placement.

- For voluntary emergency placements, complete a social history before a decision is made to extend the placement beyond 30 days.
- For court-ordered emergency placements, complete a social history before the disposition hearing.
- **Procedure:** Before the dispositional hearing on a CINA case, the juvenile court will order the completion of a social history report that:
 - Explores the family's background and the strengths and needs and
 - Contains the Department's formal recommendations for the child's level of care, permanency goal, and services to the family.

Use form 470-3615, *Social History* to gather information for court-ordered social history reports.

Health Assessment

Legal reference: P. L. 110-351; 42 U.S.C. 622(b)(15)(a); Iowa Code Sections 232.2(4), 232.98, and 237.3; 441 IAC 105.8(6), 114.10(6), 202.2(2), 202.5(3), and 202.6(1)

Policy: The child's medical, psychiatric, and psychological needs shall be assessed before placement is recommended.

A child shall have a physical examination by a physician before entering foster care or within 14 days of placement into foster care.

The child's case permanency plan must contain the most recent information available about the child's health records.

Procedure:

1. Secure health information from the appropriate medical professional. Form 470-0580, [Physical Record](#), may be used in addition to other sources of medical or health information. If possible, submit the form to the child's primary care provider for completion.
2. A physician, an advanced registered nurse practitioner, or a physician assistance working under a physician's supervision shall:
 - Complete a preliminary screening for dental and mental health needs.
 - Refer the child to a dentist or mental health professional as needed.
 - See 8-M, [Care for Kids \(EPSDT\)](#) for Medicaid procedures for screening and follow-up treatment.
3. If the physical record does not have immunization information attached:
 - Get this information from the child's family or from the school where the child is enrolled in at the time of placement; or
 - Access the Iowa Department of Public Health's Immunization registry to obtain the child's immunization information; or
 - If no other source is available and the child was a Medicaid member before placement, follow local procedures to check Iowa Medicaid Electronic Record System (IMERS) for information.

Access to IMERS for purposes of meeting the Department's responsibilities for the health of children in foster care is restricted to social work case managers and supervisors who have an approved *Iowa Medicaid Electronic Record System Security Request*. Supervisors may obtain this form from the Service Help Desk.

Do not print IMERS information to put in the case file. This increases the risk of inadvertent disclosure and violation of state law and the federal Health Insurance Portability and Accountability Act (HIPAA).

4. Assess a child's strengths and needs relating to mental health as part of your assessment of child well-being. You may use the *Pediatric Symptom Checklist* to determine whether a child needs a behavioral health evaluation. Access the checklist on the HHS Intranet in the Results-Based Practice folder on the Field Service Staff page.
5. When indicated, use appropriate psychological testing administered by qualified psychologists to help determine the child's level of intellectual functioning and to assess the nature and severity of personality disorders and learning difficulties.
6. When religious or personal beliefs of the parents prohibit the completion of a physical or necessary medical care, either:
 - Find assistance for the family to care for the child at home, or
 - Request a court order to obtain necessary medical care for the child.

7. When a child is medically diagnosed as being HIV-positive, having AIDS, or is identified as being at high risk of HIV infection, place the child after the parents have signed form 470-3225 or 470-3225(S), *Authorization to Release HIV-Related Information*. It may be necessary to seek court action if the parent or guardian does not sign the forms.

Inform the foster care provider of the diagnosis and have the provider sign form 470-3227, *Receipt of HIV-Related Information*.

The need for HIV testing is predominately a medical decision. Therefore, when a child is at high risk of being HIV-positive such as one or both parents being HIV-positive or having AIDS, seek guidance from the child's physician as well as from your supervisor, social work administrator and service area manager.

Life Skills Assessment

Legal reference: 441 IAC 202.11(7)“b”

Policy: A life skills assessment shall be administered to all children in foster care who are aged 14 or older. The assessment is designed to evaluate the child's strengths and needs in areas including, but not limited to:

- Education;
- Physical and mental health;
- Employment;
- Housing and money management; and
- Supportive relationships.

Procedure:

1. Ensure that a life skills assessment is completed for all children in foster care who are aged 14 or older.

The recommended assessment instrument is the Ansell Casey Life Skills Assessment, which is available at <http://lifskills.casey.org/>. The assessment is set up for the child to complete, along with an assessment for the child's care provider to complete.

2. Use the results of the assessment to assist you in completing an overall assessment of the child and the transition plan section of the case plan.

Selecting a Foster Family

Legal reference: 441 IAC 202.4(5)

Policy: A foster family shall be selected on the basis of compatibility with the child, taking into consideration:

- The child's individual behavioral, mental health, developmental, intellectual, and medical needs and the foster parents' skills and abilities to meet those needs.

NOTE: A child with asthma or other respiratory health issues will **not** be placed in a foster home where any member of the household smokes;

- The ability of the foster family to understand, support and follow the child's case permanency plan;
- The ability of the foster parents to mentor, engage, support and respect the child's parents, siblings, and extended family members;

- The foster parents understanding of the effects of trauma on children and trauma informed parenting; and
- The extent to which interests, strengths, abilities and needs of the foster family enable the family members to understand, accept and provide for the individual needs of the child.

Procedure:

1. Complete the referral form for service area contractor to identify potential foster homes. Provide as much detail as is known about the child's strengths and needs. Information should be current.
 - Clearly state the timeframe foster family home is needed. If a home is needed immediately (no less than 2 hours) the referral information may be called into the contractor.
 - Provide as much information as is known about the child including but not limited to:
 - Strengths and interests of the child;
 - Medical, behavioral, mental health and developmental needs;
 - The child's educational needs; and
 - Interactions between the child and their family.
 - Safety-related information such as whether the child has:
 - Behaved in a manner that threatened the safety of another person;
 - Committed a violent act causing bodily injury to another person; or
 - Has exhibited sexually inappropriate behaviors.
2. The contractor will consider the following factors in selecting potential placements:
 - The child's individual strengths and needs;
 - The child's cultural and ethnic background;
 - The proximity of the foster family's home to the child's home and home school;
 - A foster home with the capacity and ability to keep siblings together or to maintain connections and contact with each other if they cannot be placed in the same home;
 - The compatibility of the birth family with the potential foster family; and
 - The foster family's ability to:
 - Understand, accept, and provide for the individual needs of the child;
 - Understand the child's need for a permanent home consistent with the permanency plan, the attitudes of the child's parents and the relationship of the child to the child's parents;
 - Form a relationship with the child's birth family to facilitate the return of the child to the birth family when that is the permanency goal; and
 - Offer a positive experience for the child who has specific problems as a result of past relationships.
3. Accept the placement match from the contractor.

If the proposed foster family does not meet the prioritized needs of the child or children discuss with the contractor to pursue other options.
4. The contractor will notify the other foster families contacted to inform them that placement has been made with another home.

5. Have regular contact with the contractor throughout the matching process to ensure timely and appropriate matching.

Considerations in Selecting a Foster Family

Additional factors based on a child's circumstances should also be considered.

Breast-Fed Infant

Legal reference: 441 IAC 202.11(3)

Policy: When continued breastfeeding of an infant is determined to be in the best interest of the child, the department social work case manager and the foster parents shall make reasonable efforts to support the continued breastfeeding of the infant by the mother.

Procedure: When placement of a breastfeeding infant is being made:

1. Assess, in consultation with your supervisor, whether continued breastfeeding by the mother is in the best interest of the infant.
2. Choosing a foster family that is accessible to the mother and is supportive of the mother's breastfeeding her infant.
3. Document the assessment and efforts in the case plan and case notes.

Maintaining Continuity and Placement Stability

Legal reference: Iowa Code Sections 232.2(4), 232.21, 232.52, 232.102, 234.35, and 237.22;
441 IAC 202.4(234), 202.12(2)

Policy: Throughout the provision of care, the Department and the foster care provider shall actively ensure that the child stays connected to the child's kin, culture, and community as stated in the child's case permanency plan.

Procedure:

1. If possible, choose a placement within the child's own neighborhood or community to promote:
 - Parental contact with the child and participation in reunification efforts
 - Sibling contact
 - Support from the child's community
 - Stability of the child's education (see [Educational Stability](#))

If the child was previously in placement and a relative or kin placement is not an option, consider placing the child back into the same placement setting.

2. Promote placement stability and minimize the potential for placement breakdown by:
 - Adequately assessing the needs of the child.
 - Matching the child's needs with the substitute family's or facility's abilities.
 - Preparing the child and family for the placement.
 - Assisting children with feelings about living apart from families.

- Providing adequate support to the child, family, and substitute caregivers.
- Maintaining family connections by allowing visits early and often.
- Developing crisis plans that address predictable behaviors or patterns of behavior that threaten or destabilize the placement.
- Recognizing relationship stress early and responding to resolve problems.
- Collaborating with parents and local education agencies to ensure that the child's need for an appropriate and stable education setting is met.

Educational Stability

Legal reference: P. L. 110-351; Iowa Code Sections 232.2(4) and 280.29; 441 IAC 202.2(2)

Policy: The Department shall assure the educational stability of children who enter out-of-home placement. The child shall remain in the educational setting the child attended before placement unless it is not in the child's best interest to do so.

Procedure: When the child is school-age, including children under age five who have been identified for special education or Early ACCESS, take the following steps:

1. Obtain a release of information from the child's parents or guardian to facilitate flow of information between the Department and the local school district, the area education agency (AEA), or the Early ACCESS program, as applicable.

Children under three years of age are automatically referred to Early ACCESS when abuse is confirmed or founded. Ask the parents if they have received Early Access information. If a developmental screening has been completed, it will be valuable to the foster care provider.
2. If possible, participate in staffing's with the local school to discuss needs of the child, including both educational and foster care arrangements.
3. Evaluate potential placements for the appropriateness of the educational setting available to the child there, through:
 - Consultation with parents and guardian ad litem, and
 - Collaboration with school professionals and the placement provider.
4. Evaluate potential placements for the proximity of the placement to the child's home school. ESSA, (Every Student Succeeds Act) provides that children in foster care remain in the school of origin unless there is a determination that it is not in his or her best interest. Coordinate with the local education agencies to identify how the child could remain in the educational setting in which the child is enrolled at time of placement. The appropriateness of the school setting should be re-evaluated at each potential placement change. Arrange transportation as necessary discussing with foster parents their willingness to assist with this transportation.
5. A child in foster care should not change schools unless remaining in the current school is not in the child's best interest (ESSA). If it is not in the child's best interest to attend the same school after placement, the foster child must be immediately enrolled in the new school even if they don't have the required documentation. The enrolling school shall immediately contact the school last attended to obtain the child's records.

6. Use form 470-4894, *Notice to Schools for Child in Foster Care*, to notify the attending local school of the foster care placement and trigger a five day requirement for the school district to transfer records to the new school.
7. Ensure immediate enrollment of the child in the new educational setting. Make sure that the local education agencies have transferred the child's educational records to the new educational setting within five days of notice that the child is changing schools.
8. Document in the case permanency plan:
 - Evaluation of the placement's proximity to the child's home school and the appropriateness of the child's educational setting while in placement.
 - An assurance that you:
 - Coordinated with the child's school to identify how the child could remain there during placement; or
 - If remaining in the home school is not possible document the reasons why and that the child's educational records were transferred to the new school.

Out-of-Area Placement

Legal reference: 441 IAC 202.7(234)

Policy: Placements outside the service area shall be made only when:

- There is no appropriate placement within the service area;
- The placement is necessary to facilitate reunification of the child and parents; or
- An out-of-area placement is closer to where the child lives than an in-area placement offering the same services.

Procedure: If placement outside the service area is necessary or is in the best interest of the child:

1. Seek the approval of the placing and receiving service area managers according to your service area protocol.
2. If appropriate, seek court approval of transfer of the responsibility for supervision, planning, and visitation.

Siblings

Legal reference: Iowa Code Section 232.108; 441 IAC 202.4(2)

Policy: The Department shall make a reasonable effort to:

- Place siblings together in the same placement, and
- Provide frequent visitation or ongoing interaction between the child in placement and the child's siblings.

Procedure:

1. Make reasonable efforts to place siblings together unless to do so would be detrimental to any of the children's physical, emotional or mental well-being.

2. If siblings cannot be placed together in the same placement:
 - Explain to the siblings the reasons why they are not placed together and what efforts you made to keep them together or why making efforts to keep them together was not appropriate.
 - Arrange to maintain frequent visitation or other ongoing interaction between the siblings unless visitation or ongoing interaction between siblings is suspended or terminated by the court.
3. Document in the child's case permanency plan:
 - Efforts made to keep the siblings together;
 - The reasons for separating siblings; and
 - The plan to maintain sibling contact.
4. Adult siblings of a child in out-of-home placement may petition the juvenile court to request frequent visits or other ongoing interaction with that child. Arrange for visits and contact with the child in placement if the court findings:
 - Affirms that the person is a sibling, and
 - Does not indicate that visits would not be in the child's best interests.

Preplacement Visits

Legal reference: 441 IAC 202.5(1)

Policy: Except for placements made in less than 24 hours, a child shall have a preplacement visit involving the child, the placement resource, the department social work case manager, and the child's parents.

The child's parents may be excluded at the preplacement visit only if their presence would be disruptive to the child's placement.

Procedure:

1. Coordinate a preplacement visit involving the child, the foster parent, and the child's parents. (See [Placement Notification](#)).
2. Use the preplacement visit to support the child and help with the child's adjustment to new people and a new environment.
3. During the preplacement visit, review:
 - The estimated length of time the child is expected to be in care;
 - The long term plan for the child;
 - Expectations for the provider's involvement in family visitation and direct contact with the child's extended family;
 - The child's typical daily schedule, habits, likes, dislikes, food preferences;
 - The child's expected emotional and behavioral responses to both routine and atypical situations;
 - Expected behavior problems, fears and emotional problems;
 - Other information to help the placement resource plan and provide consistency in daily care;

- The general role of the placement resource in:
 - The expectations of the Department, the placement resource, and the parents for the child being considered for placement, and
 - Any special treatment or confidentiality requirements.

Providing Placement Information

Legal reference: Iowa Code Section 232.2(4); 441 IAC 202.6(234)

Policy: At the time of placement, the Department social work case manager shall furnish to the foster parents **any** available information regarding the child. The information provided shall include:

- The child's full name and date of birth;
- The names, work addresses, and telephone numbers of the department's social work case manager and the worker's supervisor, including a home telephone, cell phone, or on-call number;
- Educational arrangements including, but not limited to, the school the child attends, special education needs, and school contacts;
- The child's case permanency plan;
- The Foster Family Placement Contract;
- The names, addresses, and telephone numbers of the child's parents if applicable;
- The names, addresses, and telephone numbers of significant relatives of the child, including grandparents, brothers and sisters, aunts and uncles, and any other significant persons;
- The names, addresses, and telephone numbers of the child's physician and dentist;
- The child's behavioral patterns, including safety-related information;
- The results of a physical examination, including immunization history;
- The child's medical needs including allergies, physical limitations, dental and medical recommendations, and special needs of HIV;
- Medical authorizations, service authorizations, and other releases as needed; and
- If the child is an Indian, the identification of the child's tribe and tribal social service agency including telephone number and contact person.

Procedure:

1. Follow service area protocol on how to meet the requirement for Department staff to be available to care providers on a 24-hour basis in case of emergency.
2. Provide the *Social History*, form [470-3615](#), to the care provider within 60 days of placement. If there is an existing social history, provide that on or before the date of placement.

3. Provide form 470-3435, *Family Case Plan*, to the care provider as soon as it is available. The plan for a child in placement shall include:
 - The type and appropriateness of the placement and services to be provided to the child, including your reasons for choosing this particular placement.
 - The actions expected of the parents, guardians or custodians in order for the Department to recommend that the court and the Department end involvement with the family.
 - The care and services that will be provided to the child, the child's parents, and the care provider and how those services will:
 - Meet the needs of the child while in care and
 - Facilitate the child's return home or other permanent placement
 - Safety information. (Do not include HIV test results and related medical information in the child's case permanency plan. See I-C, [HIV-Related Information](#).)
 - The most recent information available on the child's health and education records, including the date that the records were supplied to the care provider.
 - Documentation of actions taken to assure educational stability of the child. (See [Educational Stability](#).)
 - Concurrent case permanency goals other than reunification, if identified. See 18-C(2), [Case Permanency Planning: Concurrent Planning](#).
 - Provisions for sibling visits and interaction.
 - A transition plan if the child is aged 14 or older. See 18-C(2), [Transition Planning and Services](#).
4. Give the foster parents the name and address of the school the child will attend and the teacher's name and contact information.
5. Give the foster parents information about the plan for the child's physical or medical care, including:
 - The results of medical examinations including HIV test results. (See [Health Assessment](#).)
 - Infant care and feeding. (See [Breast-Fed Infant](#), if applicable.)
 - Special advice regarding children with physical or developmental disabilities, including any special equipment necessary for the child's care because of a handicapping condition.
 - Names and addresses of all doctors, mental health professionals, and dentists who have treated the child, if available at placement.
 - Directions in carrying out specific medical recommendations, including:
 - Current prescriptions (if child is on medication) and what the medication is prescribed for.
 - Time, date, and location of any appointments already scheduled.
 - Appointments that need to be scheduled soon, such as a physical examination if one was not completed before placement.

