Kinship Support

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Overview

Kinship care is the full-time care and nurturing of a child by a family member or someone with a significant emotional connection to the child (i.e. fictive kin) when out-of-home placement is needed. Kinship care is the preferred option if a removal is warranted. There are many benefits to placing children with kinship caregivers including increased stability and safety, reduced trauma, and an increased sense of connection and belonging.

Kinship care often:

- **Decreases trauma for children by providing continuity and connection with familiar adults and surroundings;**
- **Allows siblings to be placed together and remain closely connected;**
- **Reinforces children's personal, familial, and cultural identities through connection to their family history and community;**
- **Encourages families to cultivate and rely on their own resources and strengths; and**
- **Enables extended family and other interested parties to participate as essential members of the child and family's team and safety network.**

The search for kinship caregivers should begin during the intake process and continue throughout the life of the case. This is expected even if placement is not needed at the time of initial Department involvement because development of a support system for the family is one component of permanency. In the long term, kinship placement may be one of a range of positive permanency options.

Legal Basis

- 471(a)(10) (C) and (D); 471(a)(25)&(26); 472(a)(1)&(2); 1355.20(a); 472(c)(1)
- 1356.21(m)(1) & (2); 471(a)(11); 1356.21(k); 471(a)(19); 1356.21(l); 472(f)
- 1355.20(a); 475(4)(A); 472(b)(1)&(2); 472(k); 472(i)(1)(A)&(B); 472(i)(2); 1356.21(j); 475(4)(B); 475(5)(B); 1356.21(f); 475A(c)(4); 475(6); 472(h)(1); 473(b)(1) & (b)(2); 471(a)(24); 1356.30(b); 471(a)(20)(A)(i); 471(a)(20)(A); **471(a)(20)(B)**
- **Iowa Code Chapters 232, 234, and 237**
- 441 IAC 156
- 441 IAC 125

Definitions

"Child", **"Children"**, or **"Youth"** means a person or persons who meets the definition of a Child in Iowa Code § 234.1(2).vk

"**Child welfare services**" means age-appropriate activities to maintain a child's connections to the child's family and community, to promote reunification or other permanent placement, and to facilitate a child's transition to adulthood.

"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))

"FACS" is the acronym for the Family and Children's Service System, which provides the automated data collection and payment mechanism for many Department service programs.

"Family Interaction" means the philosophy to maintain relationships with siblings, parents, family, and other individuals and to reduce the sense of abandonment and loss that children experience at placement.

"Fictive Kin" means an individual who is unrelated by either birth or marriage but who has an emotionally significant relationship with another individual who would take on the characteristics of a family relationship.

"Kinship Navigator Services" means the services and supports providing information, referral, and follow-up to Kin and Fictive Kin who are caring for and raising absent Kin's children to link them to benefits and other resources they need.

"Kin" means one's family and relations.

"Kinship care" means the care of a child by kin or fictive kin. Kin are the preferred resource for a child who must be removed from their birth parents because it maintains the child's connection with their families.

"**Kinship caregiver**" means kin (e.g., grandparent, sibling, etc.) and fictive kin (e.g., godparents, close family friends, etc.) providing care for a child.

"Kinship Foster Care Approval" means an expedited process to approve kinship caregivers for foster care through providing the necessary information, resources, and maximum financial support to the caregiver to meet the needs of the child(ren) court ordered to placement in their care.

"Licensing worker" means a Department employee or an employee of the contractor who is involved in doing the Kinship Foster Care approval home study.

"**Medicaid referral**" means referral of a family to the Income Maintenance unit of the local Department office for determination of Medicaid eligibility.

"**Parent**" means:

- a biological or adoptive mother(s) or father(s) of a child; or a father whose paternity has been established by operation of law due to the individual's marriage to the mother at the time of conception, birth, or at any time during the period between conception and birth of the child, by order of a court of competent jurisdiction, or by administrative order when authorized by state law. A parent is a parent regardless of child custody status or residence in the child's home.
- "Parent" does not include mother(s) or father(s) whose parental rights have been terminated. (Iowa Code section 232.2(39))
- In the Indian Child Welfare Act, a biological parent or parents of an Indian child or any Indian person who has lawfully adopted an Indian child including adoptions under Tribal Law or custom. It does not include the unwed father where paternity has not been acknowledged or established. (Iowa Code section 232B.3(12))

"**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)

"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.

"Recruitment, Retention, Training, and Support (RRTS) Contractor" means the organization that has executed a contract with the department to provide recruitment, retention, resource family licensing and adoptive family approvals, support to resource families and post-adoptive families, training and to match children in need of care to resource families.

"Respite care" means support services that provide temporary care to children. In family foster care, respite care provides temporary relief for foster parents, kinship foster care approved caregivers and foster children.

"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))

"HHS Case Manager" means the person assigned to manage a child welfare case using case planning and case management for the "life of the case".

"**Special Needs**" for purposes of children in foster care, is a child who 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 adaptions.

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.

HHS Case Manager Responsibilities Specific to Kinship Placements

The HHS Case Manager will:

- Provide information about the court process, different types of hearings, court procedures, and the caregiver's role in any court proceedings if applicable;
- Notify the kinship caregiver of any proceedings regarding the child placed in their care; Refer kinship caregivers to the Recruitment, Retention, Support and Training (RRTS) contractor for Kinship Navigator Services within three business days of court-ordered placement with the caregiver. For information regarding making a referral to Kinship Navigator Services, see the **Kinship Navigator Services** section of this chapter.
- Notify the kinship caregiver of meetings, including Family Focused Meetings (FFMs) and YTDM meetings, so they can participate if invited to attend;
- Include the kinship caregiver in the development and updates of the Family Case Plan;
- Provide the kinship caregiver with information regarding their responsibilities and determine whether they will need any assistance in carrying out their responsibilities;
- Maintain regular contact with the kinship caregiver, meeting face to face with the caregiver when possible, and continually assess support needs to assure a safe and stable placement. The assigned HHS Case Manager shall personally visit each child in out-of-home care at least once every calendar month, with frequency of visits based upon 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, For more information on monthly home visits to the child in out-of-home care, see **18-D(1), Foster Family Home – Visits to the Child**.
- Assist kinship caregivers with accessing resources to support the placement including, but not limited to FIP, Medicaid, and Food Assistance;
- Assist kinship caregivers to create a safe and supportive home environment, including early identification of needs for additional services such as therapy, counseling, educational and/or mental health services and to close the gaps and/or delays with service delivery to kinship caregivers;
- Provide kinship caregivers with information on the Kinship Caregiver Payment Program. See **Comm. 604, Kinship Caregiver Payment Program**.
- Provide kinship caregivers with information on the **Comm. 603, Benefits of Kinship Foster Care Approval**. Kinship caregivers should be aware of all permanency options, including guardianship, and adoption.
- Continuously look for appropriate kin and fictive kin placements over the life of the case. If a placement change becomes necessary, previously explored kin and fictive kin will be re-explored as possible placement resources.

Kinship Caregiver Payment

The Kinship Caregiver Payment is a time-limited payment that allows kinship caregivers to receive financial support for each child court ordered and placed in their care. Note: In order to receive this payment, a kinship caregiver must meet the definition of a person to whom a child is related by blood, marriage, or adoption, or a person who has a significant, committed, positive relationship with the child, providing care for a child. See **Comm. 604, Kinship Caregiver Payment Program**.

If the kinship caregiver meets eligibility, all of the following conditions apply:

- The Kinship Caregiver will be eligible for payment after 14 days of the child's court ordered placement in the kinship caregiver's home. The 14 day requirement is waived if the child enters the kinship caregiver's home immediately following a paid placement for at least 30 days.
- The monthly payment will be the basic foster care maintenance payment amount for each eligible child residing in the kinship caregiver home.
- The monthly payment will be authorized to the kinship caregiver on the first day of the month following the date of eligibility.
- The payment will continue for up to four months.
- The kinship caregiver payment will be terminated prior to the four months if the child no longer resides in their home.
- Kinship caregivers who currently receive a foster care payment are not eligible to receive the kinship caregiver payment.

When a child is eligible for the kinship caregiver payment, the HHS Case Manager is required to complete the following:

- Make FACS entries in SERL to authorize payment for the placement utilizing relative (kin) and non-relative (kin) placement codes.
- If a child is not a Medicaid member, obtain a Medicaid application from the child's parents, guardian, or other responsible person (kin, guardian ad litem (GAL), and attorney) using form **470-5170 or 470-5170(S), Application for Health Coverage and Help Paying Costs**, for children placed in relative or fictive kin care. See section on Medicaid for more information on eligibility.
- If the child is a non-U.S. citizen, state funding will need to be utilized for the Kinship Caregiver Payment to the caregiver. Provide the name of the child(ren) and name of the kinship caregiver for the child(ren) receiving Kinship Caregiver Payment via email to the Kinship Program Manager at Central Office.

- There may be situations when a caregiver receives both Kinship Caregiver Payment (KCP) and Social Security Disability Insurance (SSDI) benefits on behalf of a child. Caregivers should be reminded to contact the Social Security Administration (SSA) and report the amount of KCP they are receiving.
- If a child leaves the kinship caregiver's home prior to the four months, enter an end date of the placement in FACS within 2 business days.
- If the four months of kinship payment is exhausted, direct the kinship caregiver to apply for FIP if they choose not to proceed with the Kinship Foster Care Approval process. See section on Kinship Foster Care Approval.

Kinship Navigator Services

Kinship Navigator Services assist kinship caregivers in learning about, finding, and using programs and services to meet their needs. Kinship Navigator Services are structured to meet the needs of kinship caregivers while supporting placement stability, reunification and child safety.

Iowa's Kinship Navigator Services program is aligned with the ProtectOHIO Kinship Supports Intervention (KSI) model and includes provision of core KSI model components. The KSI model is listed as a "Promising" evidenced-based intervention on the Prevention Services Clearinghouse as a study outcome of the model demonstrated a favorable effect on child placement stability. The goal of the KSI intervention is to meet children's physical, emotional, financial, and basic needs by connecting kinship caregivers with federal, state, and local resources. For more information about the KSI Model in Kinship Navigator Services, see **Kinship Navigator Services Manual, Comm. 620**.

Kinship Supports Intervention Model/Protect Ohio Core Model Components

1. Kinship Support and Coordination
3. Kinship-Specific Assessment Tools and Processes
4. Support Plans for Caregivers
5. Home Visits with Kinship Families
6. Kinship Handbook provided to Kinship Caregiver
7. Services are Available to Support Kinship Families in Accordance with Their Needs

Making a Referral for Kinship Navigator Services

Kinship Navigator Services are available during an open HHS service case to kin or fictive kin caregivers with children placed in their care or temporarily residing with them as arranged by the child's parent. The Kinship Navigator Services case may remain open as long as the caregiver has ongoing needs.

Referral Procedure: The Department worker shall refer the kinship caregiver for Kinship Navigator Services within 3 Business Days upon placement of the child(ren) in the caregiver's home. Complete form **470-5150, Child Welfare Services Referral Face Sheet** and form **470-0111, Kinship Home Assessment Part 1** and submit to the RRTS contractor.

Kinship Home Assessment Tool

- The Kinship Home Assessment Tool has been developed to ensure that the HHS Caseworker and/or Kinship Specialist have thoroughly assessed the Kinship Caregiver's ability and willingness to ensure safety, permanency, and well-being for the child(ren) placed in their care.
- Part 1 of this Tool is meant to cover the minimum information needed to determine whether a placement is appropriate. **The HHS Placement Worker** will complete Home Assessment Part 1 to provide with the referral to Kinship Navigator Services within 3 days of placement with the Kinship Caregiver.
- Part 2 of this Tool is a Kinship-specific tool to be utilized for discussion in greater depth during the needs assessment process through initiation of Kinship Navigator Services and in the development of the Kinship Support Plan. **The Kinship Specialist** will complete Home Assessment Part 2 within 30 days of the Kinship Caregiver accepting services.

Kinship Caregiver Home Assessment Part 1 Instructions

Please check the response that most accurately answers each of the questions on the assessment. This information may be obtained via Kinship Caregiver interviews, case records review, background checks, a walk-through of the caregiver's home, etc.

Provide the completed Home Assessment Part 1 document with the **Child Welfare Referral Services, Form 470-5150** to the RRTS contractor to refer the caregiver to Kinship Navigator Services within 3 days of placement.

Acceptance of Kinship Navigator Services and Referrals for Kinship Foster Care Approval

The Kinship Specialist will notify the HHS Caseworker if the caregiver accepts Kinship Navigator Services. If the kinship caregiver declines services, refer the Kinship Caregiver to the Recruitment, Retention, Training and Support (RRTS) contractor after 30 calendar days of a child placed in their care for the caregiver to consider beginning the process to become approved for kinship foster care. Complete form **470-5150, Child Welfare Services Referral Face Sheet** and submit to the RRTS contractor to make the referral for Kinship Foster Care approval.

Service Delivery

The Kinship Specialist will make initial phone contact with kinship caregivers within two business days of the Agency referral. If the kinship caregiver accepts services, the Kinship Specialist shall make in-person contact with the kinship caregivers within five business days of the Agency referral.

