

Foster Parent Handbook

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If the child cannot be placed with a relative who has a kinship bond with the child, foster family care is used. Foster parents provide a temporary, safe, and stable home in a family environment to a child while simultaneously serving as a resource to the child's parents in their efforts to reunify with their child.

Who's Who?

Foster parents often have contact with many people who are involved in the life of the child placed in their home. The roles of DHS, service providers, and others can be very confusing. Below is a description of the roles and responsibilities of Department of Human Service (DHS) workers and service providers.

- ◆ **DHS Child Protection Worker (CPW)** – The CPW's role is to meet with a person or family when a child abuse allegation has been accepted for assessment. The CPW engages with the family to determine the family's capacity to keep children safe and ensure child protection.
- ◆ **DHS Case Manager** – The case manager, also known as the DHS social worker or DHS placing worker, is the DHS worker for the child, their parents, and the family. The case manager develops, monitors, and can provide updates on the case plan and progress of the parents' efforts towards reunifying with the child. DHS case managers are required to see children in foster care every month, either in the foster home or away from the foster home.
- ◆ **Juvenile Court Officer (JCO)** – A child who has committed a crime will have a JCO assigned to provide services, oversee the child's rehabilitation, and report the child's progress to the court.
- ◆ **DHS Licensing Worker** – The DHS licensing worker is responsible for ensuring all foster parent licensing requirements are met. The licensing worker also coordinates with the RRTS caseworker (see below) to address any concerns with a foster family.
- ◆ **Recruitment, Retention, Training, Support (RRTS) Contractor** – Lutheran Services in Iowa (LSI) and Four Oaks are the contracted agencies that provide support, training, and matching services for foster and adoptive families. Each foster family has an assigned RRTS caseworker who will be the foster family's primary contact for questions, concerns, and support needs. RRTS caseworkers will also contact foster families to best match a foster family to a child in need of foster family care. RRTS caseworkers are in regular communication with foster and pre-adoptive families to:
 - Monitor how a child is adjusting,
 - Offer specific and timely training,
 - Assist with problem-solving, and
 - Support foster and adoptive families to be successful caregivers.
- ◆ **Behavioral Health Intervention Services (BHIS)** – Children who have a mental health condition may have a worker paid through Medicaid to provide services in the home where the child lives.

- ◆ **Integrated Health Home (IHH) Service Provider** – This is a voluntary service for children with Medicaid who meet the Serious Emotional Disturbance (SED) diagnostic criteria. The IHH caseworker can assist with referrals and coordination of services for the child.
- ◆ **Family-Centered Services (FCS)** – Family-centered services are designed to deliver a flexible array of strategies and interventions to promote achievement of goals for child and family safety, permanency, well-being, and reduction of risk. The FCS worker provides services directly to the child and the child’s family.

Solution Based Casework (SBC) is the core foundation for service delivery purchased on all cases referred by the Department to the family-centered services contractor. The goal is to work in partnership with the family to help identify their strengths, focus on everyday life events, and help them build the skills necessary to manage situations that are difficult for them.

SafeCare is a home visitation-based parent training program conducted over 18 sessions. Parents who are at-risk for neglect are taught how to have positive parent-child and parent-infant interactions, keep homes safe, and improve child health.

Solution Focused Meetings (SFMs) are solution based, draw on past successes of the family in problem solving, and work in partnership with the family. Families are best served when they are actively engaged and their voices are heard, valued, and considered with regard to decisions. SFMs support family-centered practices and are effective in ensuring the participation and cooperation of parents and their support systems in providing for the safety, well-being, and permanency of the child.

Youth Transition Decision-Making (YTDM) Meetings are utilized for youth transitioning into adulthood.

FCS workers may invite foster parents to participate in Solution Focused Meetings or Youth Transition Decision-Making Meetings.

- ◆ **Court-Appointed Special Advocate (CASA)** – A CASA may be appointed by the juvenile court judge to act as an independent advocate for the long-term best interests of the child. The CASA:
 - Reviews records and talks to people involved with the child,
 - Submits a written report to the court outlining recommendations, and
 - Acts as a liaison for the child by explaining the court process to the child and relaying the child’s needs and interest to the attorney, DHS, the court, and others.

A CASA has access to all information related to a child and does not need a release of information to be provided information.

- ◆ **Guardian-Ad-Litem (GAL)** – All children involved with Juvenile Court are assigned an attorney and guardian-ad-litem. A child’s attorney represents the child’s wishes. The GAL advocates for what is in the child’s best interest. Both roles are typically handled by one attorney but the roles may be split between two attorneys if there is conflict between the child’s best interests and what the child desires. The legal term for this is bifurcation.

- ◆ **Foster Care Review Board** – Foster care review boards are located in various sites across the state. They are responsible for conducting reviews of children who are placed in out of home care. Foster parents are invited to attend reviews or may provide a written report.