- The arrangements the Department has for the child's medical care, including:
 - An explanation of the Medicaid program.
 - Form 470-2747 or 470-2747(S), *Foster Care Provider Medical Letter* for use until the child's *Medical Assistance Eligibility Card* is issued.
 - The procedures to be used to obtain medical care transportation reimbursement.
 - The requirements for preventive care, such as regular checkups, eye and ear exams, immunizations, etc.
 - The procedures to follow if emergency medical treatment is necessary, both in the local area and if the family plans to travel with the child.
- 6. Meet with the foster parents to:
 - Review the supports and services that are available;
 - Make plans for visits with the child's parents, relatives, siblings, or other significant people; and
 - Develop in-depth plans regarding expectations of the Department, future objectives and timeframes, use of resources, and termination of placement.

Reasonable and Prudent Parenting Standard and Normalcy

Legal reference: 441 IAC 202.6(3), 202.7(3), 202.9(2), 202.11(2)

Policy: A child in a family foster home is entitled to normal childhood experiences and the development of life skills. The Department social work case manager should assure that a child in out-of-home care will have opportunities to participate in age and developmentally appropriate activities for normal growth and development and to develop personal responsibility and life skills.

The standard is applicable regardless of a child's age. However, a child's age is a natural consideration in the types or frequency of activities or services offered.

The assigned Department social work case manager shall advise and provide guidance for the caretaker to use the reasonable and prudent parent standard, as defined in 441 IAC 202.1(234), to create opportunities for the child to participate in extracurricular, enrichment, cultural, and social activities.

A child with a mental or physical disability is included in this policy. Collaborating with the appropriate developmental disabilities staff is important for successful outcomes.

While consent may not be required by the child's parents, foster parents and the social work case manager need to maintain open communication so parents are engaged and informed of their child's activities. A parents denial of consent when not required does not override a child's right to normalcy.

Procedure: When visiting a child in care, determine if the foster parents able and willing to make decisions so the child may participate in activities.

Inform the foster parents that releases are not required for age and developmentally appropriate activities though they are to inform the child's parents of the activities their child is participating in.

The assigned social work case manager shall secure releases of information from the parent or HHS-authorized representative for major medical procedures as defined by the medical profession.

Promoting normalcy does not change who has authority to make medical decisions for a child. This is determined by the parents, custodian, or guardian.

Determine if the caretaker is making safe, careful, and sensible parenting decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child.

Discuss the reasonable and prudent parent standard with the child's parents and be sensitive to their desires.

Explain to the caretaker any limitations on their authority to align with court orders or safety concerns.

Use family team meetings or other opportunities to discuss parenting of the child.

The child shall be encouraged and supported to participate in age- and developmentally-appropriate activities.

Support caretakers to make the reasonable and prudent decisions, by considering such indicators as:

- Age of the child
- Behavior of the child
- Risks of the activity
- Importance of maintaining the most family-like experience
- Caretakers experience with the child
- Level of care ordered by the court
- Input from the child's parent
- Requirements of juvenile court officer, judge or other officials involved with the child

Use the following sample list of age- and developmentally-appropriate activities as a guide for what may be authorized by a caretaker applying the reasonable and prudent parent standard:

- School activities and extracurricular activities
- Field trips
- Participation in clubs or organizations
- Supervised or unsupervised activities in the community
- Dating
- Driving
- An overnight with a friend away from home
- Use of social media
- Use of a computer and cell phone

Foster parents can use the reasonable and prudent parenting standards with some additional considerations for the following:

- Haircuts:
 - Any cultural factors regarding a child's hair.
 - The child's input and wishes.

- Use of babysitters:
 - Prior approval and record checks are not required.
 - Respite must be provided by a licensed foster parent for the Department to pay the respite provider.
- Use of power tools, lawn mowers or other power equipment:
 - The developmental age and maturity of the child.
 - The foster parents plan for training the child on the use of the equipment and supervision while the child is using the equipment.
- Unsupervised activities such as going to movies, shopping or community events:
 - The developmental age and maturity of the child.
 - The appropriateness of the activity.
 - The appropriateness of the peer group.
- Travel in-state and out of state:
 - Parental consent is not required for extended travel, such as vacation, but should be informed and consulted.
 - Foster parents need to inform the Department if travel will be more than one overnight.
 - The child's schedule, appointments and family interactions if travel will be extended over several days.
 - When travel is extended over several days the foster parent must have emergency contact information for the child's parents and for the Department and authorization to obtain medical treatment if needed.
 - Parental or guardian consent is required for travel out of the country.
- Medical treatment:
 - Foster parents can take the child to the doctor when the child is sick. Treatment should not be delayed while seeking consent of the parents or Department.

Parent or guardian consent is required for the following:

- Consenting to psychiatric, mental health, substance abuse and medical treatment including surgery.
- Immunizations.
- Obtaining a driver's license.
- Obtaining a passport.
- Releasing information.
- School enrollment.
- Any activity that requires the parent or guardian to consent.

Out-of-State Placement

Legal reference: Iowa Code Chapter 232, Division IX and 441 IAC 202.8(234)

Policy: All out-of-state placements shall be made pursuant to procedures of the Interstate Compact for Placement of Children (ICPC) and in compliance with the rules for the type of placement. Reasons for selecting an out-of-state placement shall be documented in the child's case permanency plan.

Procedure:

1. Assure that the service area manager or designee or the chief juvenile court officer has approved the placement. Approval is made only when the placement is consistent with the goals of the "Child Placement Plan" section of the *Family Case Plan*.
2. Follow interstate compact procedures when making an out-of-state placement. Provide all information required in the ICPC packet, which includes the following:
 - Form 470-0781, 100A Interstate Compact on the Placement of Children Request;
 - Copy of the current court order that gives HHS custody or protective supervision;
 - Financial/medical plan form 470-3827, Interstate Compact on the Placement of Children Financial and Medical Plan;
 - IV-E eligibility verification;
 - Social history of the child;
 - Current case plan;
 - Copy of the child's social security card or official document verifying the correct number;
 - Copy of the child's birth certificate, if available; and
 - The name and **correct physical and mailing addresses** of the placement resource and all available phone numbers and contact data.

See 18-D(6), [Interstate Compact on the Placement of Children](#) for more information.

3. Document the reasons for selecting an out-of-state placement and the efforts made to avoid an out-of-state placement in the "Child Placement Plan" section of the *Family Case Plan*.

Approval of Out-of-State Foster Family Care Placement

Legal reference: Iowa Code Section 232.158; 441 IAC 202.8(1)

Policy: The service area manager may approve an out-of-state foster family care placement only when the placement will not interfere with the goals of the child's case plan and one of the following conditions exists:

- The foster family with whom the child is placed is moving out of state.
- An out-of-state family having previous knowledge of the child desires to provide foster care to the child.
- The receiving state requires licensure of relatives in order for a child to be placed.

- An out-of-state family is approved to adopt the child and is eligible to receive maintenance payments until the adoption is final.
- An out-of-state placement is necessary to facilitate reunification of the child with the parents.

All out-of-state placements must be made pursuant to interstate compact procedures.

Procedure: Follow local procedures to obtain and document the service area manager approval for the out-of-state placement. Document the approval in the child's case record.

Postplacement Services

Legal reference: P. L. 113-183; 441 IAC 202.11(234), 112.11(237), 113.8(237), 117.8(6)

Policy: The Department social work case manager shall maintain a continuous relationship with the child. The social work case manager's role is to:

- Help the child plan for the future;
- Evaluate the child's needs and progress;
- Supervise the living arrangement;
- Arrange for services from other resources as needed;
- Counsel the child in adjusting to the placement; and
- Identify and support access to age-appropriate activities and the development of skills for the child while in licensed out-of-home care.

Counsel caretakers to make reasonable and prudent decisions to create opportunities for participation of the child in age or developmentally-appropriate activities.

Procedure: Make regular visits to the child. See [Visits to the Child](#). Also:

- Collaborate with local education agencies to ensure educational stability and the appropriateness of the educational setting. See [Educational Stability](#).
- Arrange for social and other related services including, but not limited to, medical, psychiatric, psychological, and educational services from other resources as needed. See [Arranging for Additional Services](#);
- Manage service delivery (see 18-C(2), [Monitoring and Coordination](#)); and
- Monitor and modify services (see [Periodic Reviews](#), [Ending Out-of-Home Placement](#), and 18-C(2), [Monitoring and Coordination](#)).

Visits to the Child

Legal reference: 441 IAC 202.6(3), 202.7(3), 202.9(2), 202.11(2)

Policy: The assigned Department social work case manager shall personally visit each child in out-of-home care at least once every calendar month, with the frequency of the visits based upon the needs of the child.

The visit shall take place in the child's place of residence the majority of the time. The visit shall be of sufficient length to focus on issues pertinent to case planning.

During the visit, the social work case manager shall address the safety, permanency, and well-being of the child, including the child's needs, services to the child, and achievement of the case permanency plan goals.

The first follow-up visit shall be made to the child at a foster family home within two weeks of the initial placement.

Procedure: Visit a child in care monthly to fulfill responsibilities set forth in the "Child Placement Plan" section of the *Family Case Plan* and to review the progress of the child.

Through visits with the child and the foster parents, determine that:

- There is no reasonable cause to believe that the child's living situation presents any unacceptable risks to the child's health or safety;
- The foster home is maintained in a reasonably safe condition;
- The child is receiving any necessary medical care; and
- The current program plan provides appropriate and sufficient services and supports.

When age and developmentally appropriate, visit with the child privately to provide an opportunity for the child to disclose any problems in the foster home. Review all logs, notes, education, and medical information kept by the foster parents.

- If the child expresses any concerns or problems in the foster home, immediately assess the child's safety and well-being.
- Notify the Department licensing worker and the service area contractor caseworker of any observed or expressed concerns in the foster home.

Document the visit in case notes and the data system.

If the child is placed outside of the service area, responsibility for visits may be transferred to the receiving service area with the approval of the placing and receiving service area managers and, when appropriate, of the court.

If the child is placed out of state, the responsibility for visits may be negotiated through the Interstate Compact. See 18-D(6), [Placement of Out-of-State Children in Iowa: Postplacement Activities](#).

Waiver of School Fees

Legal reference: Iowa Code Sections 256.7(20), 285.1, and 321.178(1)(c); 281 IAC 18.3(256)

Policy: For a student in foster care, a school shall grant a waiver of fees for course offerings and related activities, and for transportation provided to resident students who are not entitled to transportation under Iowa Code Section 285.1.

Procedure: Request a waiver application form provided by the school. An application can be received at any time but shall be renewed at the beginning of the school year.

Course offerings include, and are not limited to, driver's education.

The Department is notified if a student in foster care qualifies for free school lunch but is not receiving it. Contact the school to assure the child receives access to free lunch.

Arranging for Additional Services

Legal reference: 441 IAC Chapter 172, 202.11(1)“d”

Policy: The Department social work case manager shall arrange for social and other related services. Services that may be available to children in family foster care include:

- Child welfare emergency services (CWES)
- Family centered services
- Facilitation of family team decision making Meeting (FTDM) and youth team decision making (YTDM)
- Drug testing
- Legal services for permanency
- Medicaid behavioral health intervention services (BHIS)
- Medicaid behavioral health services (therapy and counseling)
- Medicaid home and community based services (waiver services)

Procedure: Determine the child's ongoing service needs. If possible, involve the child, if age appropriate, and the child's legal family in this process.

- **Family-centered** services may be provided based on child and family needs and subject to approval by the Department social work case manager. These interventions must be purchased separately. (See [Family-Centered Services](#).)
- Children who have a specific mental health condition, risk factor, symptom, or complaint may qualify for services under the Iowa Medicaid program, including:

- **Behavioral health** services (therapy) provided by a marital and family therapist, social worker, mental health counselor, or certified alcohol and drug counselor.
- **Behavioral health intervention** for children with a daily impairment caused by an Axis I mental health disorder. Services available to children in foster group care include behavior intervention, crisis intervention, and family training.

These services must be determined “medically necessary.” See [Mental Health and Substance Abuse Services](#) for more information on accessing these services.

- Children with specific handicapping conditions of a severity to qualify for care in a medical institution (an intermediate care facility for persons with intellectual disability or a nursing facility) may qualify for additional home- and community-based services (HCBS) designed to enable them to keep on living in the community.
 - Children under the age of 18 may qualify under the brain injury waiver, the children's mental health waiver, the ill and handicapped waiver, the intellectual disability waiver, or the AIDS/HIV waiver.

- Children aged 18 or over may qualify under the brain injury waiver, the physical disability waiver, the ill and handicapped waiver, the intellectual disability waiver, or the AIDS/HIV waiver.

Family-Centered Services

Legal reference: 441 IAC 202.12(1)(234), 172.22(234)

Policy: Child welfare services shall be made available to the parents throughout the period of placement for the purpose of reuniting the family in an agreed-upon timeframe. Family centered services are provided for the purpose of:

- Promoting identification and enhancement of family strengths and protective capacities;
- Addressing the factors that resulted in the child's being removed from the family home; and
- Strengthening the family connections to community resources and informal supports.
- Identifying age-appropriate activities and skills, so that the child can have the opportunity to learn and participate.

Services are available regardless of the setting a child is placed. Parents of children in foster care placement have the right to apply for family-centered services and the right to appeal if services are denied.

Procedure: For family-centered services:

- See [18-C\(3\)](#) for eligibility factors, referral, and management of family-centered services including solution based casework (SBC), drug testing, and facilitation of family team decision-making meetings.
- If family-centered supportive services (such as family team decision-making meeting facilitation and drug testing) are authorized by the service area manager or designee, identify and contact a provider for services.

Health Care

Legal reference: Public Law 96-272; Iowa Code Section 237.3; 441 IAC 75.1(10), 78.18(3), 105.8(7), 113.17(237), 114.10(10), 115.5(2), 156.8(3), 202.5(3)

Policy: The Department is responsible for the cost of medical care for children family foster care placement. When the cost is not covered by the state Medicaid program, the cost may be paid through foster care funds.

Each child shall be under regular medical and dental supervision. Medications of the child shall be monitored. In case of sickness or accident, immediate medical care shall be secured for the child in accordance with the Department social work case manager's directions given at the time of placement.

The child's latest health records shall be part of the child's case permanency plan.

Procedure:

- I. Ensure that the foster parents know how to obtain medical care for the child, including:
 - How to find a provider that accepts Medicaid;
 - What the Medicaid program covers;

- How to access transportation reimbursement for medical care;
 - What periodic screening is required for children on Medicaid.
2. Before a *Medical Assistance Eligibility Card* is issued, provide the foster care provider with form 470-2747, [Foster Care Provider Medical Letter](#). This form explains that the Department is responsible for providing medical care for the foster child and provides information needed before medical service can be obtained.
 3. Cooperate with the IV-E IM worker to ensure that the child's eligibility for Medicaid coverage is determined promptly. See [Medicaid Eligibility](#), [Medicaid Services](#), and [Services Not Covered by Medicaid](#).
 4. Ensure that a child in foster care receives proper medical care, including:
 - A physical before the time of placement or scheduled within 14 days of placement (see [Health Assessment](#)).
 - When a child is in continuous care, a new physical examination is not required when the child transfers from one placement setting to another unless there is some indication that an examination is necessary.
 - Knowledge of over-the-counter and prescription medications the child is taking, dosage, side effects. Please refer to Monitoring Medications and Monitoring Psychotropic Medications in the Case Management Chapter 18-C2.
 - Routine treatment of illnesses.
 - Immunization against common contagious diseases.
 - Periodic medical examinations by a physician, a nurse practitioner, or a physician assistant working under the supervision of a physician. Annual medical and eye exams and six-month dental and ear exams are required.
 - Administration of routine diagnosis laboratory procedures such as blood and urine examinations in accordance with local and state requirements.
 5. Ensure that the child receives emergency medical care in cases of sudden illness or accident.
 - Emergency care shall be provided with approval of the parent or guardian.
 - Should an emergency arise where the child is in need of immediate medical attention and the parents or guardian cannot be reached, the Department has authority to call a physician and to authorize emergency medical and surgical care.
 - Caretakers should have a readily accessible means of obtaining approval for emergency services for a child on a 24-hour basis.
 - Foster parents should not delay seeking medical treatment if the child is ill or there is an emergency and consent to treat cannot be obtained from the parent or the department in a reasonable time.
 6. Request testing for communicable diseases such as hepatitis or HIV only when the child is at high risk of contracting or having the disease.

Inform the prospective foster parents at the time of contact or at pre-placement that the child is at high risk a communicable disease.