- If the kinship caregiver expresses interest but declines services at the initial phone contact, the Kinship Specialist may follow up with the kinship caregiver within 30 calendar days to offer services at that time.
- If the kinship caregiver accepts services at this later date, the Kinship Specialist shall make in-person contact with the Kinship Caregivers within five business days of their acceptance of services.
- The Kinship Specialist will discuss with the caregiver the benefits of being approved for Kinship Foster Care. The Kinship Specialist will make a referral to the RRTS contractor to begin the approval process, should the caregiver want to move forward.
- The HHS Placement Worker may also make a referral to the RRTS contractor if the caregiver has indicated at the time of placement that they would like to move forward with becoming approved for Kinship Care Foster Care.
- If the caregiver declines moving forward with the Kinship Foster Care approval process initially but decides to move forward later while the child is placed in their care, the HHS Case Manager can make a referral to the contractor to begin the approval process. Refer the kinship caregiver to the RRTS contractor by completing and submitting form 470-5150, Child Welfare Services Referral Face Sheet.
- If the kinship caregiver accepts Kinship Navigator Services, the assigned Kinship Specialist will email the assigned Department worker if a referral has been made to RRTS for the kinship caregiver to participate in the Kinship Foster Care approval process.

See **Kinship Navigator Services Manual, Comm. 620** for more detailed information on provision of the Kinship Navigator Services Program.

HHS Case Manager Face-to Face Visits with Kinship Caregivers

Home visits should occur regularly or more frequently based on the needs of the caregiver. Face-to-face contact that targets the unique needs and challenges for these families is considered best practice. In addition to routine, required face-to-face visit activities outlined in **18-C(2), Case Management**, the following areas are important to consider and address when interacting with kinship caregivers:

- Kinship caregivers very often assume their role as caregiver during a time of crisis. This requires them to make many changes in their home life to accommodate a child with little time for preparation. Changes typically include accommodating space in the home,

arranging for childcare, accessing healthcare, making arrangements for school, and accessing other specialized services for the child. Prompt attention and response to these needs can quickly remove barriers, ease stress, and stabilize the placement.

- Finding themselves in the role of primary caregiver is the foremost issue for kinship caregivers. Kinship caregivers may be parenting their own children, not been in a parenting role for some time, or have limited parenting knowledge. Parenting children who have experienced trauma or who present with other special needs will be addressed during home visits with kinship caregivers. Kinship caregivers need timely access to resources related to these concerns. They may even encounter feelings of loyalty, strain, and/or alienation from others within their family system.

  The complexity of these dynamics may produce stress, confusion, and conflict for the caregiver. Significant attention and support are needed to help families adjust and re-align from previously defined roles while promoting positive connections and relationships among family members. Caregivers need individual, private opportunities to communicate around these issues and concerns.
- Kinship caregivers may feel overwhelmed by the child welfare system, and specifically concepts of interactions and visitation, reunification, and permanency. While informational materials may target this area of need, face-to-face attention may alleviate concerns, misconceptions, and fears related to the child welfare process, decision-making, and the direct impact on the caregiver and child.
- Visitation and family interactions can be stressful for kinship caregivers, especially when the kinship caregiver is expected to supervise or facilitate parent/child contact and family interactions. Home visits are an opportunity to support and ensure that the kinship caregiver can manage the family interaction safely as well as manage the child's behavior after family interactions with their parent and/or siblings.

Financial Resources

Children in out-of-home placements are more likely to have better social and mental health outcomes when their caregivers can access a wide variety of services. The HHS Case Manager will inform the kinship caregiver of the availability of and assist them with accessing resources to support the placement.

Kinship Caregiver Payment

The kinship caregiver payment is a time-limited payment that allows kinship caregivers to receive financial support for each child court ordered and placed in their care. See **Kinship Caregiver Payment** section.

Kinship Foster Care

Kinship caregivers may complete an expedited process to be approved for foster care specifically for the relative or fictive kin children currently in their care. Approval allows kin caregivers to receive foster care maintenance payments and special allowances through the foster care program.

Kinship Foster Care Approval is separate from a foster care license and does not license the caregiver to have additional children placed in their home for foster care. See **Kinship Foster Care Approval** section.

Medicaid

Medicaid is a state program that pays for covered medical and health care costs of people who qualify. Transportation services to and from medical, dental, and behavioral health services may also be accessed through Medicaid. The Medicaid program is funded by federal and state governments and is managed by the Department.

Many of the children served by the Department may be eligible for Medicaid. Therefore, collaborate with Department Income Maintenance (IM) workers in determining if the child meets eligibility requirements. Income Maintenance determines eligibility for Medicaid. The application to use depends on the family's circumstances:

- When children are living with their parents or with kinship caregivers:
  - Use form **470-5170, Application for Health Coverage and Help Paying Costs** when the family wants to apply for Medicaid only.
  - Use form **470-0462, Financial Support Application** or its Spanish version, **470-0462(S),** when the family wants to apply for the Family Investment Program, Food Assistance, or Child Care Assistance in addition to Medicaid.
- When a child is placed in foster care, adoptive placement, or a PMIC:

  Use form **470-5535, Application for Foster Care and Adoption Subsidy Medicaid** for the initial application.

There is no need to re-apply if the child is already receiving Medicaid. However, updated placement information will need to be provided to IM workers.

The process for updating Medicaid when a child is placed in foster care, adoptive placement or a PMIC:

- The HHS Case Manager updates the placement information for the child in FACS
- IV-E eligibility team complete necessary entries in JARVIS IV-E module

Family Investment Program (FIP)

Family Investment Program (FIP) is Iowa's Temporary Assistance to Needy Families (TANF) program. FIP provides temporary cash assistance for families as they become self-supporting. Department rules define which types of relatives can receive caretaker FIP for a child.

Collaborate with Department IM workers regarding eligibility for FIP. Relative caretakers who apply for FIP only for the child can receive FIP regardless of their income. They are not subject to time limits or PROMISE JOBS work and training participation.

Child Care

The child may qualify for child care assistance through the Department Child Care Assistance Program. The caretaker's relationship is not an eligibility factor, and the caretaker does not have to be biologically related. The caretaker's income is not considered when determining eligibility for this program. There must be a need for the service such as being employed 28 or more hours per week, seeking employment, attending academic or vocational training, or temporary medical issues.

Childcare services for a child with protective needs are provided without regard to income. To receive protective child care services, the family must meet specific requirements; the Service Area Manager (SAM) or designee must pre-approve the child care services, and the provision for child care must be identified in the child's case permanency plan as a necessary service.

Food Assistance Program

The goal of the Food Assistance Program is to help low-income Iowans meet their nutritional needs by supplementing the household's food budget with benefits that can be used to purchase groceries. Eligibility is determined by the number of people in the household, the amount of earned income, the amount of unearned income, and the amount of resources in the household. To assist a family with determining eligibility for food assistance, work with IM workers.

Other Potential Financial Resources

The child may qualify, depending on individual circumstances for the following, including, but not limited to: Supplemental Security Income (SSI), Social Security Disability or Veteran's Assistance (based on parent's disability), or Social Security Survivor's Benefits (if parent is deceased). Information regarding disability benefits and the application process can be found at **https://ssa.gov/benefits/disability/**.

Supports

As parents struggle with issues that affect their ability to parent their child(ren), it is important to develop resources to support kinship caregivers in learning about, finding, and using programs and services to meet their own needs and the needs of the child(ren) they are raising. Kinship caregivers should have opportunities to network with each other through mentoring, support groups, and other available supports.

Family Educator Partnership (FEP)

FEP works to develop and sustain effective partnerships between families, educators, and community providers for children and youth on Individual Education Plans (IEPs). FEP is staffed by a family coordinator and an education coordinator who may assist the family with understanding special education, understanding parent/student rights and responsibilities, assist with challenging behavior strategies, and assist with transition planning for youth aged 14 or older. FEP may be accessed by contacting the child's local Area Education Agency (AEA).

Foster SQUAD

Foster SQUAD is an online source of information on available resources to Iowa foster families including clothing closets, support groups and training, activity scholarships, education resources, and more. For more information, visit their website at **https://www.fostersquad.org/**

GrandFacts

The GrandFacts state fact sheets for grandfamilies include state-specific data and programs as well as information about public benefits, educational assistance, legal relationship options, and state laws. More information may be found at **https://www.grandfamilies.org/State-Fact-Sheets**

Iowa Foster & Adoptive Parents Association (IFAPA)

IFAPA provides peer support, training and resources to promote safety, permanency, and well-being to Iowa's foster, adoptive, and kinship families. For more information about the kinship resources IFAPA offers, visit **http://www.ifapa.org/resources/kinship_resources.asp**

National Alliance on Mental Illness (NAMI) IOWA

NAMI IOWA offers a range of education, support, and advocacy programs for caregivers of children and adolescents who are living with mental illness as well as adults with persistent mental illness. Through education and support, consumers and family

members are better equipped to effectively manage the difficulties of mental illness, serious emotional disorders, and behavioral challenges. More information may be found at **www.namiiowa.org**.

211

211, is a free, comprehensive information and referral system. 211 is a central, single point of contact for thousands of health and human service programs, community services, disaster services and governmental programs. 211 features information specific to resources available for caregivers. More information may be found at **www.211.org**, or dial 211 for assistance.

General Supports

Additional information regarding supports for kinship caregivers may be found at the following links:

- **http://www.grandfamilies.org/**
- **http://www.childwelfare.gov/topics/outofhome/kinship/resourcesforcaregivers/**
- **http://www.casey.org/tag/kinship-care/**

Kinship Foster Care Approval

Overview

Kinship Foster Care Approval allows kinship caregivers to complete an expedited process for qualifying foster care maintenance payments to be issued to caregivers soon after placement of the child(ren) to ensure the caregiver's ability to meet the basic needs and well-being of the child or children in the home. While receiving the kinship caregiver Payment, caregivers will be encouraged to complete the expedited Kinship Foster Care Approval process within a 60-day timeframe.

Kinship caregivers approved under these expedited standards qualify for foster care maintenance payments and (if otherwise eligible) the Department qualifies for title IV-E reimbursement. The term Kinship Foster Care "approval" has been chosen in place of a "license" or "licensure" to distinguish from the standards required of foster care licensure to provide general foster care services.

List of Requirements

Actions	Forms and Procedures
Referral	Department: ▪ HHS Placement Worker refers to Kinship Navigator Services within 3 days of placement with relative or fictive kin caregiver, using **Child Welfare Referral Services, Form 470-5150** and including the completed **Kinship Caregiver Home Assessment Part 1, Form 470-0111** with the referral. ▪ If the family accepts Kinship Navigator Services, the Kinship Specialist assigned to the caregiver will refer to the RRTS Contractor using **Kinship Foster Care Referral, Form 470-5777** to begin the Kinship Foster Care Approval process, if the family chooses to proceed. ▪ If the family declines Kinship Navigator Services the CPW or HHS Case Manager assigned to the case can refer the family to the RRTS Contractor using **Child Welfare Referral Services, Form 470-5150** if the family chooses to proceed. Contractor: ▪ Will contact the caregiver within 5 days of the referral to explain the Kinship Foster Care Approval process and schedule a visit with the caregiver at their home.
Application	Contractor: ▪ Provides caregiver with Form 470-0179, Kinship Foster Care Approval Application Kinship Caregiver(s): ▪ Completes Form 470-0179, Kinship Foster Care Approval Application

Actions	Forms and Procedures
Record Checks	Contractor: Will assist the family in completing the following record checks: ▪ **Request for Child Abuse Information, 470-0643** ▪ Dependent Adult Registry ▪ Sex Offender Registry: **www.iowasexoffender.com** ▪ Assist applicants and other adults in the home in the fingerprinting process ▪ Out-of-state record check (when applicable) ▪ **Criminal History Record Check, DCI-77** Department: Licensing worker will review the record checks when returned. If history of abuse or a crime, inform the child's HHS Case Manager and a Supervisor. Complete record check evaluation process. ▪ **Foster Family Record Check Letter, 470-2369** ▪ **470-2310** or **470-2310(S), Record Check Evaluation** ▪ Reviewed through Central Office Record Check Decision Unit (RCDU) ▪ The RCDU will determine if the criminal conviction or founded child or dependent abuse prohibits the applicant's approval following the Record Check Process.
Caregiver Needs and Physical Home Assessment (home study)	Kinship Caregiver(s): Completes application materials ▪ Complete Form 470-0179, Kinship Foster Care Approval Application ▪ Complete record check forms and fingerprinting Contractor: ▪ Conduct a minimum of one interview with kinship caregivers. ▪ Assess physical home condition and caregiver ability to meet the child's needs ▪ Collect application materials and ensure completion of record check forms, including fingerprinting for all household members who are adults age 18 and over.