441 Iowa Administrative Code Chapter 113 (Rules)

Rights and Responsibilities of Foster Parents

Foster parents are responsible for:

- ◆ Supporting the involvement of the child's parents (mentor them) and other relatives unless their involvement is evaluated and documented by the Department to be detrimental to the child's well-being.
- ◆ Knowing and adhering to foster home licensing requirements.
- ◆ Notifying DHS licensing worker and the RRTS caseworker within seven calendar days regarding any changes in residence or when a person moves into the home.
- ◆ Completing at least 6 credit hours of approved training **every licensing year** (even if you have a 2-year license) that has been approved at least 30 days before the training starts. This training is intended to increase the skills of the foster parents in providing care for children placed in the home. At least three credit hours **must** be done in an interactive group setting. Foster parents will work with their RRTS caseworker to complete a training plan to ensure that all training is scheduled and completed timely. Foster parents must also complete at least two hours of mandatory child abuse reporter training every three years as approved by the Iowa Department of Human Services. This training is available on the Department's website and is free to complete.
- ◆ Maintaining CPR and First Aid certification from an accredited training resource.
- ◆ Staying current on foster home immunizations and vaccinations (whooping cough) and providing up-to-date immunization verification when required.
- ◆ Cooperating with the annual unannounced visit.
- ◆ Accepting children for placement only within the licensed capacity, unless a variance is granted by the Department.
- ◆ Calling the Child Abuse Hotline and reporting to the DHS case manager any suspicion that a child in the foster home has been abused.
- ◆ Exercising reasonable and prudent decision making for children placed in the home to ensure children are able to participate in socially, developmentally, and culturally appropriate activities. Foster parents' decision-making includes, but not is not limited to, use of the Internet, social media, cell phones, power equipment, trampolines, and swimming pools without obtaining DHS or parental consent. Special safety considerations must be given to swimming pools, trampolines, ATV use and railroad tracks that are close to the foster home residence. An approved fence for uncovered swimming pools that is non-climbable and at least 4' high is required as well as rescue equipment and constant and active supervision while the children use the pool.

- ◆ Maintaining records on every child placed in the home and giving those records to the child's DHS case manager when a child leaves the home.
- ◆ Complying with all laws, rules, and policies regarding foster family care, and working with the Department in correcting identified deficiencies.
- ◆ Cooperating with visits and contacts by professionals involved in the child's case, or related to licensing and oversight of foster families.

Foster parents have the right to:

- ◆ Receive a *Foster Family Placement Contract* that includes the placement worker and supervisor's office phone numbers and emergency phone numbers.
- ◆ Receive the *Family Case Plan* (case permanency plan).
- ◆ Be provided pertinent information on a child who may be placed in the home when contacted about a child in need of a foster home.
- ◆ Have the right to say "No" to the placement of a child in their home.
- ◆ Receive support and supervision from the RRTS caseworker and the child's DHS case manager.
- ◆ Be treated as a member of the team.
- ◆ Receive notice of all formal foster care reviews and court actions.
- ◆ Attend Solution Focused or Youth Transition Decision-Making meetings when invited.

Confidentiality

According to Iowa law, all information regarding children in foster care obtained through or from the Department of Human Services is confidential. Knowing when to share information about a child placed in foster family care can be complicated. It is expected that information about a child in care is shared conservatively including acknowledging the child is in foster care.

Foster parents must receive written consent from the child's parent or legal guardian in order to release information concerning the child. A child's sexual orientation or gender identity should not be released without the parents' or child's consent. The DHS case manager is generally the person responsible to obtain consents.

EXCEPTION: Information may be shared without a signed authorization on a "need-to-know" basis (to the extent that it is necessary for the person to provide adequate services to the child) with:

- ◆ Medical providers
- ◆ Agencies providing services to the child or family
- ◆ The court
- ◆ The child's guardian ad litem, CASA, or attorney
- ◆ A local foster care review board
- ◆ Law enforcement

Social Media (Facebook, Blogs, etc.)

Foster parents shall not, without parent or guardian and Department consent, post pictures or information concerning a child in foster care on any Internet website or on social media. Children's names or any indication that a child is in foster care cannot be shared without consent.

Care must also be taken when sharing experiences, both positive and negative, on social media. Foster parents may experience frustration for many reasons and may be tempted to share that frustration on social media. Information put on social media becomes public without intending it to be which can compromise a child's confidentiality.

Partnering With a Child's Parents to Benefit Children

The role of foster parenting includes an expectation to partner with the parents and other family members of the children placed in the home. Most children enter care as a result of neglect. Substance use, mental health, and domestic violence are key contributors to family instability. By far, most parents genuinely love their children and want their children to grow up healthy, safe, and nurtured. Foster parents play a key role in helping children reunite with their parents by partnering with and mentoring parents, and by helping children maintain important family connections. This partnership facilitates and supports reunification or another permanency plan. Studies have shown children who have regular contact with their parents are more likely to reunify successfully.

Children will have feelings of grief and loss being separated from their parents and other family members. Regular parent-child contact has several benefits to children and their parents, including:

- ◆ Helping children and parents work through grief and loss issues around removal.
- ◆ Allowing children and parents to maintain continuity in their relationships, and assistance improving their relationships.
- ◆ Preparing children and their parents for reunification.
- ◆ Providing parents with opportunities to learn and practice parenting skills.
- ◆ Giving caseworkers opportunities to observe and assess family progress.

Foster parents also benefit by working with the child's parents, including:

- ◆ Helping to gain a clearer understanding of the challenges facing parents.
- ◆ Increasing feelings of empathy appreciation for the efforts parents are making to meet case plan goals.
- ◆ Reassuring parents that their children are being well cared for.
- ◆ Modeling effective parenting and providing learning opportunities for parents to enhance their parenting skills.

There are a number of things foster parents can do to help develop positive shared parenting relationships with parents, including:

- ◆ Asking parents about children's schedules, food preferences, and other likes and dislikes.
- ◆ Showing respect for parents by using that information to ease transitions to the foster home.
- ◆ Consulting parents on decisions regarding their child and involving the child's parents when possible on day-to-day decisions about their child.