7. When the child's medical needs include HIV infection or risk of infection, provide sufficient de-identified information to allow the foster parents to make an informed decision regarding ability to care for the child. Include:
 - The care needs of the child,
 - The possible impact on the foster family, and
 - The special confidentiality constraints of HIV/AIDS information.
 - When a child is medically diagnosed as being HIV-positive, having AIDS, or is identified as at high risk of HIV infection, be sure that you have:
 - Form 470-3225, [Authorization to Release HIV-Related Information](#), signed by the parent or guardian (or court permission) and
 - Form 470-3227, [Receipt of HIV-Related Information](#), signed by the foster parents.
8. Ensure that all health and medical records are in the child's case file.

Medicaid Eligibility

Legal reference: 441 IAC 75.1(10)

Policy: Medicaid coverage shall be available to persons under age 21 living in a licensed foster care facility for whom the Department has financial responsibility in whole or in part.

Procedure: Determining Medicaid eligibility for children in foster care placements is a cooperative effort between the social work case manager and the income maintenance (IM) worker. The IM worker is responsible for determining the proper coverage group and funding source.

The social work case manager is responsible for ensuring that the information necessary to make the determination is provided to the IM worker.

1. Send form 470-2927 or 470-2927(S), *Health Services Application*, to the parents of the child or to the person responsible for the child with a request to return it within ten calendar days. (A new application is not required when the child is already receiving Medicaid or is IV-E-eligible.)
2. Complete the Medicaid application if the parents fail to cooperate and there is no other person representing the child.
3. Forward the completed application to the IV-E IM worker within two working days of receipt with the following attached:
 - Form 470-3839, *IV-E Initial Placement Information*, and
 - A copy of the court order or voluntary placement agreement.
4. Issue form 470-2747, [Foster Care Provider Medical Letter](#), as described above.

A *Medical Assistance Eligibility Card* will be issued to the foster care provider address when the foster care Medicaid eligibility case is approved.
5. Report to the IV-E IM worker using form 470-3918, *IV-E Changes*, changes in placement, maintenance payment, income, pregnancy, siblings placed together, etc.

6. Assist the IV-E IM worker with reviews of eligibility when necessary. This includes completing required review forms.
7. Handle payments for court-ordered care and treatment and for services received that are not Medicaid-covered services or that were delivered when the child was not Medicaid-eligible.
8. Notify the IV-E IM worker of a child leaving a foster care placement no later than ten calendar days after the exit.

See form 470-5535, [Application for Foster Care and Subsidized Adoption Medicaid](#), and 8-H, [Foster Care and Presubsidy Placements](#) for more information on eligibility determination.

Child in Managed Care

Legal reference: 441 IAC 88.2(4)“f” and 88.4(4)“d”

Policy: Medicaid recipients are enrolled with a managed care provider. A child who received Medicaid prior to entering foster care will have a Managed Care Provider. A child who was not covered by Medicaid prior to entering care will be enrolled with a managed care provider.

Procedure:

- Inform the foster parents of the child’s managed care provider when the child has been a Medicaid recipient.
- Ensure the foster parents know the child’s medical providers.
- Inform the foster parents they are not allowed to enroll the child with a managed care provider or change the child’s managed care provider.
- Provide information to the foster parents on how to access medical transportation reimbursement through the managed care provider.

Medical Coverage for Interstate Placements

Legal reference: Section 473(b)(3) of the Social Security Act; 42 CFR 435.909(a); 441 IAC 75.1(10)

Policy: A IV-E-eligible child placed out of state in a licensed foster care placement shall be eligible for Medicaid from the state in which the child’s placement is located. A child placed out of state who is not IV-E-eligible shall continue to be eligible for Iowa Medicaid.

Procedure: If an Iowa child is placed out of state:

- I. Provide the IV-E IM worker with any information given to or received from the Interstate Compact administrator.

2. Confirm the child's IV-E status with the IV-E IM worker and indicate whether the child is IV-E-eligible in the upper right corner of form 470-0781, *100A Interstate Compact on the Placement of Children Request*.

While IV-E eligibility is documented on form 100A, no other correspondence goes through the Interstate Compact on the Placement of Children (ICPC) because Medicaid is not under ICPC jurisdiction.

3. Discuss with the foster care provider the fact that Medicaid coverage will be provided by the state of residence rather than Iowa because of the child's IV-E eligibility.
4. Notify the IM worker as soon as possible, so that the IM worker can complete and mail a timely Notice of Decision to the child canceling Iowa Medicaid.
5. Write a letter to the provider indicating that Iowa will continue to make the foster care payment, but will no longer provide Medicaid coverage because the child receives IV-E foster care assistance and is now eligible for Medicaid from the state where the child lives.

Direct the foster care provider to apply for Medicaid from the appropriate local agency and indicate that the provider should contact you if there are any problems.

6. If the other state sends the Medicaid eligibility card to the Department rather than to the care provider, forward it to the care provider. Advise the care provider to ask the other state to send the card directly to the foster care provider.
7. Continue to review IV-E eligibility as required. If the child's IV-E eligibility ends, notify the foster care provider.

A child receiving SSI who is placed in another state may also be eligible under that state's Medicaid program. If so, Iowa closes its Medicaid case.

Iowa provides Medicaid to non-IV-E eligible foster children placed in another state.

- Inform the foster care provider of the need to locate providers who are (or are willing to become) Iowa Medicaid providers.
- If the foster care provider is unable to locate such providers, contact the Iowa Medicaid Enterprise, Provider Services for assistance in locating Iowa Medicaid providers in the community in which the child lives.
- If there are no Iowa Medicaid providers in the community, contact the child's medical providers and encourage them to enroll in Iowa's Medicaid program by contacting the Iowa Medicaid Enterprise, Provider Services.
- If services must be obtained from providers that are not Iowa Medicaid providers, see [Services Not Covered by Medicaid](#).

Medicaid shall be provided to IV-E eligible children who are placed in Iowa by another state for whom the placing state is making a IV-E maintenance payment.

Medicaid Services

Legal reference: 441 IAC 75.1(10), 78, 84, and 202.11(4)

Policy: A child for whom Iowa is responsible for foster care payment may be eligible for any medically necessary services offered under the Iowa Medicaid program.

Procedure: Follow Iowa Medicaid requirements to obtain needed services for the child. Obtain from the health care practitioners an annual medical review of treatment the child has received.

Mental Health and Substance Abuse Services

Legal reference: 441 IAC Chapter 88, Division I

Policy: Under the Iowa Medicaid program, mental health and substance abuse treatment are provided through their assigned managed care provider.

Procedure: In most cases, prior authorization from MCO contractor will be required before services begin.

1. Ensure the selected provider is enrolled with the child's MCO.
2. Make arrangements for services through the service provider, who will know what procedures are required;
3. Provide all pertinent information about the child requested by the service provider after you obtain a release of information from the parent or legal guardian;
4. Serve as a resource to the mental health facility in working with the child's family; and
5. Maintain contact with the MCO case manager.

Behavioral Health Intervention

Legal reference: 441 IAC 78.29(249A) and 88, Division I

Policy: Payment will be made for behavioral health intervention services designed to minimize or, if possible, eliminate the symptoms or cause of a diagnosed psychological disorder.

"Behavioral health intervention" means skill-building services that focus on:

- Addressing the mental and functional disabilities that negatively affect a member's integration and stability in the community and quality of life;
- Improving a member's health and well-being related to the member's diagnosed disorder by reducing or managing the symptoms or behaviors that prevent the member from functioning at the member's best possible functional level; and
- Promoting a member's mental health recovery and resilience through increasing the member's ability to manage symptoms.

A licensed practitioner of the healing arts (LPHA) must approve services based on a behavioral health intervention services implementation plan.

Procedure: LPHAs includes physicians, advanced registered nurse practitioners, psychologists, independent social workers, marital and family therapists, and mental health counselors who are approved to provide clinical assessments by the child's MCO.

Request input from the child's parents, who have the right to choose which practitioner will determine eligibility for the services.

In order to ensure Medicaid payment, the LPHA shall:

- Assess the child's needs;
- Prescribe behavioral health intervention services;
- Develop a behavioral health intervention services treatment plan; and
- Obtain approval from the child's MCO for services.

If behavioral health intervention services are provided in addition to other services, ensure that all services to the child are coordinated.

Transportation to Receive Medical Care

Legal reference: 441 IAC 78.13(249A)

Policy: For all Medicaid-eligible children, nonemergency transportation to receive medical care shall be coordinated through the child's MCO.

Procedure: To obtain Medicaid payment for transportation of a child to receive medical care, the social work case manager or foster parent must contact the child's MCO. Information on how obtain reimbursement can be found on the Department website under Medicaid Member Services.

Services Not Covered by Medicaid

Legal reference: 441 IAC 156.8(3)

Policy: When a child in foster care needs medical care or examinations that are not covered by the Medicaid program and no other source of payment is available, the cost may be paid from foster care funds with the approval of the service area manager or designee. Eligible costs include:

- Emergency room care.
- Medical treatment by out-of-state providers who refuse to participate in the Iowa Medicaid program.
- Excessive expenses for nonprescription drugs or supplies.

Procedure: First investigate other sources of payment, including the child's parents and the child's escrow account.

If necessary, prepare a GAX form and submit the claim to the Division of Adult, Children and Family Services with a cover memo explaining the expense and the other payment sources investigated.

In the case of non-covered hospital costs, the hospital is required to receive Department approval before providing a non-covered service. Obtain the service area manager's authorization before approving a non-covered service. Do not use this method of payment for hospital bedroom slippers or other amenities or for educational programs provided by hospitals.

Managing the Foster Family Placement

Legal reference: 441 IAC 202.6(234), 202.11(234)

Policy: The Department social work case manager's responsibilities for a foster family care placement are to:

- Make visits to the foster family at least monthly or more according to the needs of the child, to fulfill responsibilities set forth in the *Family Case Plan* and to evaluate and review the child's needs and progress, medications, health, health care services, and school records.
- Regularly follow up with foster parents/caregivers about administering medications appropriately and about the child's experience with the medication(s), including any side effects.
 - Know the name of over-the-counter and prescribed medications for the child, dosage, and potential interactions between medications being taken.
 - For psychotropic medications know that regular medical and mental health monitoring is occurring as recommended for the medication prescribed (some psychotropic medications are associated with weight gain, increase in blood glucose levels, increase in cholesterol, etc.) and if there are any side effects.
- Arrange for services such as medical, psychiatric, psychological, educational, leisure, legal, and religious.
- Discuss the foster parents' ability to provide transportation for the child's family interactions, medical, therapeutic and other appointments.
- Assist foster parents in locating child care and provide timely reimbursement for child care expenses.
- Maintain frequent communication with the foster parent and the family safety, risk, and permanency services contractor to review the child's progress.
- Assess the foster parents' engagement with the child's parents and other family members.
- Coordinate other services such as behavioral health intervention services, and services provided by the recruitment and retention contractor.
- The family safety, risk and permanency services contractor will provide:
 - Ongoing family functional assessment through which services and supports will be planned and implemented to improve the functioning of the child and family;
 - Planning and supervision of visits between parents, children and siblings and with prospective adoptive parents or prospective guardians, if applicable;
 - Family reunification services; and
 - Permanency planning activities.

Support of Foster Families

Legal reference: 441 IAC 202.10(234)

Policy: Foster parents shall be provided necessary supportive services to aid them in the care and supervision of the child. Services shall include:

- Making available all known pertinent information needed for the care of the child.
- At least monthly Department social work case manager visits in the foster home for the duration of placement.
- Conferences to develop in-depth planning regarding family visits, expectations of the Department, future objectives and time frames, use of resources, and termination of placements.
- Department staff availability on a 24-hour basis. Foster parents shall be provided the child's department worker and the worker's supervisor's telephone numbers.
- Contractor caseworker monthly support either face to face or by phone.

Procedure:

1. Provide the foster parents the *Family Case Plan*, form [470-3453](#) as well as any information and services necessary to aid them in the care, supervision, and health care needs of the child.
2. Follow service area protocol on how to meet the requirement for Department staff to be available to foster parents on a 24-hour basis in case of emergency, and provide their telephone numbers.
3. Provide foster parents the opportunity to engage the child's parents and extended family in a supportive and modeling relationship.
4. Inform foster parent of the availability of specialized training, based on the specific needs of children in care (e.g., conduct disorders, trauma informed parenting, hair and skin care, substance abuse).
5. Jointly develop plans regarding family and sibling visits with the child, foster family and child's family. When developing the plan, include the child as appropriate. Visit plans will include:
 - Expectations of foster parents, the child's family, other service providers and the Department
 - Frequency of visits
 - Family members who can participate in the visit
 - Length, date, time, and location of the visit
 - Supervision requirements, if needed
6. Explain the function of the foster care review board. Inform foster parents of their right to timely notice of and the opportunity to be heard in any review or hearing to be held regarding the child placed in their home.
7. Inform foster parents of their opportunity to participate in family team decision-making meetings.

8. Discuss with foster parents the reasons a placement may be terminated. (See [Ending Out-of-Home Placement](#) for more information.)
9. Visit monthly with the foster parents. This visit should occur in their home the majority of the time and shall include discussion regarding the care, supervision, and needs of the child including, but not limited to:
 - Visits and communications with the child's parents, siblings, and other significant individuals;
 - Expectations of the Department;
 - Future objectives and time frames;
 - Use of other resources;
 - The goals and progress of the goals of the foster care placement;
 - Information on the child's medical health care, medications, dental and mental health care and education.
10. Maintain contact with the foster family's assigned contractor caseworker to assess any needs the foster parents may have, discuss strengths of the foster parents and address any concerns noted during monthly visits.

Provider Responsibilities

Legal reference: Iowa Code Section 237, 441 IAC 105.8(232), 105.15(232), 113.16(237), 114.10(237), and 114.13(237)

Clothing

Legal reference: Iowa Code Section 237.3; 441 IAC 105.11(232), 113.16(2), 114.15(1)

Policy: All children in care shall have clothing that is suited to existing climate and seasonal conditions.

- A foster family shall ensure that all children shall have their own clothing that is clean, of proper size, and of the character usually worn by children in the community. Clothing purchased with the clothing allowance goes with the child when their placement changes.
- There shall be an adequate supply of clothing to permit laundering and repair.
- Children shall have training and help in selection and proper care of clothing.
- There shall be adequate closet and drawer space so children have access to their clothing.

Procedure: See [Clothing Allowance](#) for payment resources for foster care providers.

Daily Routine

Legal reference: Iowa Code Section 237.3; 441 IAC 105.8(3), 113.16(1), 114.10(3)

Policy: A child's daily routine shall promote good health and provide an opportunity for suitable activity that allows for rest and play.

Each child shall have opportunities for leisure time activities and for the development of special interests such as hobbies, sports, music, art, and crafts.

Discipline

Legal reference: Iowa Code Section 232.69; 44I IAC 105.16(232), 113.18(237), 114.20(237)

Policy: Discipline shall be handled with kindness and understanding and shall not include withholding of basic necessities such as food, clothing, or sleep.

A child shall not be locked in a room, closet, box, or other device, nor be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. Corporal punishment is prohibited. Restraints shall not be used as punishment.

Reports of maltreatment coming to the attention of the Department worker shall be investigated promptly and referred to the proper authorities when necessary.

Family and Culture

Legal reference: 44I IAC 108.7(17), 113.16(2), 114.15(237), 202.11(5)

Policy: Throughout the provision of care, foster parents shall actively ensure that the child stays connected to the child's kin, culture, and community as documented in the case permanency plan.

The child shall have opportunities for religious and spiritual development that do not conflict with religious preference of the child's parents or the child's own religious faith. The parents' preference regarding the extent of participation of the child in religious activities shall be considered.

Procedure: Review the case permanency plan with foster parents for information regarding the child's family, kin, culture, and community, including religious and spiritual preferences. Foster parents may discuss with the child:

- The people important to the child and how the foster parent can facilitate continued connections with those people,
- Cultural activities that the child enjoys or would like to begin participating,
- Religious preferences, including church attendance and religious/spiritual activities, and
- Community activities that the child participated in before placement or activities the child is interested in participating.

Personal Funds

Legal reference: 44I IAC 108.7(17), 113.6(6), 114.18(237)

Policy: If a child earns money or gets an allowance, the funds shall be considered as the child's personal property. The child's personal property goes with the child when the child's placement changes.

Exploitation of the child is prohibited. No child shall be permitted to do any hazardous tasks or to engage in any work which is in violation of the child labor laws.

Procedure: Discuss any personal allowance a child may receive and a method which will be used to distribute the monthly amount of the personal allowance.

Leisure-Time Activities

Policy: The care provider shall ensure that each child has opportunities for leisure time activities and for the development of special interests such as hobbies, sports, music, art and crafts. Included in leisure time activities should be provisions for vacations of a child in foster family care.

Procedure: Reasonable and prudent parenting standards allow foster parents to make day to day decisions that promote normalcy for children in care. Children can go on vacation with their foster family in-state or out of state. Provide foster parents with authorization for medical treatment while on vacation.