Actions	Forms and Procedures
Home Study Packet Submission	Contractor: ▪ Submits home study packet within 45 calendar days of Day 1 of the referral: ▪ **Form 470-0179, Kinship Foster Care Approval Application** ▪ **Form 470-0181, Kinship Foster Care Home Study** ▪ Include all forms obtained through record checks and assessment of family.
Approval Decisions (new applications)	Department: ▪ Licensing Worker reviews Kinship Foster Care Approval Home Study Summary and Recommendation within 10 business days of receipt.
Approval	Department: ▪ Licensing Worker sends **Form 470-0061, Notice of Action** to caregiver and RRTS ▪ Sends form **470-0178, Letter of Approval** to caregiver ▪ Complete FACS entries
Denial	Department: ▪ Licensing Worker sends **Form 470-0061, Notice of Action** to caregiver and RRTS ▪ Sends **Form 470-0180, Letter of Denial** ▪ Complete FACS entries ▪ Hold staffing with HHS Licensing, placement HHS Case Manager for the child(ren), Supervisor and RRTS to review current child(ren) in placement with kinship caregiver, if needed

Actions	Forms and Procedures
Activities During Approval Year Concerns Child Abuse assessment or Criminal Conviction	Department: ▪ The HHS Case Manager should address any concerns regarding the kinship caregiver and the child placed in the home. ▪ The HHS Case Manager and HHS Licensing Worker should maintain ongoing communication to exchange information that may impact safety and stability of the child placed with the caregiver and the continued approval of the caregiver for Kinship Foster Care. ▪ Kinship Navigator Services may be contacted if they are providing services to the caregiver or Kinship Navigator Services may be referred by the Department to provide support to the caregiver and address any identified needs.
Kinship Caregiver(s) Moves to a New Home/New Household Members	Kinship Caregiver(s): ▪ Reports to HHS Licensing Worker about new household members and any moves within 30 days. Department: ▪ If the Department becomes aware of a kinship caregiver moving to a new home or new household member living in the home, the HHS Licensing Worker should make a referral to the RRTS contractor to complete record checks and complete a home study addendum. Contractor: ▪ Complete an in-home interview with any new identified caregivers ▪ If kinship caregiver moves to a new home, assess the home condition ▪ Document completed update visit as an addendum to the initial home study assessment and submit to HHS Licensing Worker ▪ Complete record checks for new caregivers/household members 18 and older

Actions	Forms and Procedures
Kinship Caregiver(s) Moves to a New Home/New Household Members (Cont.)	▪ **Criminal History Record Check, DCI-77** ▪ **Request for Child Abuse Information, 470-0643** ▪ **Sex Offender Registry** (**www.iowasexoffender.com**) ▪ **470-2310** or **470-2310(S), Record Check Evaluation** (as needed) ▪ New identified caregivers and new adults in the household age 18 and over complete fingerprinting
Kinship Foster Care Re-Approval	Kinship Foster Care Approval **expires two years** after the initial approval. Kinship caregivers who continue to have the children placed in their care at the time of the expiration of their two-year approval for kinship foster care may re-apply for approval. Department: ▪ Licensing worker will send a referral to RRTS contractor to compete a re-approval ▪ RRTS assists kinship caregivers with completion of a new application and record checks. ▪ Fingerprinting does not need to be repeated unless there is a new adult age 18 and over in the home. ▪ RRTS will complete a narrative entry in the caregiver's initial Kinship Foster Care Home Study ▪ Notice of Action: Kinship Foster Care Approval ▪ FACS entry Kinship Caregiver(s): Completes the following documents for reapproval: ▪ **470-0179, Kinship Foster Care Approval Application Form** ▪ **Criminal History Record Check, DCI-77** ▪ **Request for Child Abuse Information, 470-0643** ▪ Sex Offender Registry (**www.iowasexoffender.com**) ▪ **470-2310** or **470-2310(S), Record Check Evaluation** (as needed)

Actions	Forms and Procedures
Kinship Foster Care Re-Approval (Cont.)	Contractor: ▪ Complete an in-home interview with the kinship caregiver(s) ▪ Document completed visit and recommendation for reapproval as an addendum to the initial kinship foster care home study and submit to HHS Licensing Worker ▪ Complete record checks for caregivers/household members 18 and older ▪ **Criminal History Record Check, DCI-77** ▪ **Request for Child Abuse Information, 470-0643** ▪ **Sex Offender Registry** (**www.iowasexoffender.com**) ▪ **470-2310** or **470-2310(S), Record Check Evaluation** (as needed)
If Family Declines to Complete Their Re-Approval	Department: ▪ Delete approval Contractor: ▪ Enters withdrawal in CareMatch and closes home. Kinship caregiver(s): Completes **470-0182, Statement of Withdrawal – Kinship Foster Care Approval**

Application and Screening

Legal reference: Iowa Code Chapter 237

Kinship caregivers may begin the Kinship Foster Care Approval process upon court-ordered placement of a child in their care. The Case Manager or the contractor for Kinship Navigator Services makes a referral to the RRTS contractor. Upon referral, the RRTS contractor schedules a meeting with the caregiver within 5 days of the referral. To begin the approval process, the caregiver(s) completes an application for Kinship Foster Care Approval and this authorizes checks for all household members ages 18 and older to complete criminal, child abuse, FBI fingerprinting and sex offender records.

Any records discovered may preclude continuation of the Kinship Foster Care Approval process or, after further investigation and evaluation, may be deemed not to preclude approval.

The RRTS contractor will meet with the caregivers simultaneously during the application and record check process to complete the home study. At any point during the home study process a family may choose to withdraw their application.

Referral to Contractor

The Department contracts with the RRTS contractor for Kinship Foster Care Approval home studies and any necessary home study updates or renewals to approvals. Refer kinship caregivers who have court ordered placement of a child(ren) and are interested in the Kinship Foster Care Approval process to the RRTS contractor. The RRTS contractor will assist them in beginning the application, record checks and home study process.

- The RRTS contactor shall complete the home study process for Kinship Foster Care Approval in accordance with federal standards for foster licensing or approval of relative and fictive kin foster homes. The RRTS contractor will ensure the kinship foster approval process includes:
  - Provision of the application and information about the process to kinship caregiver(s) seeking Kinship Foster Care Approval.
  - Assistance to the caregiver and adult household members aged 18 and over in completing required record checks, including fingerprints.
  - A face-to-face interview with the caregiver(s) and all household members.
  - Preparation of a home study assessment of the kin caregiver(s) that includes the ability of the caregiver(s) to care for all physical, emotional, medical, and educational needs of the child(ren) and addresses the physical safety of the home.
  - Submission of all required documents in the required Kinship Foster Care Approval process to the Department within 45 days of the referral.
  - Assistance to kinship caregivers with a withdrawal of their approval when appropriate.
- To make a referral to RRTS for the Kinship Foster Care Approval process, complete **Child Welfare Referral Services, Form 470-5150** and submit to the RRTS contractor.
- Kinship Navigator Services may also make the referral to the RRTS contractor to begin the Kinship Foster Care Approval home study process with the caregiver, using referral form **470-5777, Recruitment, Retention, Training, and Support Worker (RRTS) Kinship Referral**.

Application for Approval

Legal reference: Iowa Code Chapter 237

Relative or fictive kin caregivers aged 18 or older may apply for a Kinship Foster Care Approval when a relative or kin child has been court ordered to be placed with the caregiver.

Each caregiver responsible for the primary care of the child in the home must sign form **470-0179, Kinship Foster Care Approval Application**. This form gives the Agency the right to study and evaluate the home and to conduct necessary record checks.

Refusal of any adult in the household to cooperate with the records check is grounds to deny the application, based on failure to comply with federal requirements for approved kinship foster care.

NOTE: Caregivers who are responsible for primary care of the child(ren) placed in the home will be considered applicants and should sign the application **470-0179, Kinship Foster Care Approval Application** for Kinship Foster Care Approval. Only one Notice of Approval will be issued to the caregiver(s). All adults in the household who will be providing care to the child must participate in all aspects of the home study process when possible.

If a secondary caregiver or other adults are not available due to prolonged absences (for example, a truck driver gone for long periods of time for example, on military deployment, or other reasons that contribute to caregiver absence from the home study processes), this should not preclude the ability for the primary caregiver in the home to continue with the approval process. The contractor shall assess the household dynamics and make a recommendation based on the caregiver who is primarily in the home at the time of approval.

Other adults living in the household who will not be parenting the child are counted as members of the household and are checked for abuse and criminal records but are not listed on the Notice of Approval. All adults aged 18 and over living in the home will also be required to complete FBI fingerprint checks.

FACS ENTRY: FACS entries are required during the approval process to establish the Kinship Foster Care Approval home history. When completed, they give an overview of the approved kinship foster home. Currently only Department staff enter FACS information.

NOTE: Always search the Provider List to determine if a home has already been assigned a FACS provider number.

Adoption

Kinship caregivers may complete the adoption approval process if they are approached as a permanent placement option of children who are relative or fictive kin. See **18-F(1), Adoption Permanent Placement Procedures** for more information on adoption and the adoption approval home study process.

A Kinship Foster Care Home study must be completed independently of the adoption approval home study. When a kinship caregiver is referred for both Kinship Foster Care (KFC) approval and an adoption approval study, the Kinship Foster Care home study should be completed first.

The 90-Day Concurrent Planning Staffing, which typically occurs around three months after a child's removal, should be used as an opportunity to determine whether a kinship caregiver should be referred to the recruitment and retention contractor for an adoption home study.

The Department worker will make a second referral for an adoption home study after the Kinship Foster Care Approval is complete, and the caregiver is identified as a viable permanency option.

Application Materials

Legal reference: Iowa Code 237; 441 IAC 125.2(237)

A relative or fictive kin of a child who has been court-ordered to placement in the relative or fictive kin's care can apply for Kinship Foster Care Approval. All applicants must be at least 18 years of age.

Each applicant and any other adults residing in the home must sign form **Kinship Foster Care Approval Application, Form 470-0179.** This form gives the agency the right to study and evaluate the home and to conduct necessary record checks.

Record Checks

Legal reference: Iowa Code Section 237.8; 441 IAC 125.7(237)

For a new Kinship Foster Care Approval application, the contractor shall check criminal and child abuse records on people living in the home over the age of 18 to determine if they have founded abuse reports or criminal convictions. Record checks are not completed on children living in the home who turn 18.

At the time of reapproval two years from the date of initial Kinship Foster Care Approval, the contractor shall check criminal and child abuse records on all adults living in the home. If anyone over the age of 18 moves into the home during the approval year, the person must complete the complete the **Kinship Foster Care Approval Application, Form 470-0179** to authorize the necessary child abuse and criminal record checks.

Record checks shall be made on maiden names and previous married names, as well as current names. Consult juvenile court records, Department records, courts on-line, and courthouse criminal and civil records.

Records checks are conducted in Iowa and in any other state with a child abuse registry when the people living in the home have lived in that state in the past five years or live in a town close to the border of that state. Seek releases from the applicants and contact the local human services department in the other state.

Fingerprinting must be completed on all adults age 18 and over in the household for Kinship Foster Care Approval. The contractor shall explain the procedure to the applicants and other adults in the home for obtaining fingerprinting.

Whenever you find that there is a new person living in the home, request the contractor to conduct a check for founded reports of child abuse, criminal history records, and sex offender registry records on that person within seven working days.

Completion of the **Form 470-0643, Request for Child Abuse Information** is necessary when a referral is made to a private agency or to release the child abuse report.

Like any new person residing in the Kinship Foster Care approved home, foreign exchange students residing in the home must have record checks completed. It is important to secure any information from the agency that coordinated the placement of the student concerning any record checks that may have been completed before the student came to the United States.

The contractor will inform the local office if someone living in the home has a founded abuse report or a criminal conviction. If so, the Department must evaluate the record to determine whether the crime or abuse warrants prohibition of approval.

EXCEPTION: Under the Adoption and Safe Families Act of 1997, the application shall be denied without an evaluation when the applicant or any adult living in the applicant's home has been convicted of any of the following felony offenses:

- Domestic abuse.
- Child endangerment.
- Neglect or abandonment of a dependent person.
- A drug-related offense committed within five years of the application date.
- A crime against a child, including sexual exploitation of a minor.
- A forcible felony or a crime in another state that would be a forcible felony if committed in Iowa.

Secure the applicant's input in completing the evaluation of the abuse or criminal conviction. (See **Evaluating Criminal or Abuse Records**.)

The evaluation shall consider:

- The nature and seriousness of the abuse or crime.
- The time elapsed since commission of the abuse or crime.
- The circumstances under which the abuse or crime occurred.
- The degree of rehabilitation.
- The likelihood that the person will commit the abuse or crime again.
- The number of abuses or crimes committed by the person.

A decision will be made within 30 days of receipt of form **470-2310** or **470-2310(S), Record Check Evaluation**.

The following sections address procedures for conducting:

- Criminal history record checks
- Sex offender registry checks
- Central abuse registry checks
- Evaluations of record check information

Criminal History Record Check

Legal reference: Iowa Code Chapter 237; Iowa Code Chapter 692; 441 IAC 125.7(237)

The contractor shall explain to the applicants and other adults in the home the fingerprinting process for the national criminal records check.

The contractor shall obtain the signature of each person residing in the household who is aged 18 and over (except for children in foster care) on **DCI-77, Criminal History Record Check**.

The contractor shall conduct the criminal records check using the SING repository of the Division of Criminal Investigations (DCI). If the SING response shows "further evaluation is needed," then the DCI sends the criminal record history to the contractor.

The contractor will inform the Department licensing worker if someone living in the home has a founded abuse report or a criminal conviction.

Follow-Up on Convictions

If there is a criminal conviction for anyone living in the home, contact the person and share the results of the check and the possible effect on the approval.

Do not give the person the actual transcript of the criminal record. If the person wants additional information about the criminal conviction, refer the person to the Iowa Division of Criminal Investigations or the local law enforcement agency.

NOTE: A "deferred judgment" is not a conviction either during the probationary period or afterwards. The statute on deferred judgments requires there first be either a plea of guilty or a verdict of guilty and then gives the judge the authority to impose probation upon conditions as well as the authority to pronounce judgment and impose a sentence if the conditions of probation are not met. (Iowa Code § 907.3).

Deferred judgments can be used in limited situations when the Department is conducting record checks. Note that you will not always be able to find evidence of a conviction because of the passage of time.