Foster parents provide a vital service to children and their families by providing a safe, nurturing temporary home in order for parents to make necessary changes to safely care for their children. Building relationships with a child's family may be challenging but showing

respect, empathy, and a genuine desire to partner with parents will lead to positive results for children.

Reasonable and Prudent Parenting to Provide Normalcy

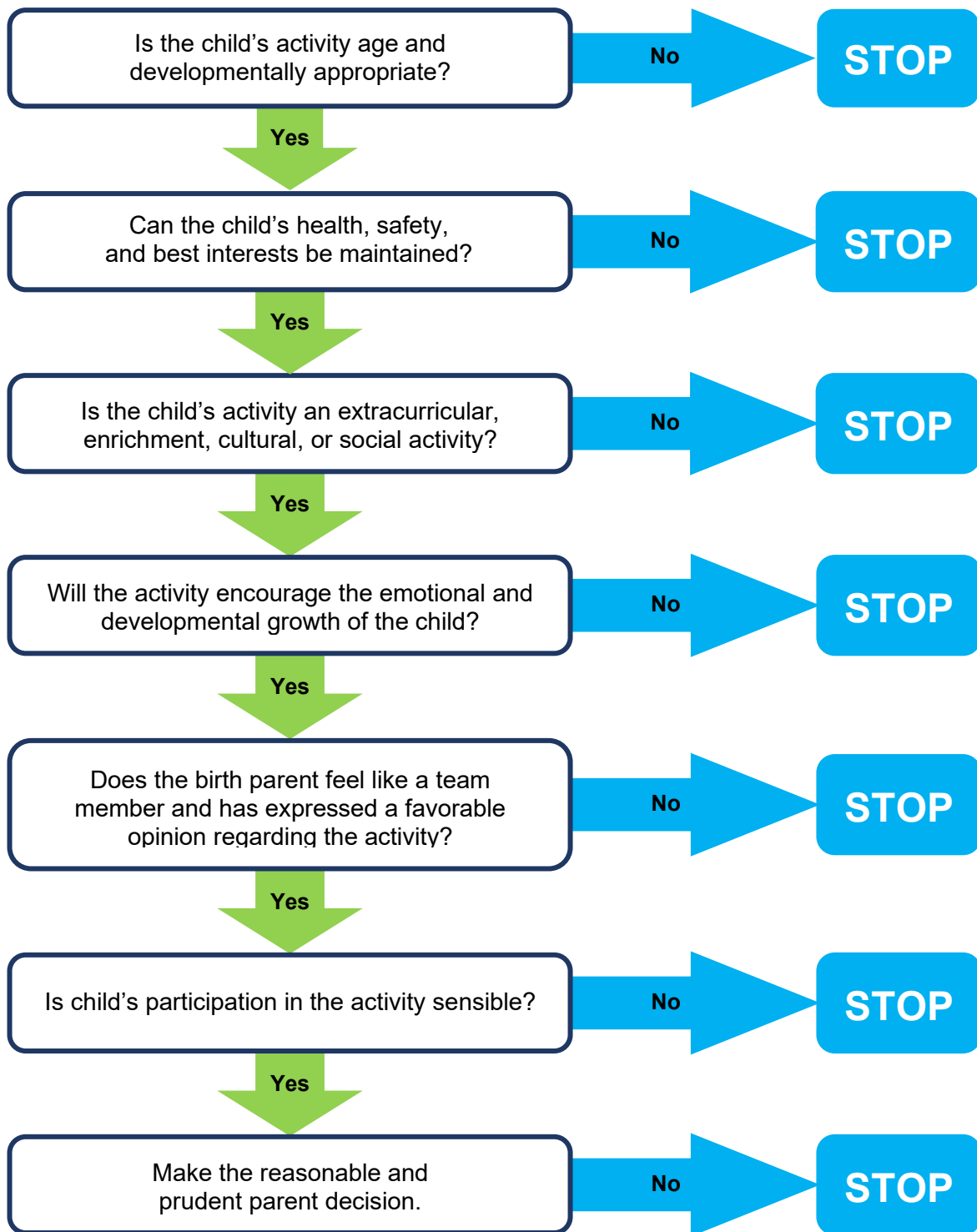
Foster parents are responsible for providing reasonable and prudent parenting of children placed in the home to ensure their safety while also facilitating children in their care have access to activities and opportunities similar to their peers that are not in foster care. Children in foster care should be able to have experiences that are age and developmentally appropriate.

Foster parents are able to make age appropriate decisions about the activities in which children can participate without getting DHS or parental consent, though should discuss this with the child's parent and consider their input when making the decision. This includes social, cultural, and extracurricular activities. Ideally, pre-discussions and ongoing communication with the child's parents should occur but day-to-day decisions can be made by foster parents.

An online video training about reasonable and prudent parenting is posted on the Iowa Foster and Adoptive Parents Association website. Foster parents are required to view this training before licensure, but any foster parent can view the video. The training can be accessed through the following link <http://www.ifapa.org/>.

The chart below is a tool to assist foster parents making decisions about appropriate activities:

The Reasonable and Prudent Parenting Standard Guide



Culture and Religion and Family Connections

- ◆ Foster parents provide an opportunity for healthy social relationships through participation in neighborhood, cultural, social, school, and community or group activities. This includes having a child's friends come into the foster home and allowing the child to visit in their friends' homes.
- ◆ Foster parents must respect the right to religious freedom and culture of children in their care by:
 - Demonstrating respect of the child's culture, religious background, and affiliation.
 - Respecting cultural clothing or hair styles.
 - Providing children the opportunity to attend religious services of their religion and religious instruction.
 - Not requiring children to participate in any religious training or observances contrary to their wishes or the wishes of the parents or guardian.
 - Respecting the child's sexual orientation and gender identity regardless of personal beliefs.