Transition Planning

Legal reference: Iowa Code Section 232.2(f); 441 IAC 202.18(2), P. L. 110-351; P. L. 111-148; P. L. 113-183; 42 USC 675(5)(l)

Policy: For a child in foster care who is 14 years of age or older, the case plan must include a written plan of services, supports, activities, and referrals to programs which will assist the child in preparing for the transition from foster care to adulthood, based upon an assessment of the child's needs. The transition plan and needs assessment must:

- Be developed with a focus on the services, other support, and actions necessary to facilitate the child's successful entry into adulthood.
- Include:
 - Appropriate referrals to programs and services for the child in care, and
 - Referrals to ensure that supports are in place upon the child's discharge.
- Be personalized and developed with the child present, honoring the goals and concerns of the child.
- Address the following areas of need for the child's transition from foster care into adulthood, including but not limited to, all of the following:
 - Education
 - Employment services and other workforce support
 - Health and health care coverage
 - Housing and money management
 - Supportive relationships
- Provide for the child's application for adult services if the needs assessment indicates the child is reasonably likely to need or be eligible for adult services or other support from the adult services system.

- Provide for the child's participation in the Iowa College Student Aid Commission's program of assistance in applying for federal and state financial aid if the child is interested in pursuing higher education.
- Be developed and reviewed by the Department in collaboration with a child-centered transition team.

The membership of the team and the meeting dates for the team must be documented in the transition plan. The transition team must be comprised of:

- The child,
- The child's social work case manager,
- Persons selected by the child,
- Persons who have knowledge of services available to the child, and
- Any person who may reasonably be expected to be a service provider for the child when the child becomes an adult or to become responsible for the costs of services at that time (e.g., a provider for aftercare services).

The signed and dated form is a part of the case plan and must be provided to all legal parties of the case. Indicate the most recent date the child received and signed the form as indicated in Part C, "Transition Plan," of the *Family Case Plan*.

Before the child reaches age 17½, a transition committee for the service area in which the child is from must review and approve the transition plan. When a child enters foster care at age 17½ or older, the committee shall be involved in reviewing and approving the child's transition plan within 30 days of completion.

Procedure:

1. Review the transition plan with the youth and foster parents:
 - At a minimum of every six months (during permanency hearing by the court or other formal case permanency plan review);
 - Within the 90 days before the child reaches age 18; and
 - During the 90 days immediately before the date the child is expected to leave foster care if the child remains in foster care after reaching age 18.
2. Discuss the life skills the youth and foster parents are working on during monthly visits.
3. When the child leaves foster family care at age 18 year or older, provide to the child:
 - A free copy of the child's health and education record.
 - An official or certified copy of the child's birth certificate. The state or county registrar shall waive the fee for the certified copy that is otherwise chargeable under Iowa law.
 - The child's social security card.
 - A driver's license or identification card issued by the state to the child.
 - Health insurance information.
 - Completed letter for the child to use for federal financial aid "ward of court" status or other proof of foster care, using form 470-5536.

4. In the final transition plan, specifically identify how the child's need for housing will be met.

See 18-C(2), [Transition Planning and Services](#) for more information.

Assessment of needs and transition plan development are also available upon request to children who have exited foster care at age 16 and older in order to be adopted or to enter a subsidized guardianship arrangement. The aftercare program administrator is responsible for meeting the transition needs of this population.

Response to Unauthorized Absence From Placement

Legal reference: P. L. 113-183; The National Child Search Assistance Act of 1990; Iowa Code Chapter 694 and sections 232.2(11), 232.19, 232.158 (Article V), 232.171 (Article IV), 233.1, and 709A.1

Policy: Foster parents shall notify the Department when a child under the supervision or care of the Department has an unauthorized absence from placement.

Report immediately (no later than 24 hours) any missing or abducted foster child or youth to law enforcement for entry into the National Crime Information Center (NCIC) and also report to the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or <http://www.missingkids.org>.

Procedure: Take immediate action to locate a child under the Department's care or supervision when there is an unauthorized absence from placement. For the purpose of these procedures, "unauthorized absence" means any unplanned absence due to:

- Actions taken by the child (e.g., running away),
 - Actions of others (e.g., abduction), or
 - The lack of attention or supervision by the caretaker.
1. Instruct foster parents to immediately inform the Department regarding any child or youth that is absent from care.
 2. Obtain as much information as possible about the circumstances surrounding a child's absence.
 3. Make an immediate and reasonable initial effort to locate the child. At a minimum, contact the school, parents, relatives, friends, and other contacts or locations identified as likely places the child may be.
 4. Identify and contact any other individuals who the child may have contacted for assistance while on the run. Encourage them to help locate the child or return the child to foster care.
 5. Immediately contact law enforcement and provide the child's name, date of birth, height, weight, and any other unique identifiers such as eyeglasses and braces. Inform law enforcement when the child went missing and what clothing the child had on.
 6. Contact the child's parents and inform them the child is missing or abducted. Gather any information from the parents that may be helpful in the search for the child.
 7. Search diligently and regularly for the child at places the child has frequently known to go to.
 8. Notify the juvenile court.

9. Report immediately, and in no case later than 24 hours, after receiving information regarding missing or abducted children or youth to law enforcement for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation and also report to the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or <http://www.missingkids.org>.
10. If the child is located, make arrangements for the child's return to the placement.

You may negotiate with a runaway child as to when the child is willing to return. The safety and well-being of the child should be the first consideration in the negotiation. The agreed-upon return time should always be within 48 hours of the contact.

If a parent sabotages attempts to pick up a runaway child, notify law enforcement.

Notify the parent or caretaker as soon as possible when the child is found unless there a reason to believe this may further endanger the child.
11. Identify the factors that contributed to the child or youth being absent from the foster home and determine what the child's or youth's experiences were while absent, including screening the child to determine if the child is a possible victim of sex trafficking. To the extent possible respond to those factors in the current and subsequent placements.
12. Screen all located youth for possible sex trafficking. See 18-C(2), [Foster Care Placement: Unauthorized Absence from a Foster Care Placement – Sex Trafficking](#) for more information.
14. Identify, and to the extent possible, respond to the primary factors that contributed to the child or youth being absent from foster care. Document the responses to these factors in case notes. Provide a description of how these responses will be incorporated and integrated into the current placement and how it is believed that they will positively affect the current and any subsequent placement.
15. If there is evidence the child is in another state, request that local law enforcement contact law enforcement in the other state about searching for the child. If needed, contact the Iowa Missing Person Information Clearinghouse at 1-800-346-5507 for assistance.
16. If there is reason to suspect that the life or well-being of the child may be in jeopardy:
 - Immediately request the local law enforcement agency to enlist the aid of the Iowa Division of Criminal Investigation or direct the guardian to do so.
 - Determine if a protective service alert should be issued, follow procedures described in [18-B\(1\)](#).
 - Be aware of what information is needed to issue an AMBER alert, in the event that local law enforcement determines that an AMBER alert should be issued.
 - An AMBER alert is used only when the child has been abducted and in danger.
 - An AMBER alert is not used for a runaway unless the child is known to have been abducted and the child's life is in danger.
17. Notify the court and the guardian ad litem, as needed, in writing within two working days (or within the court's preferred time limit if one has been established) when there is reason to believe that parents or others have:
 - Failed to divulge or concealed facts known to them about the whereabouts of the child,
 - Aided and abetted the unauthorized absence of the child, or
 - Contributed to the delinquency of the child.

18. When the child is found in Iowa:

- Follow orders described in a court issued pick-up.
- Notify the court and make plans for the child to be returned to placement.
- Notify the law enforcement agency where the initial report was made that the child was found and returned and,
- Notify parents and the service area office and caregiver (as applicable).

19. When the child is found in another state:

- Contact the HHS Interstate Compact Unit immediately for assistance. The Interstate Compact Unit will assume responsibility for the necessary communication to affect the return of the child.
- Request the use of the Iowa System Terminal to transmit a “hold” request for the return of the child to the Iowa Department of Health and Human Services.
- If the other state has any questions about releasing the child, contact the appropriate Iowa law enforcement agency. Begin with local police and report to the sheriff or state police as needed.
- If HHS staff travel out of state is required, follow Department procedures in I8-D(5), [The Interstate Compact On Juveniles: Procedures for Return of Runaways, Escapees, or Absconders](#), with the assistance of and coordination with the Interstate Compact Unit.

20. When a child remains on the run for a long period of time:

- Contact law enforcement on an ongoing basis about what is being done to locate the missing juvenile.
- Contact parents and others involved regularly to see if they have more information about the child’s whereabouts or activities.
- Discuss with the Iowa Department of Public Safety the need for posting photographs of missing persons to state and national Internet sites.

If posting is determined necessary or beneficial and a picture of the missing child is available, contact the Iowa Missing Person Information Clearinghouse at 1-800-346-5507 to get it published on:

- The Iowa Department of Public Safety website at <http://www.dps.state.ia.us/DCI/fieldoperations/mpic.shtml> and
- The National Center for Missing and Exploited Children website at <http://www.missingkids.org>
- Consider other resources that may be helpful in locating and returning children:
 - **Home Free** is a program in which Greyhound Bus Lines provides free one-way transportation between any two points in the continental United States (excluding Alaska) for runaway children returning home. This is done in conjunction with the National Runaway Switchboard (NRS).

To receive a free ride home, children between the ages of 12 and 18 may call the NRS at 1/800/RUNAWAY or call a local social service agency, shelter, or law enforcement. All of these services can make necessary travel arrangements with Greyhound.

- **Let's Find Them** is a program in which Greyhound Bus Lines offers free transportation for missing and exploited children being reunited with their families. Transportation is limited to the continental United States (excluding Alaska) and to the routes of Greyhound Lines only.

Free transportation to bring abducted children back home on Greyhound is available under this program. Contact the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or visit <http://www.missingkids.org/>.

- The **National Runaway Switchboard** (NRS) provides assistance to social service agencies and law enforcement officials in determining needs and assistance with out-of-state-placement.

This is an additional resource for HHS workers but it must not be used in place of the required involvement with the Interstate Compact Unit. Contact the NRS at 1/800/RUNAWAY or at <http://www.nrscrisisline.org/>

Parent Rights and Responsibilities

Legal reference: 441 IAC 202.12(3) and 202.12(4)

Policy: The case plan and treatment plan shall specify the services to be provided and the time frame for reuniting the family. These plans shall be developed in cooperation with the parents.

The social work case manager shall have face-to-face contact with the child's parents at least monthly to review issues related to case planning, service delivery, and progress towards goal attainment. The frequency of contact shall be documented in the child's case plan.

Procedure: See [Family-Centered Services](#) for more information on reunification services.

1. Inform parents of their rights.
2. Use [Comm. 437](#) to inform the child and the parents of the *Iowa Foster Child and Youth Bill of Rights*. Discuss at a level appropriate for the age of the child.

Placement Notification

Legal reference: 441 IAC 202.12(2)

Policy: The parents shall be notified of the location and nature of the child's placement, unless the department evaluates the situation and determines that notifying the child's parents of the location of the placement would be detrimental to the child's safety, well-being and stability of the child's placement.

Procedure: Involve parents in selecting the placement. Notify the parents of the location and nature of the child's placement unless the Department:

- Evaluates the family situation and
- Determines that notifying the child's parents of the location of the placement would be detrimental to the child's safety and well-being and the stability of the child's placement due to:
 - Evidence of a direct or indirect threat to harm the child or the foster family, or
 - Credible third-party information of a threat of harm to the child or the foster family.

When the Department declines to disclose the child's location to the parents:

1. Document and explain this decision in Part B, "Other Comments" in the *Family Case Plan*.
2. Review this decision at least every six months when the child's case permanency plan is revised. Document the review in Part B of the *Family Case Plan*.

Parental Visits and Communication

Legal reference: 441 IAC 202.12(234)

Policy: Specify the planned frequency of visits between parent and child in the *Family Case Plan*. Include the parents and foster parents in planning for visits.

Procedure: Ensure that parents have meaningful contact with their child. Arrange visits and communication to support the parent-child relationship.

1. Develop the schedule for visits in consultation with the care provider and parents. Unless parental rights are terminated or limited by court order, the following shall serve as guidelines:
 - At least one visit between parents and child should occur within the first week of placement.
 - Visits should occur at least every two weeks or more frequently in cases in which the goal is to enhance the parent-child relationship.
 - Frequency of visits should take into account the child's age and attitudes regarding contact.
 - Frequency of visits shall not depend on the worker's schedule or convenience.
 - When plans allow less frequent visits than desired by the parents, document the reason in the *Family Case Plan* and obtain supervisor approval of your supervisor.
 - As treatment progresses and the child's return home approaches, more frequent visits should be arranged.
2. Arrange settings and supervision that support the parent-child relationship.
 - Visits shall occur in a relaxed, natural setting, such as the foster home, the family home, or in the community.

Exceptions shall be made when there is concern for the child's safety or a need to control or structure the parent-child interaction during the visit.
 - Office visits are not recommended unless necessary. Document in the case record the reasons for scheduling office visits or supervised visits.
3. Encourage parents to engage in activities during visits which relate to the child's needs, based on the child's stage of development.
4. Allow the mother of an infant to continue to breastfeed the infant when such contact with the mother is in the best interest of the infant. Drug testing is advisable in making this decision. The opinion of the child's physician is critical in determining the best interest of the child.
5. Encourage other communication, such as phone calls and letters.
6. Encourage attendance at the child's medical appointments and school activities.

Parental Decision-Making Authority

Legal reference: Iowa Code Section 232.2(47)

Policy: Unless parental rights are terminated or parental rights are not terminated and the Department is the guardian, parents shall be encouraged to take as much responsibility as possible for their child.

Procedure: Although reasonable and prudent parenting standards allow foster parents to make day to day decisions for a child in care, the child's parents must be actively engaged in decision making for their child.

Parental responsibilities include, but are not limited to:

- Preparing the child for the foster care placement;
- Attending school conferences;
- Taking the child to the doctor and other appointments;
- Contributing to the cost of foster care;
- Keeping the Department informed of any changes in address or telephone number; and
- Participating in intervention programs geared toward returning the child home or placing the child in a more permanent setting.

Parent-Child Relationship Terminated

Legal reference: Iowa Code Sections 232.117 and 600A.9

Policy: When a court has terminated the parent-child relationship under Iowa Code Chapter 232, the Department has both guardianship and legal custody of the child and can give any and all consents and authorizations needed, including for adoption of the child.

Procedure: There is no need to obtain parental authorization because the parents have no residual rights. Therefore, they cannot give any legally binding authorization.

Guardianship of the Child

Legal reference: Iowa Code Section 232.2(21)

Policy: Parents retain guardianship of their children when custody is removed for placement in foster care. State law gives a guardian authority to consent to marriage, enlistment in the armed forces, and medical, surgical, and psychiatric treatment.

Procedure: In respect for the parents' residual rights and involvement in case planning for their child, obtain consent from the parents or guardian unless an emergency exists. Notify parents or guardians of consents issued.

Legal Custody of a Child

Legal reference: Iowa Code Sections 232.2(10), 232.2(47), 321.180B

Policy: All rights and duties of the custodian are subject to the residual rights of the parents.

Procedure:

1. Unless the court has terminated parental rights, consult with the parents on decisions about the child. Refer all decisions to the parents if possible.
2. If the parents are unable or unwilling to give consent, the Department as custodian may:
 - Authorize emergency medical care.
 - Release medical information.
 - Sign consent for a child to obtain an Iowa driver's license or permit. Department of Transportation (DOT) form 430018 is used to provide permission for a child to obtain a driver license or operator instruction permit. See instructions in [I8-Appendix](#).
3. Make decisions necessary to the custodian's duty to "protect, train, and discipline" the child. This includes:
 - Authorizations for educational testing and evaluation, and
 - Consents for participation in school activities.
4. Consult the court whenever there is:
 - Conflict with the parents over a particular decision for a child, or
 - Need for a decision beyond the authority of the custodian, such as
 - Consent for marriage,
 - Enlistment in the armed forces, or
 - Nonemergency medical treatment.

Voluntary Placement

Policy: When the Department has agreed to provide foster care services for the child on the basis of a signed placement agreement between the Department and the child's parents or guardian, all parental rights remain intact and the Department is granted only temporary supervisory rights.

Procedure: Although the *Voluntary Placement Agreement* authorizes the Department to authorize emergency medical care should the need arise, it does not authorize the Department to assume the role of the parent in planning for needed medical and other care. Secure the consent and authorization of the parents in all cases.

Child's Rights and Responsibilities

Participation in Case Planning

Legal reference: Iowa Code 232.2(4)

Policy: If the child is fourteen years of age or older, the plan shall be developed in consultation with the child and, at the option of the child, with up to two persons chosen by the child to be members of the child's case planning team if such persons are not a foster parent of, or caseworker for, the child.

Procedure:

1. When age and developmentally appropriate, give children the opportunity to participate in all administrative review committee meetings in accordance with policies and procedures described in [Periodic Reviews](#).
2. Give the child a copy of the *Family Case Plan*.