If you do find a deferred judgment within the deferral period, you can use it during the evaluation process. You can evaluate a "deferred sentence," which is also known as a "suspended sentence."

For convictions where evaluation is required, offer the person the opportunity to complete and submit an evaluation, or to supply the information for the form verbally, within ten days of receipt. To document the information and the date, send the person by certified mail:

- Form **470-2369, Foster Family Record Check Letter**. This letter advises of the importance of the evaluation and of the person's right to obtain assistance in participating in the evaluation.
- Form **470-2310** or **470-2310(S), Record Check Evaluation.** Sign this form as the person receiving and recording the information.

Also obtain additional information from the local agency identified on the transcript of the criminal history to verify the conviction. Determine if charges were reduced from a heavier charge through plea bargain agreement.

If the person fails to complete and return form 470-2310 or 470-2310(S), within ten days of receipt of the form and has not supplied information verbally, deny the approval application.

Sex Offender Registry

Legal reference: Iowa Code Chapter 237; 441 IAC 125.7(237)

The contractor shall check the Sex Offender Registry for each person aged 18 and over listed on the **Kinship Foster Care Approval Application, Form 470-0179** by accessing the Sex Offender Registry at: **www.iowasexoffender.com**

- Enter the person's last name.
- Do not enter a zip code.
- Select SEARCH.

NOTE: This site does not contain the entire list of sex offenders registered in Iowa. The list starts from July 1, 1995. It is a point in time list and may not include the sex offenders before this date. As directed on the sex offender website, contact your community law enforcement and county sheriff's office who are aware that these subjects are in the community.

- If the search shows a conviction that occurred in Iowa, check form **DCI-77, Criminal History Record Check**, to make sure this conviction also appears there.
- If the search shows a conviction that occurred outside Iowa, add this conviction to form **470-2310** or **470-2310(S), Record Check Evaluation** sent to the applicant.

Document the result of the Sex Offender Registry check in the case file. It is recommended that this documentation be placed at the bottom of form **470-0643, Request for Child Abuse Information.**

Central Abuse Registry

Legal reference: Iowa Code Chapter 237; 441 IAC 125.7(237)

The RRTS contractor shall check with the Iowa Central Abuse Registry to determine if a child abuse report exists on any person living in the home. This check is required to determine the suitability of the applicants and other people living in the home to provide Kinship Foster Care Approval.

When checks are being done for other adults living in the home, the signature of each adult is necessary on **Kinship Foster Care Approval Application, Form 470-0179**. If that person refuses to cooperate with the check, this refusal is grounds for a negative action, based on failure to comply with required record checks for approval.

NOTE: There is no minimum established in rule or law about the age of the perpetrator of a founded abuse report. The Iowa Registry maintains and checks abuse records for the past ten years.

Any person accessing Registry information may not re-disseminate information to anyone outside of the Department unless the Registry approves the re-dissemination. Completion of the **470-0643, Request for Child Abuse Information** is necessary when a referral is made to a private agency or to release the child abuse report.

Follow-Up on Reports

If there is a founded report on anyone living in the home, contact the perpetrator and inform the person of the results of the check and of the possible effect on the approval. Offer the person the opportunity to complete and submit form **470-2310** or **470-2310(S), Record Check Evaluation** within ten days of receipt.

Send form **470-2369, Foster Family Record Check Letter** to the person along with the evaluation form. This letter advises the person of the importance of the evaluation and of the person's right to obtain assistance in participating in the evaluation.

If the person wishes additional information about the child abuse report, tell the person how to submit form **470-0643, Request for Child Abuse Information**. If the person does not supply any additional information, have the founded report evaluated based on the contents of the report alone.

Failure to complete and return form **470-2310** or **470-2310(S), Record Check Evaluation** within ten days of receipt of the form shall result in denial of approval.

Evaluating Criminal or Abuse Records

If there is a record of founded abuse, a criminal conviction, or placement on the Sex Offender Registry for the applicant or any other person living in the applicant's home, the home shall not be approved for Kinship Foster Care, unless an evaluation of the abuse or criminal conviction determines that the abuse or crime does not warrant prohibiting the approval.

Forward copies of all information regarding the conviction or abuse to the designated Department staff for evaluation. The evaluation shall consider:

- The number of abuses and crimes committed by the person.
- The nature and seriousness of the founded abuse or crime.
- The circumstances under which the abuse or crime was committed.
- The time elapsed since the incident occurred.
- The degree of rehabilitation.
- The likelihood that the person will commit the abuse or crime again.

NOTE: A previous evaluation of the same record for a different purpose may not have the same conclusion as an evaluation for the purpose of Kinship Foster Care Approval.

There may be a situation when there are arrests and allegations of criminal activity but there are no convictions. In these cases, contacts with references (which may include law enforcement) are necessary to document those conditions in the home would be harmful to a child.

Guidelines for Evaluating Criminal Records

When the criminal record indicates a juvenile conviction, do not use that conviction. To determine if a conviction is a juvenile conviction, you must first ascertain whether the person was under 18 years of age at the time of conviction. If the person was under 18 years of age but was waived to adult court, complete an evaluation.

You may want to consider each of the following areas when evaluating convictions for crimes. (The questions listed under each area are intended to assist you in completing an evaluation.)

- Nature and seriousness of the crime in relation to the position sought:
  - Did the crime involve property or people or both?
  - Was there potential danger to the victim?
  - Were there any injuries to people? If so, were they permanent?
  - Were weapons used? Was force used?
  - What was the age of the victim?
  - Was the victim vulnerable (a child, handicapped, or elderly)?
  - What was the age of the person committing the crime?
  - How does this information relate to the position sought?
- Time elapsed since the commission of the crime:
  - Convictions less than 5 years old indicate a higher risk.
  - Convictions 5 to 10 years old shall be considered with other factors.
  - Convictions older than 10 years are lower risk unless they involved serious injury or no rehabilitation is evident.

- Circumstances under which the crime was committed:
  - Was sexual activity involved?
  - What was the judgment used in committing the crime?
  - Why did the person commit the crime?
  - How does the person feel about it now?
  - Were other persons involved in the crime?
  - How was the crime discovered?
- Degree of rehabilitation:
  - What has been the opportunity to show rehabilitation?
  - Was any restitution made?
  - Was community service a part of rehabilitation?
  - Was there therapy, counseling, or any kind of treatment?
  - Did the person comply? What was the treatment prognosis?
  - What was the length of the jail term and parole?
  - Was there any remorse?
  - Was there acceptance of responsibility for the criminal behavior?
  - How would the person act differently now?
  - Has there been opportunity to commit the same or similar crimes?
- Number of crimes:
  - Was there recidivism?
  - Were the crimes committed the same or different?
  - Was there any increase in the seriousness of crimes?

Guidelines for Evaluating Child Abuse Records

You may want to consider each of the following areas when evaluating founded child abuse reports. (The questions listed under each area are intended to assist you in completing an evaluation.)

- Nature and seriousness of report in relation to the role of a kinship foster parent:
  - What was the type of abuse?
  - Were criminal charges filed, and was there a conviction?
  - Was there a CINA order?
  - What was the danger to the child?
  - Were there any permanent injuries?
  - Was this an act or an omission?
  - What was the age of the child?
  - What was the age of the perpetrator?
  - How does the information relate to being a kinship foster parent?
  - What age does the person wish to care for?

- Will there be supervision or other adults around or available, or will the person be alone with children?

- The time elapsed since the commission of the founded report:
  - Reports less than 5 years old indicate a higher risk.
  - Reports 5 to 10 years old need to be considered with other factors.
  - Reports older than 10 years are lower risk, unless they involve serious injury or no rehabilitation is evident.
- Circumstances under which the founded abuse was committed:
  - Was an object used in committing the abuse?
  - What was the judgment used in committing the abuse?
  - Why did the person commit the abuse?
  - How does the person feel about it now?
  - Were other persons involved in the abuse?
  - How was the abuse identified or discovered?
  - Did the abuse take place in a foster care facility or in the child's or the perpetrator's home?
- Degree of rehabilitation:
  - Does the perpetrator accept responsibility?
  - How would the person handle the same situation now?
  - Has the person been in a responsible position since the abuse report?
  - How was this responsibility handled?
  - Was there therapy or any kind of treatment?
  - What was the treatment prognosis?
  - Were the recommendations of the Department, Court, or therapists carried out?

Evaluation Decision

Legal Reference: 441 IAC 125.7(237)

The process for record check evaluations for families who are applying for Kinship Foster Care Approval will be completed by the Centralized Bureau of Record Check Evaluations, Abuse Registry, and Appeals. If a family that is already approved for adoption or foster care needs to be evaluated, the local service area will complete this evaluation. If the decision is to deny the application for approval at this point, see **Approval Decision: Denial of Kinship Foster Care Approval** for further procedures.

Summary in Kinship Foster Care Approval Home Study

Include sufficient information in the home study narrative to document the reasons for a denial based on record checks. Describe the situation and the decision-making process leading to the denial. Be sure to identify the applicants.

Withdrawal of an Application

Legal reference: 441 IAC 125.2(4)

Whenever a kinship caregiver desires to withdraw an application for Kinship Foster Care Approval:

- Document the withdrawal in the file using form **470-0182, Statement of Withdrawal – Kinship Foster Care Approval**.
- Obtain a written statement of withdrawal whenever possible.

FACS ENTRY: Document withdrawal with a text entry to reflect the family's reasons for withdrawal.

Confidentiality of Kinship Foster Home Information

Legal reference: Iowa Code 217 and 237; 441-125.6(2)

Information about the kinship foster family (see also **1-C, Availability of Records: Foster Care Information**) which is considered open to the public is limited to:

- Name.
- Address.
- Terms of the approval

Other information would require a signed authorization from the kinship foster parent. This would include inquiries from other state agencies unless access is specifically allowed by statute.

The Department and the Department's agents may not provide documents containing an unredacted foster parent address or verbally disclose a foster parent's address to a biological parent. Foster parents may choose to share their own address with a biological parent.

NOTE: A kinship foster parent may request review of the kinship foster parent's own approval file. Access would be permitted, but third-party information will be excluded.

All information about children in foster family placements and their families is protected by the Department's confidentiality standards. "A person who receives information from or through the Department concerning a child who has received or is receiving foster care, or a relative or guardian of the child, shall not disclose the information directly or indirectly, except as authorized."

Kinship foster caregivers shall not without parent, guardian and department consent post pictures or information concerning the child on any internet website.

Assessing the Home

Summary of Federal Requirements

The only federal criteria for assessing kin caregivers is that title IV-E agency processes be reasonably in accord with recommended standards of national organizations concerned with standards for the institutions or homes, including standards related to admission policies, safety, sanitation, and protection of civil rights, and which shall permit use of the reasonable and prudent parenting standard.

The Kinship Foster Care Approval standards in this manual chapter have been designed specifically to fulfill this requirement.

Results of fingerprint background checks and out-of-state child abuse and neglect registry must be received before a kin caregiver is considered fully approved under federal regulations and before title IV-E foster care maintenance payments (FCMPs) can be claimed.

Assessing the Family

Legal reference: Iowa Chapter 237; 441 IAC 125.4(237);125.9(237)

Kinship Home Study

In addition to passing the criminal history, child abuse record checks, and sex offender registry check, the applicants for Kinship Foster Care Approval must complete a home study process with the RRTS contractor.

The home study will assess the ability of the kin caregiver to care for all physical, emotional, medical, and educational needs of the child, in addition to a physical home safety assessment. In preparing the home study the RRTS contractor will:

- Conduct at least one interview in the applicant’s home with the caregiver to personally observe the caregiver and discuss the caregiver’s ability to meet the needs of the children in their care. This assessment should keep in mind that the needs of the child and caregiver will change throughout the case, and support should be provided to ensure the continued success and stability of the placement of the child(ren).
- Although it is beneficial to meet with each member of the household, it is not necessary if it were to delay submission of the home study for approval, unless there is reason to believe that meeting all members of household is warranted to address potential concerns.

- Document assessment and findings in the home study. Documentation shall discuss all the relevant considerations of the home setting as well as the needs of the child and the caregiver that may need to be addressed or has been addressed through collaboration with Kinship Navigator Services and/or the Department child-placing worker to ensure safety of the home and support placement stability.

Kinship Caregiver Assessment

The RRTS contractor shall utilize **Form 470-0181, Kinship Foster Care Home Study** to address the following areas regarding the caregiver's willingness and ability to care for the child(ren):

- Knowledge of child's situation
- Caregiver(s) relationship with the child(ren) and the child(ren)'s family
- Knowledge of the child(ren) situation and Department involvement.
- Support of the child(ren)'s individual identity, culture, and/or religious beliefs

  Note: An approved kinship caregiver is required to attempt, to the extent it is reasonably possible, to maintain a child's culture and beliefs. An approved kinship caregiver shall be allowed to provide child foster care according to the approved caregiver's own culture and beliefs, if it does not discourage a child to disregard their own culture and beliefs and the child's parent or guardian does not object.

  Iowa law prohibits HHS from requiring foster parents, approved kinship caregivers, or prospective adoptive parents to affirm, accept, or support policies related to sexual orientation or gender identity that conflict with their sincerely held religious or moral beliefs. HHS may not deny foster care licensure, kinship approval, or consideration as an adoptive placement based solely on those sincerely held beliefs, including a caregiver's intent to raise a child in a manner consistent with those beliefs.