Sibling Connections

The Department must make a reasonable effort to:

- ◆ Place siblings together in the same foster home, and
- ◆ Provide frequent visitation or ongoing interaction between the child in placement and the child's siblings when they do not live together.

At times it is not possible to keep siblings together in the same foster home. The DHS case manager for the siblings must arrange to maintain frequent visitation or other ongoing interaction between the siblings unless visitation or ongoing interaction between siblings is suspended or terminated by the court. FCS workers often assist in making the arrangements and facilitating contact.

Maintaining sibling contact is critical, and for many children, just as important as contact with their parents. It is important that foster parents work with the DHS case manager to support and maintain visitation between siblings. Visits may be in person, by phone or by various forms of video conferencing. Visits may take place in the children's parents' home, at a DHS office, in the community, or in the foster home.

Record Keeping

The foster family licensing rules require the foster parents keep a notebook or folder for each child placed in the home that includes the names and addresses of doctors, therapist, etc. who have treated the child and the type of medical treatment, including prescriptions in a medication log. Other items to keep in the file are school reports and pictures, date of the child's discharge, and the name and address of the person to whom the child was

discharged to. When the child leaves the home, give the notebook or folder to the child's DHS case manager.

Discipline

Discipline shall be handled with kindness and understanding and shall not include withholding of basic necessities such as food, clothing, or sleep. A child shall not be locked in a room, closet, box, or other device, nor be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. Restraints shall not be used as a form of discipline. Children should not be isolated in their rooms or "grounded" for excessive periods of time. **Corporal or degrading punishment of any kind on any child in foster care in the home or in the presence of a child in foster care is prohibited. This includes spanking, putting soap or other toxic items in a child's mouth, excessive physical exercise, requiring children to stand in a designated area for an excessive time, or other types of physical punishments.** Children in foster care who have been physically abused or witnessed domestic violence have experienced extreme trauma and need to feel safe. Foster parents need to have an understanding of the effects of trauma and remember the child's behavior may be a learned response to stress.

Out-of-State Travel

Travel decisions are a part of reasonable and prudent parenting. Foster parents can take a child in care on trips within the state and out-of-state with DHS or parental consent. The child's DHS case manager must be notified in writing if the trip is longer than one overnight. If DHS is the guardian of the child in foster care, foster parents must notify DHS in writing regardless of the amount of time they will be gone, even if for only one overnight.

When traveling out-of-state, the DHS SWCM is to complete form 470-5079, *Out-of-State Travel Permit*. A foster parent may not change visits or appointments without consultation with the Department and/or parent/guardian. Consideration should also be given to the child's schedule when travel is extended over several days. Foster parents, the child's parents, and the DHS case manager should discuss plans and work cooperatively to ensure the child is able to participate whenever possible.

The foster parent must have the emergency contact information for the child's DHS case manager and the child's parents in case medical care is needed. The child's DHS case manager can provide written consent for foster parents to obtain medical care in case of an emergency by providing the foster parent with form 470-5079, *Out-of-State Travel Permit*.

Child's Unauthorized Absence from Placement

Immediately contact law enforcement if the child runs away, is missing, or has been abducted. Contact the child's DHS worker as soon as possible after reporting to law

enforcement. If the DHS worker is not available, contact the DHS child abuse hotline at 1-800-362-2178 and ask to speak to the worker's supervisor or an on-call DHS staff person.

Medicaid for Children in Foster Care

DHS transitioned most Iowa Medicaid members to a managed care program called **IA Health Link**. The **IA Health Link** program is administered by contracted Managed Care Organizations (MCOs) – Amerigroup Iowa, Inc. and United Healthcare Plan of the River Valley, Inc. – provide members with comprehensive health care services, including physical and behavioral health and long-term care services. The MCOs have a comprehensive network of health care providers that ensures quality care to all Medicaid members. When contacting an MCO, the foster parent must identify themselves as the child's foster parent. Foster parents **cannot** change the child's assigned MCO or sign up for the patient portal.

Medicaid ID Numbers

Foster parents will receive a Medicaid card with the child's Medicaid number. This number is given to the child's medical, dental, mental health, or other providers when the child receives services. Providers bill Medicaid directly.

Consents and Authorization Required for Medical Care

Routine Medical Care for Children in Foster Care

At the time of placement, the child's Department social work case manager should give you information about the plan for the child's physical or medical care. This should include the health of the child and the results of medical examinations, directions in carrying out specific medical recommendations, special advice if the child has a physical or developmental disability, and procedures for accessing medical services.

Foster parents **do not** have the authority to consent to medical care. Only the child's parents may consent to routine medical care and procedures. Either the foster parent or DHS case manager can contact the child's parents or guardian to engage them in the process of accessing routine medical and dental care for their child unless parental rights have been terminated. If the child needs care and the parent refuses to consent or is unavailable, the court may order medical care.

If a medical professional recommends specific treatment or testing for a child, contact the child's DHS case manager. The DHS case manager will seek the parental consent. There may be other circumstances where the Department case manager will seek a court order regarding the medical or dental care for a child in foster care.