Communication With Attorney

Legal reference: Iowa Code Section 237, 441 IAC 105.15(232) and 114.13(237)

Policy: A child shall be permitted to communicate privately with the child's legal counsel and Department worker.

Right to Attend Court Hearings

Legal reference: Iowa Code Sections 232.2(6), 232.38, 232.91, and 234.35; 441 IAC 202.4(3)

Policy: With certain exceptions for the safety of the child, no child should be removed from a family until after a petition is filed and the court has conducted a hearing at which the parents were present and had an opportunity to be heard.

Any hearings or proceedings in juvenile court subsequent to the filing of a petition shall not take place without the presence of the child's parent, guardian, custodian, or guardian ad litem in accordance with and subject to section 232.38. A parent without custody may petition the court to be made a party to proceedings.

Children of appropriate age, presumed by the law to be age 14, shall be allowed to attend all juvenile court proceedings and family meetings involving placement options or services provided to the child.

Procedure: When a child becomes involved in the court system:

1. Work with the county attorney to ensure that an attorney is appointed to represent the child.
2. If the child can understand court action:
 - Inform the child what court action is planned and
 - Help the child to understand the implications of the court proceedings.
3. Support participation of the child, the parents, and the foster parents in court proceedings. If the child's attorney determines it is not in the best interest of the child to attend, document the reason in the case record.

Foster Care Payment

Legal reference: P.L. 104-193 and 105-89; 45 CFR 1356; Iowa Code Section 234.35; 441 IAC Chapters 130, 150, and 156

Policy: The Department shall pay for foster care only as authorized by Iowa law. Payment is made through the Family and Children's Services System (FACS), which applies the proper funding source based on:

- Social work case manager entries into the FACS system and
- IV-E income maintenance (IV-E IM) worker entries into the Automated Benefit Calculation (ABC) system.

Procedure: The social work case manager has the following responsibilities:

- Make FACS entries to authorize payment for the placement (after supervisory approval for foster homes). See [Maintenance Payment](#) for details by type of service.
- If the child is not a Medicaid member, obtain a Medicaid application from the child's parents, guardian or other responsible person (relative, guardian ad litem, attorney) using form 470-2927 or 470-2927(S), *Health Services Application*. See [Medicaid Eligibility](#).
- Facilitate a timely, accurate determination of IV-E and Medicaid eligibility by the IV-E IM worker. See [IV-E Eligibility Determination](#).
- Determine whether the child is eligible for funding for services through Title IV-A or the Social Services Block Grant. See form 470-0615, [Application for All Social Services including Title IV-A Emergency Assistance](#) for service and Title IV-A eligibility information.
- Apply for a social security number for the child, unless the child has a number or the parents will apply.
- Refer the child and parents to the Foster Care Recovery Unit. See [Referral to Foster Care Recovery Unit](#).
- Determine the income and resources available to the child and the contribution the child shall make toward the cost of foster care. See [Application of Unearned Income](#).
- If a child has a disability or the child's parent is deceased or disabled and is receiving benefits for the child, complete form 470-3361, *SSI Advocacy Project Referral*, to make a referral to the SSI Advocacy contractor to:
 - Determine eligibility for Supplemental Security Income (SSI) or Social Security Disability Income (also known as Title II or SSDI) on the child's behalf; or
 - Change the payee for the child's benefits to the Department of Health and Human Services if the child is receiving SSI or SSDI.
- If the child receiving SSI or SSDI changes placement or exits foster care, notify the SSI Advocacy Contractor using form 470-3359, *Payee/Placement Changes*.

Maintenance Payment

Legal reference: 441 IAC 156.6(234), 156.9(234), 156.11(3), 156.12(1)

Policy: The Department shall pay a maintenance payment for each night of care while the child is in foster care placement. Payment is based on a daily rate, regardless of the number of days in the month. Maintenance payment for a stay of less than a full month is prorated at the daily maintenance rate.

Procedure: Make payment for the day the child enters placement, but not the day the child leaves placement. (EXCEPTION: See [Reserved Bed Payment](#) and 18-D(4), [Payment for Supervised Apartment Living](#).) Calculate the number of days paid as follows:

- Entering care (or in care) on the first of the month and leaving during the month: Date leaving care minus one.

1. Child A is placed in foster family care February 1 and leaves May 1. Payment is made for each day in February, March, and April. No payment is made for May. (May 1 minus May 1, the date leaving care = 0 days paid for May)
2. Child B leaves foster family care placement on June 24. Payment is made for 23 days in June. Summary: 24 minus 1 = 23

- Entering care sometime during the month and leaving care during the month: Date leaving care minus the date entered care.

3. Child C is placed in a foster home on September 4 and leaves September 18. The foster home is paid for 14 days of care. Summary: 18 minus 4 = 14)

- Entering care during the month and staying into next month: Last day of the month minus the date entered care, plus one.

4. Child D is placed in a foster family care on October 26. For October, the facility is paid for 6 days. Summary: 31 minus 26 plus 1 = 6

When a child enters placement and leaves on the same day, whether due to running away or a change in placement decision, the foster family has provided services and shall receive payment.

Foster Family Maintenance Payment

Legal reference: 441 IAC 156.6(234) and 202.6(2)

Policy: Licensed foster families receive monthly payments for caring for children in their home. Payments for placements both inside and outside of Iowa are based on the payment schedule in effect in Iowa.

The basic maintenance payment rate schedule for foster family care is set at the United States Department of Agriculture's estimate of 65% of the cost to raise a child in the Midwest. The basic daily rate is established by the Iowa Legislature each year.

The basic rate is intended to reimburse the foster family for food, clothing, shelter, school expenses, grooming, ordinary transportation, recreation, and training appropriate for the child's age.

Add-ons to the basic maintenance payment are available for:

- [Maintenance plus](#)
- [Sibling groups](#) (\$1 per day per child)
- [Transportation for family or preplacement visits](#)

The child's assessment score on form 470-4401, *Foster Child Behavioral Assessment*, determines whether the child is eligible to receive a maintenance plus the basic rate at level 1, 2, or 3:

- Behavioral needs rated at level 1 qualify for a payment of \$4.81 per day
- Behavioral needs rated at level 2 qualify for a payment of \$9.62 per day
- Behavioral needs rated at level 3 qualify for a payment of \$14.44 per day

The following payment schedule shows possible monthly payments including basic maintenance and maintenance plus levels 1, 2, and 3:

Age of Child (years)	Basic Daily Rate	Level 1 Basic Maintenance Plus \$4.81 per Day	Level 2 Basic Maintenance Plus \$9.62 per Day	Level 3 Basic Maintenance Plus \$14.44 per Day
0 - 5	\$16.78	\$21.59	\$26.40	\$31.22
6 - 11	\$17.45	\$22.26	\$27.07	\$31.89
12 - 15	\$19.10	\$23.91	\$28.72	\$33.54
16 - 20	\$19.35	\$24.16	\$28.97	\$33.79

Procedure: At initial placement into a foster home, all children receive the maintenance payment at the basic rate for at least the first month. The basic rate may include the \$1 sibling and transportation add-ons, which are **only** applicable for a basic rate.

The maintenance plus payments may begin on the first day of the month **after** the *Foster Child Behavioral Assessment* is completed and is approved by the supervisor. Enter the new maintenance rate into FACS after supervisory sign off and approval of the assessment and the rate.

Set payments for foster families who reside outside of Iowa based on the payment schedule in effect in Iowa. The service area manager or designee may grant an exception to authorize a payment to the foster family at the rate in effect in the other state if:

- The child's family lives in that state, and
- The goal is to reunify the child with the family.

If the child qualifies for a change in maintenance rate because of changing behavioral needs, placement with siblings, or change in transportation expenses, make the change on the foster care Constant Payment screen in FACS.

FACS automatically adjusts the basic rate when the child moves from one age group to another. Changes in payment rate because of the child's age take effect the first of the month following the child's birthday.

Complete another *Foster Family Placement Contract*, form 470-0716, with the foster parents whenever the maintenance payment changes.

Add-on for Sibling Groups

Legal reference: 441 IAC 156.6(4)“b”

Policy: When a foster family provides care to a sibling group of three or more children, an additional payment of \$1 per day per child may be authorized for each non-special needs child in the sibling group.

Procedure: When a member of a sibling group of three or more meets receives a behavioral needs payment, the \$1 per day payment does not apply. Any member of the sibling group that does not have an add-on for behavioral needs shall receive the \$1 per day payment.

Do not grant a sibling allowance when members of a sibling group are placed in separate foster homes.

Add-on for Transportation for Visits

Legal reference: 441 IAC 156.6(4)“c”

Policy: When the foster family’s responsibilities in the case permanency plan include providing transportation related to family or preplacement visits outside the community in which the foster family lives, the Department may authorize an additional maintenance payment of \$1 per day for expenses over the monthly maintenance payment.

Eligible expenses shall include the actual cost of the most reasonable passenger fare or gas. Expenses over the monthly amount may be reimbursed with prior approval.

Procedure: When determining what is “outside of the community in which the family resides,” use consistency and reasonableness when considering:

- The number of miles traveled over ten miles
- The frequency of trips required
- The expense

Add-on for Maintenance Plus Levels

Legal reference: 441 IAC 156.6(4), 156.1(234)

Policy: A maintenance plus payment is a daily payment made in addition to the basic maintenance payment to a foster family who is providing care to a special needs child.

The payment shall be based upon an assessment of the child’s emotional, behavioral and physical care needs made using form 470-4401 or 470-4401(S), *Foster Child Behavioral Assessment*.

To authorize payment to the foster family at a higher level than the basic maintenance rate, the *Foster Child Behavioral Assessment* form shall be signed by the social work case manager and the worker’s supervisor.

Procedure: Complete the Foster Child Behavioral Assessment:

- Within the first 30 days of a child's initial entry into foster family care.
- Whenever the child's behavior significantly changes.
- When the child's placement changes.
- After termination of parental rights, in preparation for negotiating an adoption subsidy or pre-subsidy.
- Before a court hearing on guardianship subsidy.

Complete the *Foster Child Behavioral Assessment*. When completing the form, use all available information about the child, including input from the child's parents, foster parents, the child's therapist, evaluations, school reports, and other service provider reports for the child.

Check only behavior that is severe enough to be outside the norm for a child of the same age. Do not check behavior that is typical, such as a young children who need constant supervision. Check each item that applies in every category, i.e., "minimal," "moderate," and "intensive." The template will automatically calculate the total daily rate.

Also use the *Foster Child Behavioral Assessment* in the development of the case plan. Every behavioral need of a foster child identified in this tool should be outlined when completing the case plan, along with the corresponding actions and responsibilities of the foster family.

If a child moves from one foster home to another, the new foster family shall receive the same maintenance rate the child received in the previous home until the *Foster Child Behavioral Assessment* is completed within the first 30 days of placement. The maintenance rate could increase or decrease based on the child's score on the *Foster Child Behavioral Assessment*.

If a child leaves foster family care, goes to shelter care, and then returns to the same foster family home, the payment rate remains the same as the rate the foster family received before the child went to shelter care. If a child is instead placed in a new foster family, another assessment using the *Foster Child Behavioral Assessment* form shall be completed within 30 days of placement.

If a child comes out of group care or PMIC, the child's initial payment in the foster family home will be the basic foster care maintenance rate. A family team meeting, with the new foster parents participating, should be part of the discharge planning. The *Foster Child Behavioral Assessment* should be completed within the first 30 days of foster family placement.

Minor Parent in Family Foster Care with Their Child

Legal reference: 441 IAC 156.6(3), 156.9(4)

Policy: When the youth in foster care is a parent whose child lives in the foster family home with the parent, payment arrangements shall be as follows:

Placement	Payment
Foster Family	The foster family receives a daily maintenance payment for the child parent that is based upon: <ul style="list-style-type: none">▪ The daily rate schedule for the child parent and▪ The basic rate for the young child.

Unless the child has been adjudicated a child in need of assistance and placed by the court in foster care, only the minor parent is considered to be “in foster care.” The child is considered to be living with a parent.

Since the child is **not** considered to be in foster care, the child is **not** automatically eligible for Medicaid except as a newborn child of a Medicaid-eligible parent. The minor parent may apply for Medicaid for a child who does not have newborn eligibility. Eligibility for the child will be determined separately, with a household size of one.

Procedure: If a youth parent in foster care has a child living in placement with them, determine the maintenance payment.

Determine eligibility for enhanced payment for the minor parent by completing the *Foster Child Behavioral Assessment* within 30 days of the initial placement.

The foster family receives a daily maintenance payment for the minor parent and the basic rate for the child according to the table under Foster Care [Maintenance Payment](#).

The foster family shall provide a portion of the child’s basic rate to the minor parent to meet the partial maintenance needs of the child, as defined in the case permanency plan.

Reserved Bed Payment

Legal reference: 441 IAC 85.25(2), 156.10(234)

Policy: Payments for reserve bed days shall be made only when the intent of the Department and the care provider is for the child to return to the placement after the absence. Payment shall be canceled and payments returned if the provider refuses to accept the child back.

Allowable reasons for reserved bed payments are as follows:

- Family home visit
- Hospital care
- Runaway
- Preplacement visit

Procedure: Cancel foster family payment effective the day after:

- The Department and the foster parents agree that return to the placement would not be in the child's best interest, or
- A decision is made by the court or parent in a voluntary placement not to return the child, or
- The child's absence has reached the limit, unless there is prior written approval of the service area manager, or
- The child's absence has reached the maximum allowable number of days.

If the foster parents refuse to take the child back, cancel the payment and request the provider to return the payment to the Department. See [Correction of Overpayments](#).

Absence for Family Visit

Legal reference: 441 IAC 85.25(2), 156.10(234)

Policy: Payment may be made for a reserved bed while a child is on a home visit as follows:

Normal Limit	Maximum Allowable Extension by service area manager
14 days	Up to 30 consecutive days

The visit shall be consistent with the child's case permanency plan.

When reserve bed payment requires approval of the service area manager (more than 14 consecutive days), include the following in the child's case file:

- The rationale for the extended period of reserve bed days.
- The service area manager's written approval.

Absence for Hospital Care

Legal reference: 441 IAC 85.25(2), 156.10(234)

Policy: Payment may be made for a reserved bed while a child hospitalized as follows:

Normal Limit	Maximum allowable extension by service area manager
14 days	Up to 30 consecutive days

The visit shall be consistent with the child's case permanency plan.

Procedure: Provide support to the child, family and foster family during the hospitalization.

When reserve bed payment requires approval of the service area manager (more than 14 consecutive days), include the following in the child's case file:

- The written rationale for the extended period of reserve bed days.
- The service area manager's written approval.

Absence of Runaway

Legal reference: 441 IAC 85.25(2), 156.10(234)

Policy: Payment may be made for a reserved bed while a child is on the run from a placement as follows:

Normal Limit	Maximum Allowable Extension by service area manager
14 days	Up to 30 consecutive days

Procedure: The foster parent shall notify the social work case manager immediately after the child runs away.

When reserve bed payment requires approval of the service area manager (more than 14 consecutive days), include the following in the child's case file:

- The rationale for the extended period of reserve bed days.
- The service area manager's written approval.

If the child's whereabouts are unknown at the end of the allowable reserve bed period, the IM worker will close the Medicaid case.

Absence for Preplacement Visit

Legal reference: 441 IAC 85.25(2), 156.10(234)

Policy: Payment may be made for a reserved bed while a child is on a preplacement to another foster care placement or to an adoptive placement for 2 consecutive days.

The visit shall be consistent with the child's case permanency plan.

Procedure: Plan for visits jointly with the foster family and the prospective family. Do not allow payment for more than two consecutive days of absence for a preplacement visit.

Other Payments

Clothing Allowance

Legal reference: 441 IAC 156.8(1)

Policy: When in the judgment of the social work case manager, clothing is needed for a child who has been placed in licensed family foster care by court order or Voluntary placement Agreement, an allowance may be authorized to purchase clothing up to maximum amounts.

Maximum amounts are \$500 per year for a child through age 12 and \$750 per year for a child age 13 and older. The maximum amount is reset annually based on the date the episode of foster care began. Placement changes while in foster care do not reset the maximum amounts.

The clothing allowance may be provided in addition to the maintenance payment.

Procedure: Since the child's parents are primarily responsible for the cost of the child's care, first approach the parents to supply the needed clothing. If clothing is not available from the child's family, explore the child's financial resources, including the child's escrow account, if any.

If no other resources exist, a clothing allowance can be authorized up to maximum amounts (see policy above). Document this determination in the case record. Clothing purchased with the clothing allowance goes with the child when their placement changes.

Generate reimbursement through the FACS system Special Issuance List (SPIL) screen. See also 18-C(2), [Clothing Allowance](#). Procedure is as follows:

1. Determine the immediate clothing needs within the first 30 days of placement. Work with the provider, child, and parent to determine what clothing items are needed.
2. Provide verbal approval to the provider to purchase clothing, not to exceed maximum amounts.
3. When the provider purchases clothing, the provider shall submit receipts to the worker within 30 days of purchase for auditing purposes, using form 470-1952, Foster Care Clothing Allowance.
4. The social work case manager obtains the provider's signature and submits the form to the worker's supervisor. The supervisor checks the receipts against the clothing items listed and the cost of the items, the total, tax, and total costs for accuracy before approving and signing the form.
5. Generate reimbursement through the FACS system Special Issuance List (SPIL) screen.
6. Document the total cost of clothing purchased in the case record, based on the clothing receipts submitted.