  When evaluating foster care placement or adoptive options, HHS and its designees may not exclude an otherwise qualified caregiver or prospective adoptive parent because of sincerely held religious or moral beliefs related to sexual orientation or gender identity. However, HHS retains the responsibility to determine the most appropriate placement based on the best interests of the child and may consider the sincerely held beliefs of the child and the child's family of origin when making placement decisions.(Iowa Code 237.10)

- Parenting ability:
  - Ability to meet child(ren)'s behavioral and/or medical needs
  - Caregiver(s) plan for supervision or childcare
  - Additional support available to the caregiver(s)

- Discipline strategies utilized in the home, and whether caregiver(s) agrees to abstain from using physical discipline
- Understanding of the Reasonable and Prudent Parenting Standard; information on application of the standard for kinship caregivers is provided to the caregivers during the approval process.
- The caregiver's willingness to access resources to meet the needs of their family and the child(ren) placed in their care
- Summary of any additional supports needed for placement stability

- Caregiver(s) Health
  - Current health status for the caregiver(s) and other household members.
  - Current prescription medications (dose & frequency) being taken by any member(s) of the home.
  - Previous or current challenges with mental health and/or substance use and the potential impact the caregiver's ability to care for child(ren)
  - Assess if anyone in the home ever resorted to or experienced violence (physical or verbal), and if yes, explain: Discuss treatment, how the situation has been resolved or is being managed
- Caregiver(s) willingness and ability to:
  - Ensure the child(ren)'s attendance at school, appointments for medical, dental/vision, and activities
  - Ensure interactions with parents and siblings, if siblings are placed separately
  - Access to transportation
  - Knowledge of public transportation
  - Have work flexibility
  - Car seats/boosters and ability to install according to car seat laws
- Describe the caregiver(s) support system. Who are their supports, how have they used them, and how available are they?

The RRTS contractor will additionally assess the following areas with the kinship caregiver(s) in completing the home study:

- Placement Stability
  - Commitment to the child
  - Willingness to work with the Agency
  - Long term placement option/availability
  - Able/willing to support emotional connections
  - Boundaries

- Household Composition
  - Who has access to the child
  - Other adults/children in the household
  - Relationship status of household members
  - Status of martial or partner relationship of identified caregivers, if applicable
  - How the caregivers work through disagreements
  - Family dynamics
- Support/Resources
  - Informal/formal
  - Educational support available to the child if needed
  - Transportation available
  - Ability to ensure child safety and well-being

Physical Safety Assessment of the Home

Legal reference: 441 IAC 125.4(237)

Through the home study process, the RRTS contractor will complete an assessment of the physical safety of the home focused on evaluating a safe living space and to assist the caregiver in meeting the needs of children.

The home study will document whether the caregiver:

- has a safe living space
- identifies any necessary concrete goods or safety modifications for the agency to provide or to assist the kin in meeting the needs of the child(ren).

The RRTS contractor shall assess and document the following areas of safety and need in the home when completing the home study:

- General description of the dwelling (apt, house, multi-story house, mobile home, etc.).
- Concerns or signs of home infestation (rodents, insects, bedbugs, lice)?
- External hazards (outside of the home, the yard or property, or in close proximity) such as traffic, pools/hot tubs, bodies of water (ponds, creeks, rivers, etc.,), railroad tracks, waste materials, or contaminated water.

  If yes, can hazards be mitigated through child age/capacity to self-protect, supervision, or resources?
- If the child has access to potable water, and if supports are needed to provide the child access to potable water.

- Internal (inside the home) hazards that pose a risk of harm to a placed child(ren) created by the physical structure of the home such as broken or missing stairs, exposed wires, large holes in the floor, broken windows, etc.?

  If yes, can hazards be mitigated through child age/capacity to self-protect, supervision, or resources?

- Hazardous materials/items in the home or on the property made inaccessible to child(ren) in an age-appropriate way and/or used with appropriate supervision? This includes assessing access to:
  - Firearms and/or projectile weapons
  - Medications
  - Strong or toxic chemicals such as detergents, bleach, gasoline
  - Tools, machinery, farm equipment, lawn mowers, trampolines
- Sleeping arrangements for children placed in the home, planned sharing of sleeping spaces and where children will have privacy to change clothes.
  - If supports are needed to provide beds, bedding, or establish opportunities for privacy.
  - Discussion of safe sleeping practices for children aged 1 and younger.
  - Ensure the child(ren) has the opportunity for age-appropriate personal hygiene (bathing, brushing teeth, wearing clean clothing).
- Approach to protecting children in an age-appropriate manner from pets or animals who may be aggressive.
- Ensure personal vehicles used to transport a child have age-appropriate safe seat restraints (car seat, seatbelt, etc.).
- Ensure the child(ren) has on-going access to adequate, nutritious, age-appropriate food including the ability to keep perishable items cold.
- Ensure child(ren)'s dietary needs related to culture/religious traditions, medical needs, and allergies.
- Ensure fire safety, including an escape plan and smoke detectors.
- Ability to create a safety plan which includes the ability to contact emergency services for assistance within a reasonable distance (neighbor's home, local business, etc.)
- The home study shall include a description of supports needed for the caregiver to address any barriers to meeting the above identified needs of the home to ensure the safety and well-being of the child(ren) and any steps taken to address the needs during the approval process.

NOTE: The physical assessment of the home does not include all the same requirements included in the physical home standards required for licensing of non-kinship foster homes.

For example, if a kin caregiver has accepted a toddler age child and needs assistance with safely storing medications out of reach of the toddler, the RRTS contractor or Kinship Navigator Specialist should assist the caregiver with obtaining, or provide the caregiver with, a medication lock box. This should not disqualify the kin caregiver from Kinship Foster Care Approval if able to mitigate the concern.

Approval Decision

Legal reference: Iowa Code Chapter 237.5B; 441 IAC 125.2(237)

The final decision regarding the approval for Kinship Foster Care rests with the Department's Service Area Manager or designee, with input and recommendations from the RRTS contractor home study worker. The application may be:

- Withdrawn by the applicant.
- Denied by the Department.
- Approved by the Department.

All new applications must be processed, and a written decision given to the applicant within:

- 60 days of the date of initial application
- For reapplication, a written decision of the approval or denial must be given to the applicant within 60 days of the date on the Kinship Foster Care Approval application.

NOTE: If the initial approval and decision-making process exceeds the 60 days, the reasons for delay must be clear from case activities and specified in the approval file.

The contractor shall document the home study findings and recommendations for approval or denial in the format of the **470-0181, Kinship Foster Care Home Study**.. The contractor shall submit to the Department the packet of home study information as outlined on the checklist.

The Service Area Manager or designee shall make the approval decision for all applications for Kinship Foster Care Approval. Notify all applicants of the decision using form **470-0061, Notice of Action – Kinship Foster Home**. Local procedures may vary; however, always send form 470-0061 to the applicant and cite the reason for the action.

If the decision is to deny the application always state the reasons and any applicable legal references on the form. If the notice involves the denial of an approval application, send form **470-0061, Notice of Action – Kinship Foster Home** by restricted certified mail, with a copy of the notice and the documentation used for the denial decision to the Family Foster Care Program Manager in the Family Well-Being and Protection Division.

FACS ENTRY: Enter all approval decisions into FACS, including the decision to withdraw the application or to deny the approval.

Information on the procedures for approval decisions is organized into the following sections:

- Denials.
- Approvals.

Denial of Kinship Foster Care Approval Application

Grounds for Denial

Legal reference: Iowa Code Chapter Section 237.5B; 237.8; 441 IAC 125.3(237)

When the results of the Kinship Foster Care Approval process prove the existence of any of these conditions, the Department is required to deny the approval:

- A person residing in the kinship caregiver home has been convicted of a crime that merits prohibition of approval.
- A person residing in the kinship caregiver home has a record of founded child abuse reports that merits prohibition of approval.
- For just cause, due to a condition or combination of conditions that cannot be improved and prevent the kinship caregiver from providing for the child in care's physical, emotional, medical, or educational needs.

  In order to uphold the denial, include all supporting information with the recommendation.

Reapplications shall be denied based on the same criteria as initial applications.

When the Service Area Manager or designee makes the decision to deny, complete form **470-0061, Notice of Action – Kinship Foster Home** citing the conditions not met and any applicable legal references. Send it to the applicant by restricted certified mail.

Crime

Legal reference: Iowa Code Chapter Section 237.8

The Service Area Manager or designee shall deny the approval when the kinship caregiver or any person residing in the kinship caregiver home (other than a foster child) has been convicted of a crime unless the Department has made an evaluation of the crime and concluded that the crime does not merit prohibition of licensure of the foster home.

The important elements are that:

- The evaluation of the crime has included the required components listed under **Evaluating Criminal or Abuse Records**.
- The conclusion reached after the evaluation is that the crime merits prohibition of approval .

Include the following information in the application packet:

- Verification of the conviction from the local law enforcement agency.
- Form **470-2310** or **470-2310(S), Record Check Evaluation**. If the person has provided additional information about the person's criminal record.
- Any additional information used in evaluating the criminal history.
- Form 470-0061, Notice of Action, Kinship Foster Care, marked Denial of the application and indicating the corresponding reason for the decision to deny the application.

Child Abuse

Legal reference: Iowa Code Chapter Section 237.8

The Service Area Manager or designee shall deny the approval when any person residing in the kinship foster home (other than child in foster care) has a record of founded child abuse reports, unless the Department has evaluated the founded abuse and concluded that the abuse does not merit prohibition of approval of the home.

The important elements are that:

- The evaluation of the founded abuse report has included the required components listed under **Evaluating Criminal or Abuse Records**.
- The conclusion reached after the evaluation is that the abuse merits prohibition of approval.

Include the following in the application packet:

- Documentation of the child abuse reports from the Central Abuse Registry.
- Form **470-2310** or **470-2310(S), Record Check Evaluation** person has provided additional information about the child abuse record.
- Any additional information used in evaluating the child abuse record.
- Form 470-0061, Notice of Action, Kinship Foster Care, marked Denial of the application and indicating the corresponding reason for the decision to deny the application.

Physical Home Conditions/Caregiver Ability to Meet Child's Needs

The Service Area Manager or designee shall deny the approval when there is just cause to believe that conditions exist in the home that would or could be detrimental to the physical or mental well-being of a child placed there.

Use this reason for denial of approval when you believe that:

- The conditions in the home, conduct of the applicants, or conduct of other members of the household would or could be physically, mentally or emotionally harmful to a child placed in the home.
- The identified conditions in the physical home are not able to be mitigated for the child's needs to be safely met.
- The caregiver is unwilling to address the identified conditions that would or could be physically, mentally or emotionally harmful to a child placed in the home.
- No other reason exists to justify the denial.

Examples of conditions that may result in a denial for approval include:

- Obvious and significant danger (including water hazards, fire hazards, unsecured firearms, or dangerous sanitation concerns) present in the household that cannot be mitigated or resolved and would likely result in a child abuse intake
- Ongoing substance use disorder and reliable knowledge of recent substance misuse or observation of behavioral indicators of substance use
- Mental, intellectual, or physical conditions that significantly limit the kinship caregiver's ability to care for a child
- The child's therapeutic needs indicate placement with the applicant(s) is not in their best interest
- The kinship caregiver openly refuses to work with the parents, HHS, or court partners
- Foster home licensing or approval history that includes a previous foster home that was closed and flagged, revoked licenses, or denied applications
- Caregiver is unwilling or unable to address behaviors of household members that make the child vulnerable to harm or abuse, such as a known history of sexually aggressive or abusive behaviors not confirmed on the sex offender registry.
- Residency concerns such as:
    - Current eviction notice or home foreclosure with no identified plan for stable housing
    - Residing in a hotel or motel paid by charitable organizations
    - Residing in emergency shelters or imminent risk of homelessness

- Living in a place not meant for human habitation

Feelings are not sufficient. They must be supported by observed conditions, statements made by the applicant or by others with relevant knowledge of the family, such as the Department HHS Case Manager or the Kinship Navigator Specialist and documented in the study.

See **RC-0148 Unlicensed Kin and Fictive Kin Caregiver Evaluation** for additional guidance on when further assessment may be needed in regard to identified risk factors for child safety and security in considering the kinship caregiver home for approval.

Include the following information in the summary and application:

- A list of the conditions existing in the home or family that provide the basis for denial
- Supporting documentation of the existence of these conditions.
- A discussion of how the conditions or conduct of the applicant would or could be detrimental to the physical, emotional, or mental well-being of a child placed there.
- Documentation of discussions with the applicants regarding:
  - The existence of the conditions,
  - What actions might be taken to mitigate the risk factors, if any, and
  - Why denial is being recommended.

Staffing Approval Concerns

When RRTS has identified the following topic areas during the Kinship Foster Care Approval home study process, this should be elevated to the HHS Licensing Worker, HHS Case Manager, and Supervisors for staffing prior to making a home study recommendation.

Reasons for Staffing Concerns

- Substance use concerns within the past five (5) years which have resulted in impaired functioning, required treatment, impacted caregiving capacity, or raised safety concerns.
- Mental health conditions within the past five (5) years which have resulted in psychiatric hospitalization, significant functional impairment, or inability to consistently meet the needs and supervision requirements of children.
- Significant history with CPS and/or a previous denial for foster care licensure, adoption approval, or Kinship Foster Care Approval
- Concerning disciplinary practices

- Individual and couple stability – housing, relationship, financial
- Possible recommendation for denial due to conditions exist in the home that would or could be detrimental to the physical or mental well-being of a child placed there.
- Citizenship

Note: Immigration status considerations for eligibility may be considered for Kinship Foster Care Approval through the following verification of legal status:

1. **Lawful Permanent Residents (Green Card Holders)**

   An individual who holds Lawful Permanent Resident (LPR) status may be considered eligible to serve as a **Kinship Foster Care (KFC) caregiver** or as a **licensed foster parent**, provided all other licensing or approval requirements are met.