Emergency Medical Care

Foster parents can provide consent in case of an emergency or in an urgent situation requiring medical care and treatment of an acute illness, disease, or condition of the child when a delay or inability to access parental or Department consent for medical care or treatment would endanger the health or physical well-being of the child. If a child is ill and needs to be seen by a doctor, the foster parent can take the child to the doctor without DHS or parental consent. If the child needs immediate medical care, the foster parents can take the child to the hospital for treatment.

Medications

All prescription and over-the-counter medications shall be kept secured from access by children. All prescription medications shall be administered by the foster parent as prescribed and documented in a medication log noting any side effects, amount given, and the time the medication was administered. All over the counter medications must be administered by the foster parent according to label instructions and also documented. Foster parents need to be aware of potential side effects, and need to communicate immediately with the prescribing physician if side effects occur.

Required Medical Care

Children in foster care should receive medical care as follows:

- ◆ Pre-placement and annual medical examinations by a physician, or a nurse practitioner working under the supervision of a physician. If the child did not receive a pre-placement medical examination or has been in foster care and has not received one in the last year, you will need to schedule a complete physical exam with the child's physician within fourteen calendar days of placement. Ask the child's caseworker for the Physical Record form to give to the child's physician to complete. After the physician completes the form, keep a copy in your child's file and give the physical record form to the child's caseworker.
- ◆ Immunization against common contagious diseases. If the child is just coming into foster care, the child's social work case manager may be able to give you the immunization information that the Department of Health has, and also work with the child's parents in obtaining medical information of the child.
- ◆ At least, semi-annual dental exams, annual eye and ear examinations, and routine treatment of illnesses.
- ◆ Emergency medical care in cases of sudden illness or accident. Always contact the child's Department social work case manager if emergency medical care is necessary.

Emergencies and Disasters

If a disaster occurs that requires evacuation, the family must notify the child's DHS worker of their temporary address and phone number within 48 hours of evacuation.

Go to the **Be Ready Iowa** website and click on "Be Aware" in the side bar which lists various emergencies and disasters. Then click on the type of emergency or disaster you need more information on: <http://www.beready.iowa.gov/default.html>

Educational Needs

Every Student Succeeds Act (ESSA)

The Every Student Succeeds Act is a federal law that requires children in foster care remain in their school of origin, unless it is determined that it is not in his or her best interest to do so. Children entering foster care may be placed in a foster home that it not within their school of origin. If it is determined the child needs to change schools, the child shall be immediately and appropriately enrolled, even if they don't have the required documentation. The DHS case manager will:

- ◆ Ensure immediate enrollment of the child in the new educational setting.
- ◆ Make sure that the local education agencies have transferred the child's educational records to the new educational setting within five days of notice that the child is changing schools.
- ◆ Coordinate with the local education agencies to identify how the child can remain in the educational setting in which the child is enrolled at time of placement.

It is the responsibility of the school district and DHS to arrange transportation to keep a child in their home school. The DHS case manager and school district representatives work collaboratively to enlist an educator, foster family, family member of the child, or other support persons to assist. Foster parents may need to transport the child to their school for a few days until school transportation is set up.

Waiver of School Fees and Free School Lunch

Schools waive class and activity fees for children in care. The child's DHS social work case manager can request a waiver application form from the school. An application can be received at any time but must be renewed at the beginning of the school year. Course offerings include, and are not limited to, driver's education.

DHS and the Department of Education electronically match names of children who are eligible for free school lunches, including children in foster care. Children who are successfully matched will receive a free lunch approval letter from the school. No further actions are needed by foster parents or the DHS case manager in order for children to access free lunch.

School Fees That Are Not Waived

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" 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.

Payments and Special Issuance Reimbursements

Maintenance Payments

Foster parents receive a payment each month to assist with the cost of caring for a child placed in the home. Payments are based on a daily rate according to the child’s age. Foster parents are to use the monthly payments to purchase clothing, food, and other items for the daily care of the child. Payments are made on the first of the month for the previous month. Payments are made for the first day a child enters a foster home but not for the day the child leaves the foster home.

After a child has been in a foster home for 30 days, the rate may change based upon an assessment of the child’s needs and behaviors as identified on the Foster Child Behavioral Assessment. Foster parents, the child’s DHS case manager, teachers, providers, and others involved with the child may complete the assessment to assist in determining the appropriate rate for the child. DHS will review and make the final decision regarding an increased rate. The assessment is repeated whenever there is a substantial change in the child’s behaviors, the child changes placement settings, and to negotiate adoption subsidy when a child is able to be adopted. The RRTS caseworker should be contacted if there are unreasonable delays in getting payments from DHS.

The foster family payment rates are as follows:

Foster Family Care Payment Rates

Age of Child	Basic Daily Rate	Maintenance plus \$4.81 per day	Maintenance plus \$9.62 per day	Maintenance plus \$14.44 per day
0 – 5 years	\$16.78	\$21.59	\$26.40	\$31.22
6 – 11	\$17.45	\$22.26	\$27.07	\$31.89
12 – 15	\$19.10	\$23.91	\$28.72	\$33.54
16 – 20	\$19.35	\$24.16	\$28.97	\$33.79

Additional foster family payments that are not included for adoption subsidy payments:

Sibling Rate (3 or more siblings placed in the same foster family home)	Transportation for Family or Pre-Placement Visits	Initial Clothing Allowance	Clothing Allowance Each Calendar Year	School Fees Per Calendar Year
\$1.00 per child	\$1.00 per day	\$237.50	\$100.00	\$50.00

Respite Care

Up to 24 days of respite care per calendar year per child is available to foster parents. The respite provider must be a licensed foster family in order for the Department to pay for the respite days. Respite is paid for the day in and successive days but not the day out if overnight stays are involved. A respite “day” does not require the child to stay overnight or be in a respite home a specific time. The respite foster family is paid the same rate the placement family receives for the child.