Foster Family Tangible Goods, Ancillary Services, and Child Care

Legal reference: 441 IAC 156.8(8)

Policy: To the extent that a foster child's escrow funds are insufficient or not available, the service area manager or designee may authorize reimbursement to foster parents for the following:

- Ancillary services needed by the foster parent to meet the needs of a special needs child when directed by the *Family Case Plan* (case permanency plan). This includes, but is not limited to, specialized classes for the foster parents.
- Ancillary services needed by a special needs child including, but not limited to:
 - Recreation fees
 - In-home tutoring
 - Specialized classes not covered by educational funds
- Tangible goods for a special needs child, including but not limited to:
 - Building modifications (such as a wheelchair ramp)
 - Medical equipment not covered by Medicaid

- Specialized educational materials not covered by educational funds
- Communication devices not covered by Medicaid
- Child care services by a licensed or registered provider when:
 - The foster parents are working and the child is not in school, and
 - The provision of child care is identified in the *Family Case Plan*.

Procedure: Document the needs for any of these goods or services in the *Family Case Plan*.

Do not purchase nor allow the foster family to purchase tangible goods, child care, and ancillary services until the service area manager or designee has authorized the purchase. Unauthorized purchases will not be reimbursed.

Submit the request for goods or services to the service area manager for approval on form 470-3056, [Request for Tangible Goods, Child Care, and Ancillary Services](#). Indicate in the request:

- Total costs for the items requested.
- Whether the expenditure is a one-time payment or will occur over a period of time.
- For child care, the need must be clearly identified and documented in the *Family Case Plan* as to why the foster parents cannot care for the child. Child care cannot be provided as a convenience for foster parents. A foster parent may be eligible to receive child care reimbursement if they are working or attending school.

The ancillary form shall be completed one time, for each new foster care placement, in order to justify that the foster parent is employed or attending school and why child care is needed. The worker will enter a brief statement (1-2 sentences) detailing the reason for the request and include the projected number of hours per month care will be provided and the hourly rate.

NOTE: To qualify for child care a child must be under the age of 13 or qualify with a special need up to age 19.

Ensure that the payment rates for tangible goods and ancillary services are comparable to prevailing community standards.

Reimbursement to foster parents for child care expenses is limited to the rates allowed in Child Care Assistance policy. Follow procedures in I3-G, [Establishing Payment Rate](#), to determine the payment rate for child care.

A foster child does not have to be a special needs child to qualify for child-care services. The worker shall request documentation from the family to substantiate the child needing services meets the definition for special needs. A child with “special needs” meets one or more of the following conditions:

- A physician or a school psychologist endorsed by the Iowa Department of Education has diagnosed the child to have a developmental disability that:
 - Substantially limits one or more major life activities, and
 - Requires professional treatment, assistance in self-care, or the purchase of special adaptive equipment.

- A qualified intellectual disability professional has determined the child to have a condition that impairs the child's intellectual and social functioning.
- A mental health professional has diagnosed the child to have a behavioral or emotional disorder characterized by situationally inappropriate behavior that:
 - Deviates substantially from behavior appropriate to the child's age, or
 - Significantly interferes with the child's intellectual, social, or personal adjustment.

Documentation to substantiate that a child meets the definition of "child with special needs" may include:

- A copy of the child's Individual Education Plan.
- A psychological evaluation.
- A statement from a physician, intellectual disability professional, mental health professional, or school psychologist.
- Documentation to verify that the child is receiving SSI benefits.

The Special Needs Rate can be approved **only** when HHS has received documentation **and** the child meets the requirement. Documentation should include:

- A qualified professional has assessed the and determined that the child meets the special needs definition and
- The child care provider is responding to special needs with adaptations.

NOTE: Special Needs Rate should not be approved for specialized services such as speech, hearing, physical therapies, counseling/therapy and crisis intervention. In-home child care is not eligible for special needs rate of reimbursement.

Child-care services **must** be provided by a licensed foster parent or a licensed child-care provider when available. A non-registered provider may provide child care. In-home care as arranged by the foster parents may also be used, per Iowa Administrative Code 441-156.8(8)b(1) The rules are permissive regarding the use of a non-registered provider.

If it is **not** possible to use licensed or registered childcare, the rules **allow** an alternative which would be non-registered childcare. In this situation, an exception to policy would **not** be required.

When a foster parent is an in-home child-care provider, HHS cannot reimburse child care costs if the child is placed in their home as a foster child. If the foster child is not school aged and remains in the foster home they would be counted in their maximum number of children approved for child care by the State. It would be best if the foster child could stay in the foster home where they reside, but the foster parent could utilize another registered daycare, CCA home or licensed daycare center for the foster child and the State would reimburse.

Foster Care Child Care

Legal reference: 441 IAC 170.2(2); 441 IAC 156.8(8)

Policy: Foster Care children are eligible for Child Care Assistance (CCA) when the social worker determines the foster parent needs child care services when the foster parent is working and the foster child is not in school. The need for child care must be documented in the child's foster care case file.

The child must also meet the following CCA policies:

- Residency requirements (see [Residency](#))
- Age requirements (see [Age](#))
- Citizenship or alien status (see [Alien Status](#))

The social worker is responsible for reviewing the need for child care at the end of the certification period. See [Reviewing Eligibility](#).

Procedure: When a child who needs foster care child care meets all other applicable CCA requirements, the social worker will complete a form [470-4895, Protective/Foster Care Child Care Documentation](#) for each child needing care and forwards it to the CCA worker. The CCA worker will use the information on form 470-4895 to make entries into KinderTrack and approve the child or children in the foster family.

When the service worker determines that child care for a foster child is necessary, all care provided to that child will be paid by the foster care program without regard to the parents' income or other need for service until the need for child care no longer exists. Exception: If the child care provider charge above the state approved CCA rate, foster parents would be required to pay the difference.

If the child's eligibility for foster care child care will be ending, the social worker will complete a new form [470-4895, Protective/Foster Care Child Care Documentation](#) and forwards it to the CCA worker. The CCA worker will use the information on form 470-4895 to make entries into KinderTrack to cancel child care for the child or children in the foster family.

When a foster parent uses a child care provider that accepts child care assistance (CCA) rates and signs a child care provider agreement with CCA, direct payments to providers will be issued via Kindertrack (KT). When a foster parent uses a child care provider that doesn't accept CCA or are unregulated providers, child care payments will be made via the HHS approved payment system using the Child Care Expense statement and process described below.

If the child care provider charges above the state approved CCA rate, foster parents would be required to pay the difference. Foster parents are required to be registered as a childcare provider whenever, in addition to being a foster parent, they are also a childcare provider.

HHS must have form [470-5612, Child Care Expense Statement for Foster Children](#) from the foster parent for expenses incurred before issuing a payment. One form per child is required. The form must be completed in its entirety and signed by both the foster parent(s) and the child care provider or center before payment is to be authorized. Payment may be made to a provider for a child not in attendance at the child care facility not to exceed four days per calendar month, providing that the child is regularly scheduled on those days and the provider also charges a private individual for days of absence. This does not mean that providers automatically get four extra days paid per month. It does mean that a provider may charge for a normally scheduled day (up to four) if the child is absent from care on that day.

To process payments, access SPIL and SPIR screens. The SPIL payment date of expense will be the last date that the service was provided, for example, to pay daycare from 03/07/22 - 3/18/22, the date of expense should be entered as 03/18/2022. In the comment section, the HHS worker is required to enter the dates of service, rate per unit, and the total number of units-this section **cannot** be left blank.

HHS staff will have three business days to review and enter the payment into FACS. HHS supervisors will approve the SPIL payment within three days of the payment being entered.

Foster parents will be required to submit the child care invoice on a bi-weekly or monthly basis and cannot combine multiple months on the same expense payment form. Multiple children cannot be on the same form.

Foster Family Respite Care

Legal reference: 441 IAC 156.8(7)

Policy: The service area manager or designee may authorize respite for a child in family foster care for up to 24 days per calendar year per placement. Foster parents may also use respite care for planned vacation as long as the total number of respite days in the calendar year does not exceed 24.

A licensed foster family shall provide the respite care. The family identified as a respite provider must not be above license capacity as the children in placed with the family for respite counts in the family's license capacity.

Procedure:

1. Use respite care as needed to provide foster parents with a break from the constant demands of caring for a foster child.

The foster family should plan ahead for respite if possible.

The family seeking respite care is responsible to make arrangements for respite care with the identified respite provider and then seek approval for the respite placement from HHS. The family may contact another foster family directly to make respite care arrangements.

The foster family's contract caseworker can assist in arranging respite care.

2. When a foster family requests respite, obtain approval of respite care, by submitting a memo to the service area manager summarizing the reasons for the request. The service area manager's approval of the respite care must be documented in the case record.

3. Inform the service area contractor when a respite placement is approved.
4. Maintain documentation of the foster parent's use of respite care in the file. Include in the documentation that the child meets the definition of special needs when behavioral needs payments apply.
5. Reimburse a respite care provider at the same daily rate that the child is eligible to receive in the resident foster family home. If an overnight stay is involved, pay the respite family for the day in and successive days but not for the day out. (A respite day does not necessitate an overnight stay of the foster child in the respite family foster home.)

To process payments for respite, access the SERL screen in FACS. Payment for respite care **must** be made within 12 months of the care. For any payment over 12 months old, the provider must submit a claim to the State Appeals Board.

6. In accordance with reasonable and prudent parenting, foster parents may use a family member, friend, or other trusted person to provide respite. The foster parent would be responsible for any payment. The Department cannot pay respite to an unlicensed provider.

School Fees

Legal reference: 441 IAC 156.8(6)

Policy: Payment for school fees that are not waived for a child in foster family care that exceed \$5 may be authorized in an amount not to exceed \$50 per year. "Required school fees," shall include:

- Fees required for the participation in school or extracurricular activities, and
- Fees related to enrolling a child in preschool when a mental health or intellectual disability professional has recommended school attendance.

Procedure:

1. Make sure that the foster child has applied for a waiver of school fees. See [Educational Stability](#) for procedures.
2. If any school fees cannot be waived, approach the parents to pay the child's school fees, since the child and the child's parents are primarily responsible for them. If this is not possible, explore the child's financial resources, including the child's escrow account, if any.
3. If insufficient resources exist:
 - In the case record document the cost of required school fees in the narrative section. "Extracurricular activities" refer to activities provided by the school that require a fee for participation, such as sports, music lessons, or scouts.
 - Approve payment of required school fees up to \$50 by entering information on the SPIL and SPIR screens in FACS.

Funeral Expenses

Legal reference: Iowa Code Section 234.35, 441 IAC 156.8(5)

Policy: When a child under the guardianship of the Department dies, the Department will pay funeral expenses not covered by the child's resources, insurance, or other death benefits, the child's parents, or the child's county of legal settlement, not to exceed \$650.

Procedure: When paying for funeral expenses, do the following:

- For a child under Department guardianship with parental rights terminated, approach the county from which the child was placed to assume responsibility for arrangements and expenses.
- For a child under the guardianship of the Department with parental rights not terminated, approach both the parents and the county from which the child was committed to assume responsibility for arrangements and expenses.

If in need, the parents or guardian may ask the county for assistance from the general relief fund.
- For costs that are not assumed by the parents or the county of settlement:
 - The funeral director shall submit a claim to the Department on form GAX, *General Accounting Expenditure*, within 90 days after the child's death. See [18-Appendix](#) for instructions on completing the GAX.
 - Forward the GAX to the service area manager with a statement explaining the outcome of contacts with the county and parents.
 - Claims shall be approved by the service area manager.

Payment Errors

Legal reference: Iowa Code Section 234.35

Policy: When a foster parent is paid more or less than the amount due, the department shall rectify the error.

Procedure: Correct underpayments to a foster family home by issuing a supplemental warrant. Before making changes in FACS to issue a supplemental warrant, have your supervisor review and approve your calculation of underpayment to ensure that your calculation is correct.

If the correction is made before the payment is issued, go to the PAYA screens and make an adjustment. If payment has been issued, make an adjustment on the INVD screen.

Correction of Overpayments

Legal reference: Iowa Code Section 234.35

Policy: When foster parents are overpaid for foster care maintenance, the Department shall notify the provider in writing to collect the refund.

Procedure: When foster parents are overpaid for foster care maintenance:

- Notify the provider in writing of the overpayment and request a refund,
- Correct the payment history,
- Document the notification in the child's case record, and
- If necessary, request assistance to collect the refund.

An overpayment can be corrected either by return of the warrant or by reimbursement from the foster care provider. When a refund is received:

- Issue the provider form [470-0009, Official Receipt](#).
- Send the refund and form 470-0025, *Correction of Payment History* to
 HHS Cashier
 Hoover State Office Building
 Des Moines, Iowa 50319-0114.
- Send in a screen print of the adjustment in FACS.

A foster family that does not return all of the overpayment shall pay at least \$50 per month. Document the monthly amount in the foster family agrees to pay in the family’s case file.

If the Department does not receive the refund or a plan for making the refund, do the following:

- Within ten days of notification by the Department, send a written request to the provider by certified mail.
- Within 30 days of initial notification by the Department, request supervisory assistance.
- Inform the Department licensing worker if the foster parents do not cooperate with returning the overpayment.

IV-E Eligibility Determination

Legal reference: Title IV-E of the Social Security Act (42 USC 671(a)(15), 672(a)(1), 672(a)(2), 672(a)(4), 672(b), 672(c), and 673)

Policy: The state must document a child’s eligibility for the Title IV-E Foster Care Assistance Program to receive federal reimbursement for state expenditures. The following chart provides an overview of IV-E requirements.

Requirement:	Considered for:	Explanation:
Legal authority	Initial eligibility	Removal of the child from the home must result from either a court order or a voluntary placement agreement.
Judicial language criteria: Court-ordered removal	Initial eligibility	Language requirements: <ul style="list-style-type: none"> ▪ The first court order authorizing removal must contain “contrary to welfare/best interest” language. ▪ A court order within 60 days of removal must contain “reasonable efforts to prevent removal” language.
Meet AFDC guidelines	Initial eligibility	The child must meet AFDC requirements in the removal home at the time of removal including age, citizenship, deprivation, and financial need.

Requirement:	Considered for:	Explanation:
Judicial language criteria: Voluntary placement agreement	Ongoing eligibility	The child can be initially eligible without any court language but to continue eligibility beyond 180 days, there must be a court order containing “contrary to welfare/best interest language” within 180 days of voluntary placement agreement.
Responsibility for placement and care	Initial eligibility, ongoing eligibility, or claimability, depending on situation	HHS or JCS must have initial (and continuous) responsibility for placement and care of the child, via court order or voluntary placement agreement.
Removal from a specified relative	Initial eligibility	The child must have lived in the “contrary to welfare”/removal home within six months of the removal month, and the removal home must be that of a specified relative.
Claimable placement	Claimability	The child must be placed in a licensed, foster-care-type placement.
Reasonable efforts towards the permanency plan	Claimability	At least every 12 months, a court order must contain a finding that the Department has made “reasonable efforts towards the permanency plan” (RE2).

See I3-B, [Determining Title IV-E Eligibility](#) for detailed information about program requirements and benefits.

Procedure: Since the program has both service and financial eligibility requirements, the eligibility determination is a joint process involving both the service unit and the IV-E unit.

When the child enters out-of-home care for the first time or after a permanent return home, the child’s IV-E status must be determined based upon the circumstances of the home from which the child was removed and the authority for removal.

To make this determination, the IV-E IM worker relies upon information provided by the social work case manager or service area liaison, as follows:

Staff Responsible	Tasks
Social work case manager or service area liaison	<ul style="list-style-type: none"> ▪ Gathers household demographic and financial information at the time of removal, including citizenship information. See Verification of Citizenship Status. ◆ Ensures that recommendations to the court for removal are written with required language. See Judicial Language Criteria.
Social work case manager or service area liaison (Cont.)	<ul style="list-style-type: none"> ▪ Sends the court order or voluntary placement agreement that authorized removal to the IV-E IM worker, along with the completed form 470-3839, IV-E Initial Placement Information, with Section One completed. ▪ Completes all FACS system entries. (After entries to the SERL screen, the FACS system generates Report S472N111-01, <i>Foster Care/Subsidized Adoption Exchange</i>, printed on blue paper, to notify the local office that a case has been opened. This report must be forwarded to the IV-E IM worker.) ▪ If the child is not currently receiving Medicaid, sends form 470-2927 or 470-2927(S), <i>Health Services Application</i>, to the family or completes it with the family and sends completed application to the IV-E IM worker. ▪ Sends subsequent court orders to the IV-E IM worker.
IV-E IM worker	<ul style="list-style-type: none"> ▪ Reviews materials received from the social work case manager or service area liaison and the family for completeness and requests any information needed to complete determinations. ▪ Directs any additional requests are to the social work case manager or the service area liaison. ▪ Reviews the legal documents to ensure that legal authority and judicial determination requirements are met. ▪ Establishes AFDC relatedness for the child. ▪ Reviews other criteria discussed in 13-B, Requirements for Initial Eligibility. ▪ Completes form 470-3839, <i>IV-E Initial Placement Information</i>, and form 470-3837, <i>IV-E Financial Worksheet</i>, documenting IV-E eligibility. ▪ Notifies the social work case manager or service area liaison of the outcome of the IV-E eligibility determination. ▪ Completes the IVED screen in FACS and the IV-E tracking database. ▪ Establishes the child’s Medicaid status according to procedures in Chapter 8-H.