2. **Visa Holders**

   Individuals lawfully present in the United States under a valid visa may be considered **on a case-by-case basis** for **Kinship Foster Care (KFC)**. Visa holders must have:

   - Lawful authorization to reside in the United States for work, education, or other approved purposes;
   - Successfully completed all required background checks associated with their immigration status; and
   - Ongoing compliance with the terms of their visa.

Individuals who do not have lawful immigration status are **not eligible** for consideration for Kinship Foster Care Approval.

Process for Staffing Concerns

When the RRTS Caseworker identifies high risk factors(s) or conditions for child safety in completing a home study for the kinship caregiver that may result in recommendation for denial of approval:

- RRTS should notify the HHS Case Manager about the identified concerns and request a staffing be held within five business days to address the identified concerns.
- The RRTS Caseworker, HHS Case Manager, HHS Supervisor, Kinship Navigator Specialist, Family Centered Services Caseworker (if applicable) and the HHS Licensing Worker should participate in the staffing.
- If the result of the staffing is the home will be denied for Kinship Foster Care Approval or results in a denial at re-approval, the HHS Case Manager will need to determine whether to move the child(ren) to another home.

- If the HHS Case Manager does not agree to move the child, this should be elevated to leadership for additional staffing. A leadership staffing may include the SWA, SAM, CPS Director and/or CPS Deputy Director
- The leadership team makes a final determination about whether the child should be placed in another home.
- If the child is removed from the home, the HHS Case Manager facilitates a request to the court for removal if needed and informs all parties about the decision.

Notice of Approval

Legal reference: Iowa Code Section 237.5B; 441 IAC 125.2(237)

When a kinship foster care home is approved, issue **470-0061, Notice of Action – Kinship Foster Home** with the following completed:

- The name of each caregiver.
- The type of approval.
- The particular home address for which the approval is issued.
- The beginning date.
- Any special limitations.

NOTE: In the case of co-kinship caregivers approved, list each identified caregiver name in the section "granted to _____." If the individuals represent themselves as co-parents in the study and agree to support and nurture a child mutually, they are listed on one approval **470-0061, Notice of Action – Kinship Foster Home** or the household.

Kinship Foster Care Approval files are retained for 20 years after closure of the foster home approval.

FACS ENTRY: Whenever an application for a kinship foster home is studied and approved, the Department shall enter demographic information and approval status into FACS.

Effective Period of a Kinship Foster Care Approval

An approval shall be in effect for **two years** from the date of issuance unless:

- There are changes in the circumstances of the approved caregiver, such as the child(ren) are no longer placed in the caregiver's home.
- The approval is denied whether before or after initial approval.
- The approval is invalid for other reasons such as a denial or withdrawal by the family.

The Kinship Foster Care Approval period begins on the date of approval and ends on the **last day of the month prior to the two-year mark**. For example, an approval dated 6/15/25 would expire on 5/31/27.

When the caregiver has made timely and sufficient application for re-approval, the existing approval does not expire until the approval decision on the new application becomes effective.

Monitoring and Re-Approval

Legal reference: 441 IAC 125.2(7)(237)

Kinship caregivers approved for Kinship Foster Care that continue to have child(ren) placed in their home at 21 months after their initial approval date will begin the process to renew their approval.

- HHS licensing worker will make a referral to RRTS to complete the Kinship Foster Care Re-Approval process 90 days prior to expiration of the approval.
- HHS licensing worker will inform the HHS Case Manager on the case of the referral status to renew the Kinship Foster Care Approval for the caregiver to ensure the child(ren) continue be placed in the home.
- Kinship caregiver completes a new application
- RRTS will complete:
  - Background checks on all adults in the home aged 18 and over.
  - Home study assessment update and submit to the HHS Licensing worker
- HHS Licensing worker will complete entries for renewing Kinship Foster Care Approval in FACS and send form **470-0061, Notice of Action – Kinship Foster Home** to issue renewed approval to the kinship caregiver(s) and to the RRTS contractor.

New Person Enters Household

Legal reference: Iowa Code Section 237.8; 441 IAC 125.11(237)

When a new person enters the kinship foster home RRTS will:

- Obtain the person's signature and submit **Criminal History Record Check, DCI-77** if the person is aged 18 or over.
- Complete a **Request for Child Abuse Information, 470-0643** if the person is aged 18 or over.
- Check the Sex Offender Registry.

- Make a narrative entry summarizing your assessment of the changes within the family structure if the new person is also an identified caregiver of the children placed in the home.

See **Record Checks** for information regarding conducting required child abuse and criminal record checks. This includes child abuse registry checks in other states that have a registry if the person has resided in another state in the last five years.

When the new person who enters the kinship foster home will be a primary caregiver:

- If the checks are favorable, the HHS Licensing Worker issues a new form **470-0061, Notice of Action – Kinship Foster Home** approval that includes the name of the new person who will be caregiving to the kinship caregiver(s) and to the RRTS contractor.
- If the checks are unfavorable on any new adult household member, proceed with the evaluation and with denial of the approval, if necessary.

Family Moves to New Home

Legal Reference: 441 IAC 125.11(237)

A new **470-0061, Notice of Action – Kinship Foster Home** approval is required when the kinship family moves to a new home. If the kinship foster family moves to a different Iowa county, contact the HHS licensing worker in that county by email or by letter. Make a FACS entry for supervisory transfer.

The RRTS contractor home study worker shall complete:

- A home inspection.
- An assessment of sleeping arrangements for the child.
- Updated narrative in the home study assessment to reflect changes to the home.

Providing that all requirements are met, issue form **470-0061, Notice of Action – Kinship Foster Home** with a new approval to reflect the new address with the same expiration date as the previous certificate if approval and the updated home study.

FACS ENTRY: Enter the change of address on FACS. When a kinship foster home moves from one county to another, the provider number is not changed. Do not close FACS if the caregiver continues to care for the child(ren) they have been approved for in kinship foster care. This is critical if a child in foster care is placed in the home. Make necessary changes in the county number on the address list too.

Family Moves Out of State

A family that moves out of state is no longer eligible for an Iowa Kinship Foster Care Approval.

FACS ENTRY: Close the home in FACS. Use TEXT to complete narrative detail.

NOTE: An Iowa kinship caregiver approved for Kinship Foster Care has the responsibility to discuss the intended move with the placing worker to determine whether a child's possible move with the kinship foster family is consistent with the child's permanency plan.

If the placing worker, the court, guardian ad litem, the parents, the kinship foster caregivers, etc. are in agreement with the move, the child may move with the foster family. Arrangements for out-of-state placement must be approved through the Interstate Compact process.

The approved kinship caregiver must apply for a foster home license or approval in the other state within 30 days of the move. The family should be licensed or approved by the other state within 90 days of relocation.

Keep the Iowa approval in effect for up to 90 days to allow payments during the interim. If the Iowa foster home approval will expire before the license or approval can be completed by the new state, update the Iowa approval before the move.

The Smith family approved for Kinship Foster Care moves to Illinois on October 15. The Iowa kinship foster home approval expires November 30. The Smiths have a child in their care and Illinois will not complete the licensing or approval process until January 1. Iowa completes the re-approval before the family's move to ensure that the home continues in approved status.

The child's placing worker shall ensure that the home is licensed or approved by the other state and supply the approval information necessary to the service area office for out-of-state placement approval and interstate compact processing. Out-of-state payment rates are subject to the same limits as in-state payments. See section **Foster Care Payment: Maintenance Payment**.

FACS ENTRY: The home should be entered into FACS as a provider of Kinship Foster Care.

NOTE: If you are contacted by another state regarding the Kinship Foster Care approved caregiver, see **Confidentiality of Foster Family Home Information** for details on the information which is public. The family will need to sign a release for Iowa to share the contents of the foster home approval file beyond what is deemed public information.

Concerns Regarding Quality of Care

Legal reference: Iowa Code Section 237.2

Evaluate all concerns that arise about the quality of care in a kinship foster family home to ensure that care is adequately provided by the caregivers and adequately equipped homes.

Immediate danger to the child requires prompt action by the Department to determine whether a placement change is needed to ensure the child's safety and best interests. Approval of a KFC placement does not guarantee that the child will remain in that setting. All placements must be continually assessed. If another placement is identified that better meets the child's safety, well-being, or individual needs, the child may be moved accordingly.

Additional Placement of Relatives or Kin Children

Kinship caregivers who are approved for Kinship Foster Care are approved specifically for the children already placed in their care. Should an additional sibling of the child(ren) placed, relative, or child who has a kin relationship to the kinship caregiver be in need of placement consideration with the approved kinship caregiver, this may be considered on a case-by-case basis without completion of an additional kinship home study for approval.

Procedure:

The HHS placing worker considering placement of additional child(ren) with the approved kinship caregiver should consult with the HHS Case Manager of the children who are currently placed in the kinship caregiver home and with the HHS Licensing Worker.

Consideration of additional placement should consider current placed child(ren) needs and the prospective child(ren) needs, in addition to the needs of any other children and family members residing in the kinship caregiver's home.

Physical space of the kinship caregiver's home to accommodate additional children should also be considered.

Consultation with the RRTS Caseworker who completed the kinship home study, in addition to the Kinship Specialist providing Kinship Navigator Services, is also important in determining kinship caregiver capacity in making placement decisions of additional children.

An addendum to the original Kinship Foster Care home study may be requested by the HHS placing worker for completion by RRTS to update the narrative about the impact and changes to the home by placing additional relative or fictive kin children with the caregiver under the Kinship Foster Care Approval status.

Shifting to Kinship Foster Care Approval due to Foster Care License Renewal Barriers

Licensed foster parents who have placement of their relatives or fictive kin children **only** may be considered for the option to shift to Kinship Foster Care Approval if the foster parents are experiencing barriers to completion of the foster care license renewal

process. The foster parents must not be planning to accept general foster care placements in the future. The goal is to continue financial support to the caregivers for children already placed in the home. This option should be utilized as a last resort if the foster parents can receive the support needed to complete the foster care license renewal process.

Example scenario: Foster parents are experiencing hardship in completing CPR/FA training requirements due to the cost of training.

Procedure:

- RRTS should address with HHS licensing worker the potential option to shift the family to KFC before presenting this is an option to the current foster parent licensed caregiver at renewal.
- RRTS should attempt to problem-solve barriers to renewal completion with the family.
- HHS Case Manager for the children may be consulted if necessary.
- Foster parents sign a withdrawal statement for their foster care license and begin the application, required record checks for approval, and home study for Kinship Foster Care Approval
- RRTS completes the Kinship Foster Care home study.
- HHS licensing worker issues a new NOA for Kinship Foster Care Approval.
- RRTS ensure family is no longer available for matching, if applicable.

Reasonable and Prudent Parenting Standard and Normalcy

Legal reference: 441 IAC 202.6(3), 202.7(3), 202.9(2), 202.11(2), 237.3; 237.14A; 441 IAC 125.4(3)(237)

A child in a family foster home, including a child placed with a relative or kin caregiver, is entitled to normal childhood experiences and the development of life skills. The Department HHS 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 HHS 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, kinship foster caregivers and the HHS Case Manager need to maintain open communication with the parents, so parents are engaged and informed of their child's activities. A parent's denial of consent when not required does not override a child's right to normalcy, barring cultural and religious considerations.

See **18-D(1), Foster Family Home, Reasonable and Prudent Parenting Standard and Normalcy**, for more information on the standard and responsibilities of the HHS Case Manager. More information on the Reasonable and Prudent Parent Standard can also be found in the **Kinship Caregiver Handbook** provided to kinship caregivers and available on the **HHS Kinship Care webpage**.

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:

- HHS 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 HHS 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 **470-5170, Application for Health Coverage and Help Paying Costs**. 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**.
- At the time of initial placement, determine whether the child is eligible for funding for services though 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 Child Support Services in FACS through ICAR. See **Referral to Child Support Services**.
- 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 notify the SSI Advocacy Contractor using form **470-3359, Payee/Placement Changes**.

Foster Care 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 kinship foster care approved 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 and approved kinship foster caregivers 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 interactions**

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	$18.50	$23.31	$ 28.12	$ 32.94
6 - 11	$19.24	$24.04	$ 28.85	$ 33.67
12 - 15	$21.06	$25.87	$ 30.68	$ 35.50
16 - 20	$21.34	$26.14	$ 30.95	$ 35.77

Procedure: Upon approval of the kinship 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 **470-0716, Foster Family Placement Contract** with the kinship caregivers approved for Kinship Foster Care whenever the maintenance payment is issued at the initial approval, and at any time when 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 Interactions

Legal reference: 441 IAC 156.6(4)"c"

Policy: When the kinship foster family's responsibilities in the case permanency plan include providing transportation related to family or preplacement interactions 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 kinship foster caregiver 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, **form 470-4401** or **470-4401(S), Foster Child Behavioral Assessment.** shall be signed by the HHS 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.