For example: A child is placed in a foster family home on January 5. The foster family uses respite for one day but no overnight in February (1 respite day). The family uses 6 days which include overnights in April (5 respite days). The family has used 6 days of respite. The child moves to another foster home on July 7. The new foster family has 24 days of respite from July 7 to January 1.

Children in respite care are counted towards licensed capacity which cannot be exceeded without DHS approval. Documentation of respite must be provided to the child’s DHS case manager by the placement foster family. The child’s DHS case manager will pay the respite provider.

Notify the RRTS caseworker of the need for respite as soon as possible. The RRTS caseworker can assist with helping secure respite and coordination with DHS and with the respite family.

Reasonable and prudent parenting allows foster parents to use a babysitter to care for children in their home as needed that is not respite per se. The babysitter does not have to be a licensed foster parent, have background checks, or be approved by DHS as this is not the same as respite care. The foster parent is responsible for paying the babysitter and will not be reimbursed by DHS.

Child Care

Child care expenses can be reimbursed when foster parents work outside the home, the child is not in school, and the provision of child care is identified in the child’s case permanency plan. Prior authorization for payment must be given by DHS before child care services are purchased by foster parents. Child care services must be provided by a licensed child care center or registered child development home when available. Foster

parents are responsible for paying the child care provider and are reimbursed by DHS. Foster parents are required to be registered as a childcare provider when they are also a childcare provider.

A child in foster care does not have to be a special needs child to qualify for childcare services. If the child is deemed to have special needs, a higher rate of reimbursement (See CCA Rates Chart) may be available based on meeting eligibility criteria. The worker shall request documentation from the family to substantiate the child needing services meets the definition for special needs. A child with "special needs" meets one or more of the following conditions:

- ◆ A physician or a school psychologist endorsed by the Iowa Department of Education has diagnosed the child to have a developmental disability that:
 - Substantially limits one or more major life activities, and
 - Requires professional treatment, assistance in self-care, or the purchase of special adaptive equipment.
- ◆ A qualified intellectual disability professional has determined the child to have a condition that impairs the child's intellectual and social functioning.
- ◆ A mental health professional has diagnosed the child to have a behavioral or emotional disorder characterized by situationally inappropriate behavior that:
 - Deviates substantially from behavior appropriate to the child's age, or
 - Significantly interferes with the child's intellectual, social, or personal adjustment.

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

- ◆ A copy of the child's Individual Education Plan.
- ◆ A psychological evaluation.
- ◆ A statement from a physician, intellectual disability professional, mental health professional, or school psychologist.
- ◆ Documentation to verify that the child is receiving SSI benefits. The Special Needs Rate can be approved only when DHS 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 has adapted to the environment or activities to accommodate the child's needs.

Child care expenses are reimbursed at the Child Care Assistance rates in the charts below effective June 18, 2021:

Table 1 Half-Day Rate Ceilings for (Licensed Center)								
Age Group	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
<u>Infant and Toddler</u>	\$19.30	\$ 51.94	\$20.50	\$ 51.94	\$21.50	\$ 51.94	\$23.21	\$ 51.94
<u>Preschool</u>	\$17.00	\$ 30.43	\$18.00	\$ 30.43	\$18.98	\$ 30.43	\$20.00	\$ 30.43
<u>School Age</u>	\$13.50	\$ 30.34	\$14.75	\$ 30.34	\$15.00	\$ 30.34	\$16.00	\$ 30.34

Table 2 Half-Day Rate Ceilings for (Child Development Home A or B)								
Age Group	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
<u>Infant and Toddler</u>	\$ 12.98	\$ 19.47	\$ 13.50	\$ 20.25	\$ 13.75	\$ 20.63	\$ 14.00	\$ 21.00
<u>Preschool</u>	\$ 12.50	\$ 18.75	\$ 12.75	\$ 19.13	\$ 13.00	\$ 19.50	\$ 13.75	\$ 20.63
<u>School Age</u>	\$ 10.82	\$ 16.23	\$ 11.25	\$ 16.88	\$ 12.00	\$ 18.00	\$ 12.50	\$ 18.75

Table 3 Half-Day Rate Ceilings for (Child Development Home C)								
Age Group	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
<u>Infant and Toddler</u>	\$14.00	\$21.00	\$14.50	\$21.75	\$15.00	\$22.50	\$15.25	\$22.88
<u>Preschool</u>	\$13.75	\$20.63	\$14.50	\$21.75	\$14.75	\$22.13	\$ 15.00	\$ 22.50
<u>School Age</u>	\$ 11.25	\$ 16.88	\$12.50	\$18.75	\$13.00	\$19.50	\$14.50	\$21.75

Table 4 Half-Day Rate Ceilings for Child Care Home (Not Registered)		
Age Group	Basic	Special Needs
<u>Infant and Toddler</u>	\$12.98	\$19.47
<u>Preschool</u>	\$12.50	\$18.75
<u>School Age</u>	\$10.82	\$16.23

Families can find child care in their area through the DHS website. The link below will go to the Child Care Overview page on the DHS website:

<https://dhs.iowa.gov/childcare/overview>

The first sentence "Click Find Child Care to use an interactive tool to locate child care" will go to the search tool. The direct link to that site is below:

<http://ccmis.dhs.state.ia.us/ClientPortal/ProviderSearch.aspx>

If a child care provider cannot be found that accepts Child Care Assistance Rates, consult with the RRTS caseworker and the child's DHS worker about what other options may be available. A child care provider may be selected who accepts reimbursement at the CCA rate, but does not have a CCA agreement in place.