When there is a change in circumstances of the child or the family that might affect the child's eligibility for federal funding for maintenance or Medicaid benefits:

- Determine the impact of the change,
- Enter updated information in the FACS system,
- Complete form 470-3918, IV-E Changes, and
- Provide supporting documentation to the IV-E IM worker (See 13-B, [Determining Title IV-E Eligibility](#) for changes requiring a review of IV-E status.)

Judicial Language Criteria

Legal reference: 45 USC 672

Policy: The service unit is responsible for ensuring that the requirements described in the following sections of Chapter [13-B](#) are met:

- Determining the correct removal document
- Removal by court order
- Removal by voluntary placement agreement
- Responsibility for placement and care
- Documentation of judicial determinations required at initial determination

Procedure:

1. Document that the child's placement and care are the responsibility of the Department or of Juvenile Court Services.
2. Assure that:
 - You provide a copy of the first court order that authorized removal of the child from home; **or**
 - The voluntary placement agreement removing the child from the home. The voluntary placement agreement must be signed by both parents or guardians and HHS representative.
3. Assure that affidavits, reports, or recommendations to the court contain language indicating that:
 - Remaining in the home is "contrary to the welfare of the child" or that out of home placement is in the "best interest" of the child; and
 - "Reasonable efforts were made to prevent the removal" of the child from the home unless the court finds that "aggravated circumstances" exist.

The child is not IV-E eligible until the date of the court order containing "reasonable efforts" to prevent placement language.

4. Assure that a judicial determination is made at least once every 12 months confirming that the Department or of Juvenile Court Services has made "reasonable efforts toward a permanent plan."

Verification of Citizenship Status

Legal reference: 42 U.S.C. 671(a)(27) and 441 IAC 202.2(6)

Policy: The citizenship or alien status of a child who is placed in out-of-home care and for whom the state has responsibility for placement and care must be verified.

Procedure: Verify the citizenship or immigration status of a child entering out-of-home-care as follows:

1. Inquire with Income Maintenance whether the child has been active in Iowa for Food Assistance, the Family Investment Program, or Medicaid. If so, record the citizenship status as indicated in the eligibility system.
2. If the child's citizenship status has not been verified through an income maintenance program, ask the child's parent or legal guardian to complete and sign form 470–4500, *Statement of Citizenship Status: Foster Care*.
3. If the child is in out-of-home placement for 60 days or longer, request further documentation as follows:
 - If the child is declared a United States citizen or national, the primary source of documentation is the child's birth certificate. Use RC-0085, *Guide for Citizenship and Identification*, as a tool to work through the other kinds of documents that may be available. (See [6-Appendix](#).)
 - If the child is declared an alien, the most common documentation is Form I-94, *Arrival/Departure Record*. Refer to 8-L, [Alien Documentation Chart](#) for more information on acceptable documentation.
4. Keep documentation in the service case file and forward a copy to the IV-E eligibility Unit.

Liability for Cost of Care

Legal reference: Iowa Code Section 234.39; 441 IAC 95.2(1) and 156.2(234)

Policy: The primary responsibility for paying the cost of foster care maintenance and services rests with the child and the child's parents. The custodial parent shall assign any child support for the child to the Department. The Department shall recover the cost of foster care from:

- The child's unearned income,
- Child support from a noncustodial parent, and
- Parental liability from custodial parents.

The Department shall notify the child's parents or guardians at the time of the placement of the child in foster care, of the responsibility for paying the cost of care and services.

Procedure: The social work case manager is responsible for:

1. Notifying the child's parents or guardians of their responsibility for paying the cost of care and services before or at the time of a child's placement in foster care.
2. Refer the parents to FCRU through the FACS system (ICAR referral) within two working days of placement. See [Referral to Foster Care Recovery Unit](#) for information on making a referral. FCRU staff is responsible for the establishment and collection of child support.

3. Report any information you have regarding the child's unearned and earned income to the Foster Care Accounting Unit. This responsibility includes:
 - Determining if the child has income or financial resources.
 - Administering excess financial resources.

Referral to Foster Care Recovery Unit

Legal reference: 441 IAC 95.2(1) and 441 IAC Chapter 99

Policy: The amount of parental liability shall be set by court order or by an administrative order filed by the Foster Care Recovery Unit (FCRU) in the Bureau of Child Support Recovery and paid to the Collections Services Center.

Referrals to the FCRU are required for **all** children in family foster care.

The policies and procedures for FCRU determination and collection of child support are found in 10-H, [Determining Child Support Obligations](#) and 10-I, [Administrative Establishment Of Support](#).

Procedure: Entries made on the FACS or ICAR systems are communicated to the assigned workers through the automated systems.

As soon as the child's placement information is entered in FACS, an alert appears on the ALERT screen telling you to do an ICAR referral. Make a referral to the FCRU within **two working days** of placement.

Referrals are completed through the ICSC linking screen between the Family and Children's Service (FACS) system and ICAR, the child support computer system. Once you have completed the ICSC screen to create the link, updated information from FACS is automatically transferred into ICAR.

Entry instructions for accessing ICAR:

1. At **PSNM**, access the Client Detail (CLTD) screen for the foster child you need to refer.
2. At the CLTD screen, press F8 to go to ICSC, the 'link' screen between FACS and ICAR. Note: If the information was **not** in FACS it will **not** be in ICAR. If no parents' names are present on ICSC, go back to RELL/RELD and add them now.
3. Refer each parent by entering 'Y' by the parent's name in the "REFER" column on ICSC. Only one parent can be linked at a time.
4. Then press PF7 to call up the ICAR menu screen and select CASEMATCH. CASEMATCH displays existing ICAR cases for a family and the persons associated with each case. In each case, the payee is listed first, the payor second, and then the children.
5. The previous status of an ICAR case may present a variety of options for you to select from on CASEMATCH:
 - The CASEMATCH screen may be blank if neither parent has ever had an ICAR case before.
 - If a parent has received income maintenance aid or has had assistance collecting child support, multiple previous cases may be represented on the CASEMATCH screen.

HHS may be listed as payee if the child has been in foster care before.

If no possible match exists, a message to that effect will be displayed. Continue to the REFER2 screen (step 5) and enter all available information.

- If a possible match exists for the child you are referring, there should be a message to that effect at the bottom of the screen. All possible matches will be highlighted in a lighter color on the screen. Select the applicable case by entering an 'X' in the 'SEL' column.

Select only a case that displays the parent you referred on ICSC **and** lists that parent as a payor with the foster child's name underneath. (When you are referring the custodial parent, do not select a case where the custodial parent was the payee receiving support from the other parent.)

In the following example, there are two previous ICAR cases involving the mother:

D479HR50	IOWA COLLECTION AND REPORTING SYSTEM			DATE	01/15/97
	IABC/FACS/ICAR CASE MATCH			TIME	16:15:10
IABC CASE NUMBER		STATE ID	000010B	Page:	0001
SEL ICAR CASE	NAME	ACCT	PER. INFO	STATE ID	ROLE
1101001	Susan Example		000000000	000010B	Payee
	Steve Example		222222222	000011C	Payor
	Jenny Example	10	333333333	000111A	Child
1202002	DHS FOSTER CARE STATE OF IOWA				Payee
	Susan Example		000000000	000010B	Payor
	Jenny Example	10	333333333	000111A	Child
PF5=INQUIRY, PF6=REFER2, PF7=PAGE BACK, PF8=PAGE FORWARD, ENTER=SELECT DETAIL					
NEXT SCREEN:	NOTES:				
ENTER STATE ID AND PRESS PF5 TO INQUIRE					

The correct case to select when referring the mother is the previous foster care case, where the mother was the payor of support to the Department.

When both parents are correctly linked in this example, the ICSC screen will appear as follows:

ICSC#	IOWA DHS SYSTEM				DATE	01/15/97	
STATE ID NAME	REFER	ROLE	A/D/R	CASE NUMBER	ICAR NUM	Payee/Child NA DATE	
FIRST LAST	TI	(Y, N)					
000111A	-----			F-1999999D-0			
Jenny Example							
000010B	105 ICAR MOTHER	Y	F	F-1999999D-0	1202002	01/15/97	
Susan Example							
000011C	106 ICAR FATHER	Y	F	F-1999999D-0	1101001	01/15/97	
Steven Example							

*1=STOP 2=FRWD 3=NEXT SCRIN 4=MORE DATA 6=UPDT 7=SRCH 8=EDIT CD/SCRN:
 SID: IABC: FACS: ICAR:

7. Call up the REFER 2 screen by pressing PF6 on the CASEMATCH screen after you have selected a case to link. The REFER 2 screen describes noncustodial parents. When a child is in foster care, both parents are considered “noncustodial” for FCRU purposes.

D479HR51	IOWA COLLECTION AND REPORTING SYSTEM				DATE	01/15/97	
	IABC/ICAR -REFER2- NCP DATA				TIME	16:18:44	
IABC CASE NUMBER:				IABC NUMBER:			
ALLEGED FATHER....:				GOOD CAUSE.:			
*** ENTER NON-CUSTODIAL PARENT DATA BELOW ***							
NAME (LFMS).....:	:	:	:	:	:	:	:
SEX (F/M).....:	SSN.....:	:	:	:	: BIRTHDATE		
RACE.....:	WEIGHT...:	HEIGHT...:	HAIR...:	EYES...:			
SIBLING(S) IN PLACEMENT? (FOR FC REFERRALS ONLY):							
ADDRESS LINE 1...:							
ADDRESS LINE 2...:							
CITY/STATE/ZIP.....:	:	:	:	COUNTRY:			
PHONE NUMBER...:							
EMPLOYER NAME...:							
ADDRESS LINE 1...:							
ADDRESS LINE 2...:							
CITY/STATE/ZIP....:							
:							
COMMENTS:							
PF2=ADD, PF3=MODIFY, PF5=INQUIRY, PF6=REFER3, PF7=BACK, PF8=FORWARD,							
PF9=REFRESH, PF10=ICSC SCREEN							
NEXT SCREEN	NOTES						
PLEASE ENTER CASE NUMBER AND PRESS PF5							

8. If no information is present on REFER 2, you may enter only required fields. Other information will automatically be entered once the link to FACS is completed.

Close the FACS foster care case timely, as FCRU will continue to assume a liability and to charge the parents until the case is closed. Once foster care services are closed on FACS, FACS sends the exit to ICAR and the FCRU will take appropriate action.

Child's Income and Resources

Application of Unearned Income

Legal reference: 441 IAC 156.2(234) and 156.16(234)

Policy: The Department shall become payee for any unearned income the child receives and use it to offset the cost of foster care.

Procedure: When is child is placed in foster care:

1. Work with the child's parents to ascertain whether there are any benefits or financial resources potentially available for the child.
2. Encourage the child's parents to apply for benefits and cooperate in obtaining financial resources available for the child. Proceed to apply on behalf of the child if the parents fail to do so in a timely manner.

Prompt action is necessary to prevent loss of benefits for which the child may be eligible. In many cases the date of the application determines the beginning of the payment, even if the child is eligible before that time.

3. If a child has a disability or the child's parent is deceased or disabled and is receiving benefits for the child, complete form 470-3361, *SSI Advocacy Project Referral*, to make a referral to the SSI Advocacy contractor to:
 - Determine eligibility for Supplemental Security Income (SSI) or Social Security Disability Income (also known as Title II or SSDI) on the child's behalf; or
 - Change the payee for the child's benefits to the Department of Health and Human Services if the child is already receiving SSI or SSDI.
4. For trust funds, obtain the legal document establishing the trust. Since there may be considerable variation in the terms of trusts, assistance from the service help desk or a legal resource may be necessary to understanding the terms of the document.
 - When a bona fide trust exists, approach the trustee, seeking to have HHS made payee for the income of the trust.
 - If sufficient funds are not available from the trust to meet the total cost of care, request the trustee to petition the district court to release funds to cover the cost of foster care maintenance (or as much of the cost of maintenance as possible).
 - If the trustee is unwilling to present the petition, request that the child, the child's parent, or representative present a petition (through an attorney).
 - If the child, parent or responsible person refuses to cooperate, refer the case to the Foster Care Recovery Unit for the establishment of a child support obligation.

Escrow Account

Legal reference: Iowa Code Section 234.37; 441 IAC 156.15(234) and 156.2(234)

Policy: The Department shall establish an escrow account for the remainder of a child's income that is not applied to meet the cost of services.

Procedure: The amount of available escrow funds can be viewed on the FACS FINS screen and is updated quarterly. Monitor the funds in escrow as the child prepares to leave care or to check to see if funds are available, if needed.

The Department must use benefits in the best interests of the child, according to the Department's best judgment. Typically, benefits should be used for current needs such as

- Clothing;
- Dental and medical care not paid by Medicaid;
- Personal comfort items; or
- Reasonably foreseeable needs.

When you need funds **withdrawn** from an escrow account:

1. Fill out form 470-3725, *Foster Care Escrow Account Transaction*, with the name of the person who the check is to go to and the amount of the withdrawal. The signature of a service area manager is required.
2. When the form is completed, send it to the Foster Care Accounting Unit in the Bureau of Purchasing, Payments, Receipts and Payroll, as indicated on the form.
 - Bureau staff fill out a withdrawal slip and forward it to the bank where the escrow account is maintained.
 - The bank sends the money back to Bureau of Purchasing, Payments, Receipts and Payroll to record the withdrawal.
 - The Bureau then sends the check the person authorized to receive the money.
3. Keep in touch with the payee to determine whether the funds have been delivered. Alternatively, you may check the FINS screen periodically to see if the funds have been dispersed.

When a child leaves care and an account needs to be **closed**:

1. Fill out form 470-3725, *Foster Care Escrow Account Transaction*, with the name of the person who the funds are to go to and the amount of the withdrawal. The signature of a service area manager is required.
2. When the form is completed, send it to the Foster Care Accounting Unit in the Bureau of Purchasing, Payments, Receipts and Payroll, as indicated on the form.
 - Bureau staff fill out a withdrawal slip and forward it to the bank where the escrow account is maintained.
 - The bank sends the remaining funds, including interest, to the Social Security Administration.
 - The Social Security Administration will then forward the funds to the client (if the client has aged out of care) or to the new payee.

Child's Earned Income

Legal reference: 441 IAC 156.15(234)

Policy: The use of earned income of a child who is a full-time student or is engaged in an educational or training program is to be part of the child's plan for service. However, none of this income is to be used towards the cost of care.

Periodic Reviews

Legal reference: Public Law 96-272; 441 IAC 130.7(234) and 202.6(4) and (5)

Policy: At least every six months, the child's case plan must be reviewed and the case presented to a review body following local protocols.

Federal law requires a review "conducted by a panel of appropriate people, at least one of whom is not responsible for the case management of or the delivery of services to either the child or the parents." At least three people should take part in the review.

Regardless of the type of review, the review shall:

- Evaluate the continuing necessity for foster care placement.
- Evaluate the continuing appropriateness of the foster care placement.
- Evaluate the extent of compliance with the case plan.
- Evaluate the progress made toward lessening the causes for placement.
- Project a likely date by which the child will leave foster care.
- Review and update the child's health and education record.
- Ensure that the child's physical record and report card have been furnished to the foster care provider.
- Evaluate the written transition plan, if applicable.
- Determine whether, in accordance with 18-C(2), [Permanency Timelines and Case Actions After Placement: Grounds of Termination of Parental Rights](#), it is appropriate to initiate the termination of parental rights.

Procedure: Complete a new case permanency plan ("Child Placement Plan" section of the *Family Case Plan*) at least every six months or more often when there are significant changes or when required by the court. For more information on review requirements, see 18-C(2), [Family Case Plan: Reviewing the Case Plan](#).

Update the "Review" section of the *Family Case Plan*:

- At least every six months, or more often,
- When there are significant changes, and
- Before any judicial or administrative review.

There are three options for meeting the periodic review requirement:

- Court hearing: This is the option used by most jurisdictions in Iowa.
- Iowa Citizen Foster Care Review Board: Local foster care review boards composed of volunteers representing various disciplines conduct administrative reviews in various counties throughout the state from all judicial districts except the Fourth Judicial District.