When completing the form, use all available information about the child, including input from the child's parents, kinship foster caregivers, 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 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 form **470-4401** or **470-4401(S), 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 form **470-4401** or **470-4401(S), 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 form **470-4401** or **470-4401(S), Foster Child Behavioral Assessment.**

If a child leaves kinship foster family care, goes to shelter care, and then returns to the same kinship 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 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 staffing with the kinship foster caregivers participating should be part of the discharge planning. **Form 470-4401** or **470-4401(S), 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 kinship foster family home with the minor parent in foster care, payment arrangements shall be as follows:

Placement	Payment
Kinship Foster Family	The kinship foster caregiver receives a daily maintenance payment for the minor parent in foster care that is based upon: ▪ The daily rate schedule for the minor parent **and** ▪ The basic rate for the minor parent's child.

Unless the minor parent's child has been adjudicated a Child in Need of Assistance and placed by the court in foster care, only the minor parent is in foster care. The minor parent's child is in the custody of their parent.

Since the child is **not** 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 minor 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 form **470-4401** or **470-4401(S), Foster Child Behavioral Assessment** within 30 days of the initial placement.

The kinship foster family receives a daily maintenance payment (can be basic or maintenance plus depending on the needs assessment) for the minor parent and the basic rate for the minor parent's child according to the table under **Foster Care Maintenance Payment**.

The kinship foster caregiver shall provide a portion of the minor parent's 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 kinship foster caregiver is for the child to return to the placement after the absence. Payment shall be canceled, and payments returned if the placement refuses to accept the child back.

Allowable reasons for reserved bed payments are as follows:

- Family home visit
- Hospital care
- Unauthorized Absence from Placement
- Preplacement visit

Procedure: Cancel kinship foster care payment effective the day after:

- The Department and the kinship foster caregivers 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 kinship foster caregivers 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.

See Title 18-C(2), Case Management: **Response to Unauthorized Absence from Placement** for procedures regarding an unauthorized absence due to:

- Actions taken by the child (e.g. a run away),
- Actions of others (e.g. abduction), or
- The lack of attention or supervision by the caretaker.

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 two consecutive days.

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

Procedure: Plan for interactions 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.

Special Issuance Payments

Clothing Allowance

Legal reference: 441 IAC 156.8(1)

Policy: When a HHS Case Manager determines clothing is needed for a child who has been placed in licensed family foster care or with an approved kinship foster caregiver by court order 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 placement, 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 HHS 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. HHS Case Manager will 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 kinship foster caregivers for the following:

- Ancillary services needed by the kinship foster caregiver 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 kinship foster caregivers.
- 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 kinship foster caregivers 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.
- The payment rates for tangible goods and ancillary services are comparable to prevailing community standards.

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 kinship foster caregiver 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 as outlined in **13-G, Child Care Assistance**:

- Residency requirements
- Age requirements
- Citizenship or alien status

The social worker is responsible for reviewing the need for child care at the end of the certification period. See **13-G, Case Maintenance: Reviewing Eligibility**.

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

Reimbursement to kinship foster caregivers for child care expenses is limited to the rates allowed in Child Care Assistance policy. Follow procedures in **13-G, Establishing Payment Rate** to determine the payment rate for child care.

A child in foster care **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 if the child needing services meets the definition for special needs for a higher rate and increased age limit.

Child care cannot be provided as a convenience for kinship foster caregivers. A kinship foster caregiver may be eligible to receive child care reimbursement if they are working or attending school.

When the HHS Case Manager determines that child care for a child in foster care 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, kinship foster caregivers would be required to pay the difference.**

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 kinship foster caregivers 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 child care, the rules **allow** an alternative which would be non-registered child care. In this situation, an exception to policy would **not** be required.

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

When a kinship foster caregiver 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.

Procedure: When a child who needs foster care child care meets all other applicable CCA requirements, the HHS Case Manager must clearly identify and document the need in the **Family Case Plan** as to why the child needs child care.

Form **470-3056, Request for Tangible Goods, Child Care, and Ancillary Services** shall be completed one time, for each new foster care placement, in order to justify that the kinship foster caregiver 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.

When a kinship foster caregiver 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). For this process, the HHS Case Manager shall complete form **470-4895, Protective/Foster Care Child Care Documentation** for each child needing care and forwards it to DHS, CCA Eligibility at **ccaapps@hhs.iowa.gov**. The CCA worker will use the information on form 470-4895, Protective/Foster Care Child Care Documentation to make entries into KinderTrack and approve the child(ren) in the kinship foster family.

If the child's eligibility for foster care child care will be ending, the HHS Case Manager will complete a new form **470-4895, Protective/Foster Care Child Care Documentation** and forwards it to DHS, CCA Eligibility <ccaapps@hhs.iowa.gov>. 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 kinship foster caregiver uses a child care provider that doesn't accept CCA or is a non-registered child care home, child care payments will be made via the HHS approved payment system using the Child Care Expense statement and process described below:

The HHS Case Manager will provide the kinship foster caregiver form **470-5612, Child Care Expense Statement for Foster Children** to complete with the child care provider for expenses incurred before reimbursing the payment. One form per child is required and the form must be completed in its entirety and signed by both the foster parent(s) and the child care provider before payment is to be authorized.

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.

Kinship foster caregivers 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 Department may authorize respite care for a child in kinship family foster care for up to 24 days per calendar year per placement. Kinship foster caregivers 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. **Kinship caregivers approved for Kinship Foster Care shall not provide paid respite care for licensed foster families or approved Kinship Foster Care families.**

Procedure:

1. Use respite care as needed to provide kinship foster caregivers with a break from the constant demands of caring for a foster child.
   - The kinship foster caregiver should plan ahead for respite if possible.
   - The family seeking respite care is responsible to plan 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.
2. When a kinship foster caregiver requests respite, **verify the kinship foster caregiver has available respite days to approve the request. If the kinship foster caregiver does not have the days of respite available, an exception to policy would be required.**
3. Inform the RRTS contractor when a respite placement is approved
4. Maintain documentation of the kinship foster caregiver'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 kinship 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, kinship foster caregivers may use a family member, friend, or other trusted person to provide respite. The kinship foster caregiver 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 **18-D(1), Foster Family Home: Selecting a Foster Family – Considerations in Selecting a Foster Family – 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 needed, 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 Error

Legal reference: Iowa Code Section 234.35

Policy: When a kinship foster caregiver is paid more or less than the amount due, the Department shall rectify the error.

Procedure: Correct underpayments to a kinship foster caregiver 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 kinship foster caregivers are overpaid for foster care maintenance, the Department shall notify the provider in writing to collect the refund.

Procedure: When kinship foster caregivers are overpaid for foster care maintenance:

- **Notify the Provider**
  - Notify the provider **in writing** of the overpayment and request a refund.
  - Include a self-addressed envelope for mailing the repayment. Mail to:

    Capitol Building
    Bureau of Payments and Receipts Cashier
    Iowa Department of Health and Human Services
    1015 E Grand Ave.
    Des Moines, IA 50319-9916
- **Initiate Recoupment Tracking**
  - Correct the payment history to reflect the overpayment.
  - Email the HHS Cashier with:
  - Recoupment amount
  - Child's FACS ID
  - Caregiver's Provider ID
- **Confirm Receipt of Funds**

  Once payment is received, the HHS Cashier will notify the HHS Case Manager of the amount received.
- **Finalize Payment Adjustment**
  - The HHS Case Manager updates the payment history to reflect the recoupment.
  - The HHS Case Manager emails the Cashier a screenshot confirming the adjustment.
- **Document the Case**

  Document the provider notification and recoupment action in the child's case record.
- **Escalate if Needed**

  If the provider does not submit payment, request assistance to pursue collection.

Do not accept cash or checks directly from a provider. If a provider offers payment, provide them with the self-addressed envelope and instruct them to mail the payment as directed.

A kinship foster caregiver that does not return all of the overpayment shall pay at least $50 per month. Document the monthly amount in the kinship foster caregiver agrees to pay in the family's approval case file. Inform the kinship foster caregiver the payment has been received or each time payments have been received by the HHS Cashier.

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 kinship foster caregivers 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.

Child(ren) placed with a caregiver who is approved for Kinship Foster Care are Title IV-E Eligible. See **13-B, Determining Title IV-E Eligibility** for detailed information about program requirements and benefits.

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 the child placed with the kinship caregiver is approved for foster care, of the responsibility for paying the cost of care and services.

Procedure: The HHS 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 kinship foster care.
2. Refer the parents to Child Support Services (CSS) through the FACS system (ICAR referral) within two working days of placement upon the caregiver's approval for Kinship Foster Care. See Child Support Services (CSS) for information on making a referral. CSS staff are 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 Child Support Services

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 Child Support Services (CSS) and paid to the Collections Services Center (CSC).

Referrals to CSS are required for **all** children in kinship foster care.

The policies and procedures for CSS 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 CSS within **two working days** of placement, once the caregiver is approved for kinship foster care.

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 F7 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.

   Foster Care State of Iowa may be listed as the 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.
6. 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 08/15/25
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	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 08/15/25
CHILD SUPPORT ABSENT PARENT CASE NUMBER Payee/Child NA

STATE ID	NAME FIRST	NAME LAST	REFER TI	ROLE (Y, N)	A/D/R	CASE NUMBER	ICAR NUM	DATE
000111A	----------					F-1999999D-0		
Jenny	Example							
000010B	105 ICAR MOTHER		Y		F	F-1999999D-0	1202002	08/15/25
Susan	Example							
000011C	106 ICAR FATHER		Y		F	F-1999999D-0	1101001	08/15/25
Steven	Example							

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

7. Call up the REFER 2 screen by pressing F6 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 CSS purposes.

```
D479HR51          IOWA COLLECTION AND REPORTING SYSTEM          DATE   08/15/25
                        IABC/ICAR -REFER2- NCP DATA             TIME   16:18:44
IABC CASE NUMBER:          IABC #:          ELIAS #:
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:
F2=ADD, F3=MODIFY, F5=INQUIRY, F6=REFER3, F7=BACK, F8=FORWARD,
F9=REFRESH, F10=ICSC SCREEN
NEXT SCREEN          NOTES
```

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 CSS will continue to assume a liability and will charge the parents until the case is closed. Once foster care services are closed on FACS, FACS sends the exit to ICAR and CSS 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 kinship foster care.

Procedure: When the child is placed in an approved kinship foster care home:

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. It is the parent's responsibility to report to SSA if their child is placed in foster care and is receiving benefits, or if the child is in foster care at the time they are applying for benefits.

   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, suspected 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. .Complete form 470-3359 Payee/Placement Changes to send the SSI Advocacy contractor.

   Note: If a child receiving Title II benefits is placed with a relative who is licensed for foster care or approved for kinship foster care, the priority order of payee designation is to the relative. When a non-relative who is licensed or approved is caring for a child receiving Title II benefits in foster care, the Department will serve as payee.

   If a licensed or approved relative is designated to receive Title II disability or death benefits for the child in their care, the amount of the payment may impact the amount of the Foster Care Maintenance Payment the relative can receive.

Examples of Foster Care Maintenance Payment deductions due to Title II payments on behalf of the child to the payee.

Title II monthly benefits	**Example FCMP daily rate**	**FCMP deduction amount**	**New FCMP Monthly Payment Amount**	**Rationale**
$1-$50 per month	$18.50 per day ($550.00 for 30 days)	$0	$555.00	Title II payment amount is minimal
$50-$1088 per month Example 1. Benefit amount: $200 Example 2. Benefit amount: $650	$19.24 per day ($577.20 for 30 days)	Subtract Title II monthly benefit amount from the FCMP monthly amount Example 1. $377.22 Example 2. $-72.80	Example 1. $377.22 Example 2. $1	Example 1: Subtracting Title II payment from the monthly foster care payment amount equals out the total stipend amount owed to the foster parent Example 2: The $1 payment to the foster parent allows the relative to continue to receive foster care benefits for the child such as foster care Medicaid and special issuances.

Title II monthly benefits	Example FCMP daily rate	FCMP deduction amount	New FCMP Monthly Payment Amount	Rationale
Over $1008	$21.06 per day ($631.80 for 30 days)	$630.80	$1	The $1 payment to the foster parent allows the relative to continue to receive foster care benefits for the child such as foster care Medicaid and special issuances.

Contact the Service Help Desk for additional guidance in calculating necessary payment changes to the Foster Care Maintenance Payment when the relative has been designated as payee for benefits to a child receiving Title II benefits.

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 understand 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 Child Support Services 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 form 470-3453**) 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, form 470-3453**:

- 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.
- Child Welfare Case Review (CWCR) Unit: This unit is responsible for ensuring that child welfare cases are thoroughly evaluated, with an emphasis on compliance with federal and state regulations. 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 to a court at least every six months. A Family Focused Meeting (FFM) 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 non-relative or kin foster care, including noncustodial parent, relative and fictive kin placement, and provide the court with specific information regarding suitability of placement.

- Provide the court with documentation in the **Family Case Plan, form 470-3453** of reasonable efforts made to prevent placement and progress made to achieve permanency.

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 HHS 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 kinship caregiver.
   - 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 10 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, kinship foster caregivers, 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 or approved 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 or approved 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 HHS 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 IM 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), Iowa Code Section 237.10

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 kinship foster caregiver 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 HHS Case Manager and the licensing worker to develop a record independent of the abuse report.
2. Inform the kinship foster family of the support services that may be available by the contractor for Kinship Navigator Services.

Also end a placement when one of the following occurs:

- The child has left placement and the whereabouts of the child are unknown. (See **18-C(2), Case Management: Foster Care Placement: Response to Unauthorized Absence from Placement**.)
- The care provider requests the child be moved. Although a kinship foster caregiver is required to provide ten days' notice, circumstances may result in shorter notice.
- The Department denies the kinship foster caregivers' approval.