When a foster parent is an in-home child-care provider, DHS cannot reimburse child care costs if the child is placed in their home as a child in foster care remains in their home for child care. If the child in foster care 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 child in foster care 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 child in foster care and the State would reimburse.

DHS must have form [470-5612, Child Care Expense Statement for Foster Children](#) from the foster parent for expenses incurred before issuing a payment. One form per child is required. The form must be completed in its entirety and signed by both the foster parent(s) and the child care provider or center before payment is to be authorized.

Payment may be made to a provider for a child not in attendance at the child care facility not to exceed four days per calendar month, providing that the child is regularly scheduled on those days and the provider also charges a private individual for days of absence. This does not mean that providers automatically get four extra days paid per month. It does mean that a provider may charge for a normally scheduled day (up to four) if the child is absent from care on that day.

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

The Child Care Overview page also has a link to a "Complaints and Compliance Reports" page that provides additional information about child care providers:

https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport

Clothing Allowance

Paying for clothing is part of the monthly foster care maintenance payment, however the child's DHS case manager may authorize an additional clothing allowance when:

- ◆ Clothing is needed at the time the child is removed from their home and placed in foster care. The clothing allowance may be authorized and cannot exceed \$237.50 to purchase clothing.
- ◆ A child needs clothing to replace lost clothing or because of a growth spurt. A child's DHS case manager may authorize another clothing allowance that cannot exceed \$190 to cover the cost once during each calendar year the child remains in foster care.

The *Foster Care Clothing Allowance* form is requested from the child's DHS worker. The form with receipts attached is submitted to the child's DHS case manager within 30 days of purchasing clothing in order to be reimbursed. The RRTS caseworker can assist in obtaining the form.

Reserve Bed Payments

Foster parents continue to receive the daily rate for a child in care when the child is:

- ◆ On a home visit,
- ◆ In the hospital,
- ◆ Has run away, or
- ◆ On a pre-placement visit.

In order for payments to continue, the intent must be for the child to return to the foster home.

Payment and Special Issuance Codes

Foster parents receive a statement when a payment is issued. There are codes on the statement that identify the type of payment. The codes below will help identify the type of payment:

F01	Ancillary Services	F05	School Fees
F02	Child Care	F06	Transportation
F03	Tangible Goods	F13	Same Day Entry-Exit
F04	Clothing Allowance	F14	Respite

Training Stipend

Foster parents receive \$100.00 per year to assist with costs related to training, such as child care, registration, or transportation costs. For foster parents with a two-year license, they must complete their six hours of in-service training **each license year** before the stipend is paid. Foster parents will discuss training needs with the RRTS caseworker during

monthly contacts to ensure that required training is completed timely. RRTS will work with the foster parent to develop a training plan that will be adhered to.

Juvenile Court

Children in foster care are involved in juvenile court. As stated above, children are appointed a guardian ad litem to advocate their best interest in court, and may also act as the child's attorney to advocate what the child wants. There may be times a child is appointed a separate attorney and GAL.

The child's parents may also be represented by an attorney. The state is represented by the County Attorney's office.

Children in care are required to attend all court hearings when age and developmentally appropriate. Foster parents also have a right to attend hearings and be heard by the court. Foster parents may provide a written report if not able to attend a hearing in person.

Court hearings held throughout a child's case are required at specific times. Each type of hearing is designated by a title.

- ◆ **Ex Parte:** This is a request outside a scheduled hearing, and is often done in order to obtain a removal order. DHS works with the County Attorney to request an order from the court to remove a child due to safety concerns.
- ◆ **Removal hearing:** A removal hearing is required within 10 days of a child's court-ordered removal from their parental or guardian home. The judge will determine:
 - If the child should remain in foster care,
 - Be returned to their parent or guardian, or
 - Be placed with a relative or other suitable person.
- ◆ **Adjudication:** At this hearing the judge determines if the child meets the legal criteria to be a child in need of assistance and requires the court's involvement to resolve safety concerns.
- ◆ **Disposition:** The DHS case manager presents the case plan to the court at the disposition hearing. The case plan serves as the plan for services to remove or alleviate the safety concerns that caused the child to be removed.
- ◆ **Review:** Review hearings are held at a minimum of six months after disposition, but may be held more often. During the hearing the case plan is reviewed to determine progress toward reunification, and to determine if the family is receiving appropriate services.
- ◆ **Modification:** These hearings are held when one of the parties files a motion to request a change in the case between review hearings. Changes may include:
 - Placement changes,
 - Reunification with parents,
 - Changes in family interactions, or
 - A change in services.

- ◆ **Permanency:** The court must hold a permanency hearing no later than 12 months from the date of the child's removal from home. The judge may:
 - Return the child to their parents,
 - Grant an additional six months to work toward reunification, or
 - Order the filing of a petition to terminate parental rights.

For children over age 14 who will remain in care, a permanency hearing must be held every 12 months.