- HHS administrative review: This option is used most often for initial placement reviews. The HHS can also be used to ensure compliance with federal law when a review conducted by the court or a Citizens Review Board:
 - Will fall outside the six month time frame, or
 - Fails to cover the required elements.

Present the case to a review committee of the Department or a local foster care review board or to a court at least every six months. A family team decision making meeting may be held in conjunction with the review committee meeting as long as the review requirements are met.

Court Reviews

Legal reference: Iowa Code Section 232.102(9)

Policy: When custody of a child has been transferred pursuant to a child in need of assistance adjudication, the Department shall file a written report with the court at least every six months concerning the status and progress of the child. The court shall hold a periodic dispositional review hearing for each child in placement.

Procedure: Follow local court protocol in completing recommendations to the court. Ensure that all pertinent information is provided so that the court can make required determinations.

- Provide necessary information that supports a “contrary to the welfare” determination if a child is being removed from the home.
- Request in recommendations that the court determine whether or not “continuation in the home is contrary to the welfare of the child.”
- Assess alternatives to foster care, including noncustodial parent and relative placement, and provide the court with specific information regarding suitability of placement.
- Provide the court with documentation in the case plan of reasonable efforts made to prevent placement and progress made to achieve permanency.

Iowa Citizen’s Foster Care Review Board

Legal reference: Iowa Code Sections 237.20 and 237.21

Policy: The Iowa Citizen’s Foster Care Review Board is authorized to conduct foster care administrative reviews in various counties throughout the state. Local foster care review boards composed of volunteers representing various disciplines conduct the reviews. Each volunteer receives training before sitting on a board.

Procedure: A judicial district program coordinator supervises the local board programming. Each board also has a paid facilitator who is responsible for ensuring the case review process is correctly followed. The review board volunteers are bound by the same standard of confidentiality as HHS workers.

Iowa law gives local review boards access to information about children in care. Follow local protocol to send the board a copy of the *Family Case Plan*, form 470-3453, and supporting documentation, such as the *Child Abuse Assessment Summary* when the report is founded and placed on the Registry.

Where operating, the local foster care review board will:

- Schedule case reviews 180 days after placement and every six months until discharge;
- Track the timelines for reviews;
- Notify and invite participants;
- Host the meeting; and
- Provide a written report to the court, the family, and the Department.

Department workers must attend and participate in the review. If you cannot attend in person, provide a written report to the local review board according to local procedure. If the worker disagrees with the review findings or recommendations, the worker responds during the review or submits a statement to the local board and the court within ten working days of receiving the local board's report. The response explains the reasons the worker disagrees with the board's findings or does not plan to implement the board's recommendations.

These reviews meet Iowa and federal requirements for foster care case reviews. They take the place of Department administrative reviews. However, if for some reason the local foster care review board does not schedule a review within the timelines set out in state and federal regulations, the Department local office must schedule and hold a review.

Administrative Review

Legal reference: Social Security Act Sections 427(a)(2)(A), 471(a)(16), and 475(5)-(6); 45 CFR 1356; Iowa Code Section 237.19; 441 IAC 202.2(5) and 202.6(4)

Policy: A review committee shall evaluate the need for foster care and the efforts to prevent placement:

- Before placement or, for emergency placements only, within 30 days after the date of placement.
- Foster care cases under the supervision of the Department shall be presented to a review committee every six months in conjunction with the case plan review while the child is in foster care, unless a court review or review board review has been done.

Review committee recommendations shall be advisory to the Department. A written summary of the review recommendations shall be sent to the child's parents or guardian following the review.

Procedure: Follow these guidelines when conducting administrative reviews.

- When a child comes into foster care through an emergency placement, present the case to the review committee within 30 days after the date of placement. The purpose of the review is to evaluate the need for foster care and the efforts to prevent placement.
- The purpose of the review process is to foster a team approach to case planning and consensus among the participants. The purpose of the six month review is to review the status of the case and assess compliance with agency policies and procedures. Each service area has discretion at what point the case is presented to the review committee.

Review committee recommendations are advisory to the placing worker and supervisor, who are responsible for the development of the Department case plan and reports and recommendations to the court.

Participation on the Review Committee

Legal reference: 45 CFR 1356; 441 IAC 202.2(5)

Policy: The review shall meet the following requirements:

- Department staff on the review committee shall be:
 - The child's social work case manager,
 - A supervisor knowledgeable in child welfare, and
 - One or more other persons appointed by the service area manager.
- At least one member of the review committee shall be someone without responsibility for the case management or the delivery of services to either the child under review or the child's parents or guardian.
- Written notice of the review shall be sent to the child's parents or guardian at least five working days before the date of the review.
- The present foster care provider, if any, shall be notified of the review and have the opportunity to participate.
- Other persons may be invited to the review with the consent of the parents or guardian. The review shall be open to the participation of:
 - The parents or guardian of the child,
 - Local and area education staff,
 - Juvenile court staff,
 - The guardian ad litem,
 - Current service providers, and
 - Previous service providers who have maintained a license.

Procedure:

1. Ensure that:
 - Required participants are included on the review committee; and
 - The review is chaired by a staff member who is not involved in services to the family whose child's placement is under review.
2. Invite the following people to the review:
 - The custodial and noncustodial parents.
 - The child in placement if over age ten.
 - The child's guardian and guardian ad litem.
 - The present foster care provider.
 - Current service providers.
 - Local and area education staff.
 - Juvenile court staff.

Children have the option to participate in the review if they wish. Participation is strongly recommended for children aged 14 or over.

The service area may request the participation of other professionals knowledgeable in child welfare.

Other people, such as previous services providers, may be invited to the review with the consent of each parent or the guardian.

3. Use form [470-0714, Foster Care Review Notice](#) to notify the parents, foster parents, guardian ad litem, and all others who are not participating under the terms of an interagency agreement of the place and time of the review at least five working days before the review meeting. Provide notice to participants from other agencies in any form mutually agreeable.
4. Prepare participants for the review as follows:
 - Make information about the child's current case plan available to all participants.
 - Give participants the opportunity to submit written comments for consideration at the review.
 - Familiarize participants with the format and purpose of the meeting before they attend the review.
 - Encourage them to express opinions and observations during the review.
 - Allow them to question other participants.
 - Encourage them to provide contact information for relatives who may provide support to the parents and the child.
5. As part of the review, consider concurrent planning, which is the decision to pursue reunification simultaneously with another permanency goal. (See 18-C(2), [Case Permanency Planning: Concurrent Planning](#).) Throughout the life of the case, continue to look for relatives who would support the child and may take placement of the child.
6. Every six months, consider whether there are grounds to request termination of parental rights. Document in the review summary:
 - The decision whether to request termination of parental rights or to pursue another option developed in the concurrent plan.
 - The rationale for this decision.
7. Send a written summary of the review recommendations to the child's parents or guardian following the review. Other participants may receive a copy of the summary on request.

Confidentiality of Review Information

Legal reference: Iowa Code Sections 217.30; 441 IAC 9.3(3)“d”

Policy: Provide safeguards to ensure that confidential information about children and their families is not subject to unauthorized use or disclosure.

Procedure: Resolve questions about confidentiality with the parents and the child, since the purpose of the confidentiality policy is to protect them.

- Information can be released without the client's authorization to agencies providing services under a contract or other agreement with the Department. Agencies with a child welfare service contract and licensed foster families are covered under this provision.

However, confidential information regarding HIV status cannot be released without a specific release signed by the parent or guardian, or as authorized by the juvenile court.

- When an agency that will frequently be involved in the review process does not have a service contract, such as an area education agency or probation office, draw up an agreement between the agency and the Department specifying the agency's role in the review committee process and the mutual confidentiality standards of the two agencies.

- For a person or agency whose involvement in the review process will be irregular or related to one specific case and who is not a licensed provider, obtain an authorization for release of information from the client's parent or guardian. The guardian ad litem is eligible to receive information as the client's representative.
- Remind all participants of the confidentiality restrictions at the time of the review.
- If you believe that information to be discussed in the review will be damaging to the child or to the parents, communicate these concerns to the chair of the committee in advance. If the chair finds the information essential to the review and agrees with your assessment, the chair may restrict the audience for that information.

Report of Changes

Legal reference: Public Law 104-193, 105-89; 45 CFR 1356

Policy: When a social work case manager becomes aware of a change in circumstances of the child or the family that may affect the amount of support available to a child or the child's eligibility for federal funding for maintenance or Medicaid benefits, the case manager shall provide supporting documentation to IV-E IM worker.

Procedure: When there is a placement change, send documentation, such as a new court order, to the IV-E income maintenance worker using form 470-3918, *IV-E Changes*. The IV-E worker determines if the change affects the child's eligibility.

Reviews of IV-E and Medicaid Eligibility

Legal reference: 441 IAC 76.7(249A)

Policy: Reviews of IV-E or Medicaid eligibility for children in foster care shall be conducted when there is a change in the child's circumstances that may affect IV-E or Medicaid eligibility. Additionally, annual Medicaid reviews are required if the child is not IV-E eligible.

Procedure: Cooperate in the review of the youth's eligibility for IV-E and Medicaid as needed. See 13-B, [Determining Title IV-E Eligibility](#) for changes requiring a review of IV-E status and 8-H, [Reviews](#).

Medicaid review forms shall be completed by the parents, by the child, or by a responsible person acting on the child's behalf. If additional information is needed to complete the review, assist in obtaining the information.

When the parent or responsible person fails to complete the review form and return it by the end of the month before the review month, the IV-E IM worker will contact you. Complete and return the review form to the IV-E IM worker.

If the review is not completed by the end of the review month, the Medicaid coverage group will be changed to state-only, and your supervisor will be notified that the form was not returned and is still needed. When the review form is returned, Medicaid eligibility will be re-established under a different coverage group, if possible.

Whenever possible, the Medicaid review should coincide with the service review. However, reviews of Medicaid eligibility shall not be delayed past the regularly scheduled review in order to coincide with the service review.

In addition to the time frames specified, eligibility shall be re-determined when there are changes in the child's circumstances that may affect eligibility. Changes that may affect eligibility include, but are not limited to, changes in income, resources, living arrangement, or length of placement, and pregnancy.

Ending Out-of-Home Placement

Legal reference: 441 IAC 202.13(2)

Policy: The Department may remove a child from a foster home when:

- There is evidence of abuse, neglect, or exploitation of the child;
- There is evidence that the foster family is unable to provide the care needed by the child and to fulfill its responsibilities under the case plan; or
- There is a lack of cooperation of the care provider with the Department.

Procedure: When any type of child abuse is suspected in a placement:

1. Make an immediate referral to the Child Protective Services Unit as directed in 18-B(1), [Procedures for Assessments in Out-of-Home Settings](#).

The assessment shall be carried out jointly by the protective social work case manager and the licensing worker to develop a record independent of the abuse report.

2. Inform a foster family of the support services that may be available by their contractor caseworker

Also end a placement when one of the following occurs:

- The child has left placement and the whereabouts of the child are unknown. (See [Response to Unauthorized Absence From Placement](#).)
- The care provider requests the child be moved. Although a foster family is required to provide ten days' notice, circumstances may result in shorter notice.
- The Department revokes the foster parents' license.

If the removal is a result of concerns about a foster parent:

1. Document those concerns in the case record.
2. Counsel the foster family on how to alleviate the concerns, and document the family's response. Enlist the support of the contractor caseworker.
3. Report this information to the HHS and provider's licensing worker.
4. Obtain supervisory approval to initiate action to remove the child from the placement.
5. Make the necessary changes in FACS and in the child's case permanency plan.

Notice and Explanation of Removal

Legal reference: 441 IAC 202.13(1)

Policy: When the Department plans to remove a child from a foster home, the foster parents shall be informed in writing of:

- The date of the removal,
- The reason for the removal,
- The recourse available, if any, and
- That the contested case (appeal) proceeding does not apply to the removal.

The care provider shall be informed ten days in advance of the removal, except when:

- The court orders removal of a child from placement, or
- There is evidence of abuse.

Procedure: When termination results from a court order, parental demand for the child's return under a voluntary placement agreement, or the child's death or unauthorized absence, the requirement to inform the provider ten days in advance does not apply.

Issue notice to the foster parents on form [470-0718, Foster Family Removal Letter](#) at least ten days before the termination. Clearly state the reasons for termination of the placement. In a removal resulting from abuse, you may hand-deliver the form when picking up the child. The service area manager or designee must approve all variances from this notice period.

Foster Family Conference

Legal reference: 441 IAC 202.13(3)

Policy: If a foster family objects in writing within seven days from the date that the Department furnishes notice of plans to remove the child, the service area manager shall grant a conference to the foster family to determine that the removal is in the child's best interest.

This conference shall not be construed to be a contested case under the Iowa Code Chapter 17A. The foster family does not have the right of appeal on the removal of a child.

Procedure: Hold the foster family conference before the child is removed when ten-day notice of removal is required (when removal is at the Department's discretion and suspected abuse or license revocation is not involved).

If the removal is delayed to accommodate the foster family conference, it is not necessary to issue form [470-0178, Foster Family Removal Letter](#), a second time.

The service area manager shall:

- Review the propriety of the removal,
- Determine whether removal is in the child's best interest, and
- Explain the decision to the foster parents.

If the service area manager finds the removal is not in the child's best interests, the service area manager may overrule the decision to remove the child, unless:

- The removal was ordered by a court or
- The parents terminated a voluntary placement agreement.
- Document the service area manager's decision in the case record.

Move to Another Placement

Legal reference: 441 IAC 202.11(1)

Policy: The social work case manager shall counsel the child in adjusting to the placement.

Procedure: When the child moves from one family foster home to another:

1. Complete the referral process with the contractor to match the child to another foster family.
2. Complete a new *Foster Family Placement Contract*, form [470-0716](#).
3. Use the same policies and procedures for initial family foster care placement.
4. Add new information on the FOSD screen.

When the child moves to a different level of care, follow the appropriate procedures for the level of care.

Closing Placement Services

Legal reference: Iowa Code Sections 234.1 and 234.35; 441 IAC 202.1(234) and 202.14(234)

Policy: Foster care services shall be terminated when:

- The permanency goal in the case permanency plan has been achieved,
- The juvenile court has terminated services,
- The child is no longer an eligible child (e.g., due to age),
- The family or youth in a voluntary placement is unwilling to accept further services.

See also 18-C(2), [Safe Case Closure](#).

Procedure: Do not close a case without supervisory approval. Complete the following steps:

1. Make a dated entry on the case record.
2. Issue a *Notice of Decision: Services*. See 18-C(2), [Safe Case Closure: Evaluating Discontinuing a Service](#) for instructions.
3. Notify the foster parents.
4. If services have been purchased, notify the provider, using form 470-3055, [Referral and Authorization for Child Welfare Services](#).
5. Explain the reason to the child.
6. Ensure that the school the child is attending is notified before the child is moved and make arrangements for the transfer of educational records.
7. Close the child welfare service and maintenance on FACS. A system generated exchange form will notify the IM worker responsible for the child's Medicaid case of the service closure.

8. Send form 470-3918, *IV-E Changes*, to the IV-E income maintenance worker for a redetermination of the child's eligibility as discussed in 13-B, [Requirements for Ongoing Eligibility](#).
9. Notify the SSI advocacy contractor using form 470-3359, *Payee/Placement Changes*, to change the payee for all children receiving SSI or Social Security for whom the Department is payee. Initiate this as soon as possible, because such changes take a minimum of 90 days.
10. Request any funds from the child's escrow account.

Family Reunification

Policy: Terminate placement services when a goal of family reunification is achieved.

Procedure: Encourage the involvement of the child and parents in planning specific details of the return.

If the child has not been able to have regular contacts with the parents, plans for the child's return home should always include parental visits to the out-of-home placement and preliminary visits of the child to the parental home.

When the child's family is receiving FIP, inform the Income Maintenance Unit in advance of the child's return before foster care services end so that the FIP grant can be adjusted.

Termination of Parental Rights and Adoption

Legal reference: Iowa Code Section 232.111(2)"b"

Policy: When a child has been in foster care under the responsibility of the state for 15 of the most recent 22 months, the Department shall initiate the process to file a petition to terminate parental rights.

The petition must be filed by the end of the child's fifteenth month in foster care unless the case plan documents compelling reasons why termination of parental rights would not be in the child's best interest.

Procedure:

1. For a child placed for adoption, plan and work directly with the child, with the child having a part in the decision that adoption is the best plan. A child of the age of 14 must consent to adoption.
2. Assist the foster family in preparing for the termination, especially regarding feelings of separation and grief.
3. Within 30 days of the decision to pursue termination of parental rights:
 - Send to the local County Attorney's office a written request for the filing of a termination of parental rights petition, including necessary supporting documents.
 - Contact the adoption worker to begin adoption planning.
4. Once an order is filed terminating parental rights, update the child's *Social History*, form 470-3615, and the *Child Study*, form 470-3678, within 30 days.

See 18-F(1), [Transition From Foster Care to Adoption](#) for further procedures.