If the removal is a result of concerns about a kinship foster caregiver:

1. Document those concerns in the case record.
2. Counsel the kinship foster family on how to alleviate the concerns and document the family's response. Enlist the support of the contractor for Kinship Navigator Services, if providing services.
3. Report this information to the HHS Licensing Worker and provider's RRTS case manager 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), Iowa Code Section 237.10

Policy: When the Department plans to remove a child from a Kinship Foster Care home, the kinship foster caregivers 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 or neglect

Procedure: When termination results from a court order, parental demand for the child's return under **470-0715, Voluntary Placement Agreement** **form**, 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 kinship foster caregivers 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.

Kinship Caregiver Foster Family Conference

Legal reference: 441 IAC 202.13(3)

Policy: If a kinship caregiver approved for foster care 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, or denial of a Kinship Foster Care Approval is not involved).

If the removal is delayed to accommodate the Kinship Caregiver 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 kinship foster caregivers.

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 HHS 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 form **470-0716, Foster Family Placement Contract**.
3. Use the same policies and procedures for initial family foster care placement.
4. Add new information in FACS 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 kinship foster caregivers.

4. If services have been authorized, 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 IM 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 interactions to the out-of-home placement and preliminary interactions 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 kinship foster family in preparing the child 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 470-3698** within 30 days.

See **18-F(1), Transition from Foster Care to Adoption** for further procedures.

Other Aspects of Kinship Foster Care

There are several areas related to kinship foster care that do not readily fit with the previously addressed topics. These areas are:

- Foster home insurance fund.
- Income taxes.
- Placing agency requirements.
- Physical Examination
- Medical, Vision, Hearing, and Dental Supervision
- Exemption from Medical Care
- Delegation of Consent for Routine and Emergency Medical Care for Children in a Family Foster Care Placement
- Revocation of Consent for Routine and Emergency Medical Care
- Supervision, Release and Cooperation
- Training Enhancement

Foster Home Insurance Fund

Legal reference: Iowa 237.13; 441 IAC 158.1(1)

A foster parent insurance fund is established to provide reimbursement for any property damages caused by the acts of a foster child residing in a foster home, including kinship foster homes.

The foster home insurance fund shall pay:

- Claims for Personal or Real property damaged by a foster child while living in the home of a licensed foster family or approved kinship foster caregiver.
- Damaged property may include:
  - Property owned by the foster family
  - Property owned by others

Payment Limits

Legal reference: 441 IAC 158.4

The fund is not liable for the first $150 per claim deductible per family. Each claim shall be limited to one incident/occurrence. The fund is not liable for damages in excess of $5,000 for all claims arising out of one or more occurrences during a fiscal year related to a single home.

The foster parent insurance fund has the following exclusions:

- Claims for losses related to bedbugs or other insect infestations will have an annual sublimit set by the Department.
- A loss arising out of a foster parent's dishonest, fraudulent, criminal, or intentional act.
- An occurrence which does not arise from the foster care relationship.
- Claims will not be paid for any liability-based claim that is not property damage related.
- Non-property-based liability, bodily injury, abuse, auto liability, or professional liability, etc. claims will not be paid by or adjusted by ERS.

NOTE: State law requires that all persons who drive a vehicle in Iowa must be able to show proof of vehicle insurance.

Claim Procedures

Legal reference: 441 IAC 158.5(237)

Claims against the fund shall be filed with the Department's contractor. Claims shall be filed on form **470-5659, Foster Home Property Fund Notice of Loss.**

Claims will be handled directly by EMC Underwriters. Foster parents are to contact EMC Underwriters to report an incident.

Income Taxes

The Department cannot give tax advice to kinship foster caregivers. Some kinship foster caregivers may qualify to claim foster children on their income taxes and should consult their income tax preparer or the Department of Revenue for guidance.

The Department cannot release the social security number of the foster children to the kinship foster caregivers. The kinship foster caregivers must reach out to the parent/guardian to receive written permission to claim the foster child. The kinship foster caregiver cannot release the social security numbers to their tax preparer unless a release of information from the child's parents has been requested and secured.

Placing Agency Requirements

Legal reference: Iowa Code Chapter 237

Whenever it is decided by the Department and the kinship foster caregiver that placement will be made, the kinship foster caregiver can expect to receive the following information about the child:

- The child's full name, birth date, and date of placement.
- The name and addresses of significant relatives of the child, including parents, grandparents, brothers and sisters, aunts and uncles, and any other significant people. In the case of an adopted child, these will be the adopted relatives.
- The name, address and telephone number of the child's physician, parents or guardian, and the supervising agency, including a 24-hour contact number.
- Information about immunizations received, physical limitations, allergies, medical recommendations including **Communicable Diseases** status and the need to be alert for opportunistic infections related to a **Communicable Disease**.
- A form **470-0716, Foster Family Placement Contract** signed by both kinship foster caregivers and the Department.

Kinship foster caregivers cannot give consent to have a child tested for a **Communicable Disease**. Kinship foster caregivers are not allowed to share this information with others unless the parent or guardian gives specific written release for the kinship foster caregiver to share the **Communicable Diseases** information.

If a child who is positive for a communicable disease is placed with the kinship foster family, they may be asked to take additional training on the topic of caring for a child with a communicable disease to learn how to care for and protect the child from opportunistic infections.

All information regarding the child, the child's family and the circumstances surrounding the reasons for placement are confidential. Kinship foster caregivers are not permitted to share this information with others unless expressly permitted by the Department or court order.

NOTE: All information regarding the child may not be available at the time of placement; however, both the provider and the kinship foster family need to agree to share information as it becomes available. The immediate needs of the child must be met and the gathering of information continues throughout the placement.

Physical Examination

Legal reference: 441 IAC 113.17(1)

Each child should have a physical examination before placement in the foster home to address any immediate medical needs of the child. When the examination cannot be given before placement, it must be completed within 14 calendar days after placement.

The physician shall complete a preliminary screening for dental and mental health and refer the child on to a dentist or mental health professional if appropriate.

Children in care receive annual physical examinations. If the child has been in continuous care and moves to another home within the year, no new examination is given until the annual exam is due unless recommended by the physician.

NOTE: **Communicable Disease** testing is not routinely done unless the child is considered high risk for the disease and a physician identifies symptoms that may indicate presence of disease.

Medical, Vision, Hearing, and Dental Supervision

Legal reference: 441 IAC 113.17(2)

Each child in foster care shall receive annual medical, vision and hearing exams and dental supervision and shall be provided more often if the medical professional prescribes the exams more often.

Kinship foster caregivers are responsible for keeping the Department informed of any health problems. In the case of sickness or accident, the foster parents are to obtain immediate emergency care according to the directions of the Department's worker or supervisor.

Kinship foster caregivers are responsible for following through with the routine medical, vision, hearing, and dental care required by the child.

Exemption from Medical Care

Legal reference: 441 IAC 125.8(2)

A child in foster care may come from a family whose religious practices include avoidance of some or all conventional medical treatment. In this situation, the placing worker obtains a signed, notarized statement from the parent or guardian that specifies the religious beliefs regarding medical care. This statement is maintained in the child's record.

The kinship foster caregiver will be advised of the kinship foster caregiver's responsibilities in these situations. In potentially life-threatening circumstances, the agency supervising the placement will refer the situation to the medical and legal authorities.

Delegation of Consent for Routine and Emergency Medical Care for Children in a Family Foster Care Placement

Legal Reference: Iowa Code Chapter 232.2 (14.)(c)(2); 441 IAC 125.8(237)

It is critical and federally mandated to monitor any health and mental health care needs of a foster child to ensure these needs are being met. Each foster child should be assessed by a clinician for their mental health needs and preferably a Pediatrician for their health care needs.

The Department as custodian may delegate consent for emergency and routine medical care to licensed and approved foster and kinship caregivers.

The HHS Case Manager shall verify that HHS has custody of the child, complete **Form 470-0172 Consent for Routine and Emergency Medical Care** and provide to the foster parent or kin caregiver. HHS shall notify the foster parent, and the parents or guardians of a child, if the Department delegates the Department's right to consent to emergency medical care and routine medical care. Routine medical care includes wellness care (ie. physical examination, diagnostic laboratory test, or medical visit for a minor illness). It does not include the administration of a vaccine.

Biological parents that retain guardianship retain the ability to make decisions about vaccinations (and the right not to vaccinate) for their children until guardianship is moved to another person. Emergency medical care includes a life threatening or serious illness or injury that requires immediate medical attention. Best practice includes the foster parents involving parents and guardians in decision making and medical appointments as much as possible. The delegation of consent is to ensure there are no delays in a child's routine and emergency medical care, not to circumvent involving the parent or guardian when at all possible. Monitoring health and mental health care is an ongoing process throughout the foster care placement.

At each foster care monthly visit, the HHS Case Manager should ask for updates regarding any dental, medical, or mental health appointments as well as any recommendations or follow up resulting from these appointments. The HHS Case Manager should document this information in the child's Face to Face and Contact Notes. All medical and mental health information should be included in any court report narrative, case narrative, and in the Case Permanency Plan.

Revocation of Consent for Routine and Emergency Medical Care

The Department may determine whether revocation of delegation of consent to the foster parent or approved kinship caregiver for routine and emergency medical care for the child is necessary when:

There is evidence the foster parent has knowingly authorized the consent for medical care by authorizing medical treatment for a child that falls outside the scope of routine or emergency care and requires parent/guardian consent. Additional considerations may include:

- Consent for the medical treatment provided by the foster parent or approved kinship caregiver is outside of the scope of routine and emergency medical care and has occurred repeatedly despite clarifications of what is within the scope of the delegation for consent to the foster parent or kinship caregiver.
- Consent for medical treatment has had a negative impact on the child's physical or mental health.

- Consent for medical treatment is a direct violation to the parent's rights to consent for medical care for the child. For example, the foster parent or approved kinship caregiver has knowingly authorized immunizations for the child against the express wishes of the parent.
- Addressing the concerns with the foster parent or approved kinship caregiver has not resolved the issue.

Process for Revoking Consent

The process for revoking consent to a licensed foster parent or an approved kinship foster care caregiver is as follows:

- Determine that revocation of the consent is necessary based on evidence the foster care provider has knowingly authorized consent for medical care that is outside of the scope of routine or emergency care and revocation of the consent is in the best interest of the child.

  Consult with a supervisor to ensure revocation is necessary based on the known circumstances regarding the foster care provider.
- Complete the second page of the Consent for Routine and Emergency Medical Care Form under the section entitled Revocation of Consent.
  - The CPS worker will complete the second page of the form and describe the reason for the revocation. Enter the date the revocation is effective and have the SAM or designee sign to approve the revocation. Provide the original signed revocation to the foster parent or approved kinship caregiver and explain the reason for the revocation. Upload a copy of the revocation section of the form to

    to the JARVIS File Manager.
  - Medical providers for the child may also need a copy of the revocation provided to them by the CPS worker.

When Not to Consent to Routine and Emergency Medical Care

The Department may determine not to delegate consent for routine and emergency medical care when concerns exist about the foster parent or kinship caregiver's ability to follow the scope of the consent due to previously documented indicators. Examples of indicators for concern may include:

- Foster parent or approved kinship caregiver has demonstrated difficulty understanding or following previous delegations for medical consent for children
- Foster parent or approved kinship caregiver has vocalized strongly held beliefs about specific medical treatments or care the child should receive

- Foster parent or approved kinship caregiver has demonstrated reluctance to include the parents or guardians in decisions about medical care for the child whenever possible.
- Child in foster care has significant medical needs that require specialized care.

The HHS Case Manager should consult with their Supervisor and/or the Social Work Administrator when prior to making a determination to not delegate medical consent to the foster parent or approved kinship caregiver.

NOTE: Should revocation of the medical consent to the foster parent or approved kinship caregiver occur, or the above reasons are identified to not delegate medical consent to the foster parent or approved kinship caregiver, it may be necessary for the HHS Case Manager to further address any related placement concerns with their Supervisor and the HHS Licensing Worker.

Supervision, Release, and Cooperation

Legal reference: 441 IAC 125.10(237)

Determine that the kinship foster caregivers will:

- Provide supervision and care to the child placed according to the child's case permanency plan and the policies of the supervising agency.
- Release the foster child only to the agency, parent, or guardian from whom the child was received into care or to the person specifically designated by the agency, parent, or guardian
- Make arrangements with designated, responsible person if an emergency requires the kinship foster caregiver's temporary absence from the home.

NOTE: Make the kinship foster caregivers aware of their responsibility to protect the child placed in their care and the need to ask for specific guidelines about the release of the child. These guidelines should include the names of any persons to whom the child may or may not be released.

Whenever alternative care is needed, the kinship foster caregiver is responsible to provide the child's Department worker with the name of the person providing care, the phone number, and the length of time the child will be in the temporary placement.

NOTE: Respite care placement with licensed foster parents may be an option in these circumstances.

Training Enhancement

Legal reference: 441 IAC 156.8(8)

Some kinship foster caregivers may require specialized training to meet needs of a particular child who is placed in their home. When funds are available, the Service Area Manager may authorize reimbursement for the kinship foster caregiver to attend specialized classes to meet the needs of a specific child as required by the child's case permanency plan.

NOTE: This training and other ancillary services are child-specific, and funds cannot be accessed unless the child's case permanency plan requires the specialized care section **Foster Family Tangible Goods, Ancillary Services, and Child Care**.