- ◆ **Termination of parental rights:** When the judge has determined a child cannot safely return home, a hearing is held to terminate the rights of the child's parents. If the court orders termination of the parents' rights to their child, they have no legal relationship to their child, and the child may be adopted.
- ◆ **Adoption:** At this hearing a court gives adoptive parents the same legal rights and responsibilities of a child as if the child were born into the family.

Ten Day Notice to Remove a Child

Foster parents often find challenges in parenting children who have a trauma background, and managing the behaviors that result from trauma. Children may have behaviors ranging from:

- ◆ Hitting and kicking adults or other children in the home,
- ◆ Running away,
- ◆ Inappropriate sexual behaviors with other children,
- ◆ Lying,
- ◆ Stealing, or
- ◆ Excessive tantrums.

Foster parents may find that for a variety of reasons they are not able to parent a child in their home.

Every time a child moves from a home it causes additional trauma. It is important that efforts are made to maintain a child's place in the foster family. It is critical that foster parents contact their RRTS caseworker as early as possible when struggling with parenting a child. The RRTS caseworker can provide strategies to help with challenging behaviors, training, or other resources that can help the family.

If keeping the child in the home is not possible, foster parents must provide the child's DHS case manager with a minimum of 10 days' notice to request a child be placed elsewhere. The RRTS caseworker and the DHS case manager will find another home or appropriate placement for the child.

DHS must also provide 10 days written notice to a foster family when a child is to be moved from the home. If there are safety concerns, the DHS case manager may remove a child immediately. Foster parents can request a conference with DHS by providing a written request to the case manager within seven days of receiving the notice the child is moving.

Corrective Action Plans

Foster parents are responsible for meeting all licensing rules. If a family consistently does not meet specific rules, or if there are serious concerns about the care of a child, a corrective action plan may be put in place. The plan is developed by the DHS licensing worker, the RRTS caseworker and the family when appropriate. The plan is to assist the family in coming into compliance with licensing rules or to help the family better care for a child. The plan has specific action steps and timeframes for completion. The family must agree to the plan and sign the plan.

A corrective action plan provides documentation of identified needs in a foster home. If the plan is not followed, or the deficiencies cannot be corrected, there may need to be action taken against the license or the family can choose to end their license.

Foster Care Insurance

All licensed foster parents have property damage protections. Each foster family will have a total annual loss limit of \$5,000 (regardless of number or type of claims) and a deductible per claim of \$150. Claims will be paid for personal property owned by the foster family or others that is damaged by a child in foster care while living in the home of a licensed foster family.

Claims should be sent to:

ERS@EMCINS.COM
EMC Risk Services
Foster Home Property Damage Fund
PO Box 9399
Des Moines, IA 50306

All claims must be submitted with the following information:

- ◆ Notice of loss form
- ◆ Picture(s) of damaged property
- ◆ Receipt(s) for the replacement of damaged property (as similar as reasonably possible), **and/or**
- ◆ Receipt(s) or Estimate for the repair of damaged property from a licensed contractor **and/or**
- ◆ Receipt(s) for the material(s) used by the foster family to repair the damaged property

Additional Resources and Services

Achieving Maximum Potential (AMP) – Support for Children in Foster Care

AMP is a youth-driven, statewide group that seeks to unleash the full potential for personal growth among foster and adoptive children in Iowa. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational and vocational assistance. AMP also provides the life skills youth need to become self-sufficient, independent adults.

AMP members are ages 13 and up who have been involved in foster care, adoption, or other out-of-home placements.

What do AMP youth do?

- ◆ Train to become advocates for themselves and others.
- ◆ Participate in valuable leadership opportunities.
- ◆ Develop their voices by telling their own stories.
- ◆ Educate legislators, foster parents, the public, child welfare professionals, and juvenile court representatives about foster care and adoption from the youth perspective.
- ◆ Build youth and adult partnerships in the community that create opportunities for service learning.
- ◆ Encourage others to open their homes to teens in foster care or those available for adoption.
- ◆ Provide understanding, support, and encouragement to one another.
- ◆ Gain the life skills necessary to become healthy, independent adults.
- ◆ Explore educational and vocational options to chart their path to become successful productive adults.

Foster parents are highly encouraged to have children placed in their home participate in AMP if a group is available in the area. More information about AMP can be found at <https://www.wearempiowa.com/>

Head Start Program

Foster children are automatically eligible for admission to Head Start, a federally and state funded comprehensive preschool program that provides education, health, nutrition, and handicapped services to children three to five years old. Enrollment begins in August and the child's parents or guardian must sign for enrollment into the Head Start program.

Iowa Foster and Adoptive Parent Association (IFAPA)

The IFAPA website has several resources and tools to use to help foster parents find in-service training including the short on-line video **Reasonable and Prudent Parenting** training which is required of all newly licensed foster parents. IFAPA also offers Life Book and Welcome Book pages, as well as other publications that can be downloaded. Foster parents can sign up to receive the Weekly Word newsletter by email. The website link is <http://www.ifapa.org/>.

Women Infants and Children (WIC)

WIC is a supplemental nutrition program for babies, children under the age of five, pregnant women, breastfeeding women, and women who have had a baby in the last six months. Fathers, stepparents, grandparents, and **foster parents** may also apply for WIC. WIC agencies provide services locally to the WIC families including:

- ◆ Nutrition education,
- ◆ Breastfeeding promotion and support,
- ◆ Nutritious food packages, and
- ◆ Referrals to other health programs.

For more information about WIC, call 1-800-532-1579 or (515) 281-6650.

Notes
