CD09 - 127

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

December 4, 2009

MEMORANDUM

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS, AND

CHILDREN'S DIVISION STAFF

FROM: PAULA NEESE, DIRECTOR

SUBJECT: TRIAL HOME VISITS

DISCUSSION:

The purpose of this memorandum is to notify staff of a change in policy regarding trial home visits (THV). It has been normal practice for the Alternative Care (AC) Client Information function in FACES to close out automatically at 180 days if the child was on a trial home visit regardless of whether the Children's Division (CD) had been relieved of legal custody. This policy revision is the result of a recent Adoption and Foster Care Analysis and Reporting System (AFCARS) review and will require the AC Client Information function to remain open until jurisdiction is terminated.

Out-of-Home Care Cases Versus Intact Families

A trial home visit occurs when the child has been in an alternative care placement and is then returned to either a natural parent or the individual that the child was removed from while remaining in the legal custody of the Children's Division. If a child is placed in an out-of-home placement for at least one night and is placed with the other parent the following day, but will remain in the custody of the Children's Division, an AC case should be opened and a sub-placement of trial home visit should be entered.

If a child is placed in CD legal custody, but remains at home or is immediately placed with the other parent, and has not been placed in any type of out-of-home placement for at least one night or more, an AC case should not be opened. Instead, a Family-Centered Service (FCS) case should be opened and the worker should document the legal status in the court information section of the FCS function in FACES.

Change of Automatic Closures in FACES

Beginning immediately, the AC function in FACES will no longer close automatically at 180 days if the child is on a trial home visit. Instead, only the Title XIX Information on the AC Client Information screen will close out automatically at 180 days. The FACES AC function must remain **open** from the start of the trial home visit **until the court has**

What's Inside: Trial Home Visits **terminated legal custody** thus staff should ensure that the AC function is open when the THV begins and only closes after CD is relieved of legal custody.

Staff must make sure that they are entering the THV sub-placement in FACES. In addition, when the child goes home on a THV, staff must ensure the residence county code reflects the correct residence county on the sub-placement screen in FACES as this significantly impacts the child's healthcare coverage.

Preparation for Title XIX Closure

The closure of the Title XIX Information in FACES at 180 days will leave the child without health insurance coverage through MO HealthNet. Therefore, in preparation for the child's return home, case managers should invite Family Support Division (FSD) staff to their Family Support Team Meetings (FST) when reunification is to occur within 60 days. At this time, health insurance options should be discussed with the reunion source to ensure that the child has insurance coverage before the end of the 180 day period. In some instances, the parents may be required to pay a premium before MO HealthNet coverage can begin through FSD, thus budget planning should be addressed with the parents prior to closing the child's MO HealthNet coverage in alternative care to prevent a gap in coverage once the child returns home.

If the parents are going to be approved for the Families Together Program through FSD for the child during the trial home visit, the worker should coordinate with the FSD staff in order to close the Title XIX Information in FACES simultaneously with the opening of Mo HealthNet in FSD. Family Support Division staff will not be allowed to open Title XIX through the Families Together Program if CD has Title XIX open in FACES. Staff may close the Title XIX in FACES prior to the 180 days if the child has insurance coverage elsewhere. To close the Title XIX Information, staff should enter an end date under the Title XIX Information section on the AC Client Information screen in FACES.

IV-E Eligibility

If a child is going to be on a trial home visit longer than 180 days, staff should request that the judge include in the court order that there is a continued need for the THV to extend past 180 days as this affects continued IV-E Eligibility. A copy of this order must be sent to the IV-E Eligibility Specialist. In addition, staff should notify the Eligibility Specialist when a child is on a trial home visit longer than 180 days.

If a child is on a trial home visit for longer than 180 days and is then removed from the home and placed back in alternative care, a new IV-E eligibility determination is due per federal regulations. Therefore, workers must notify the IV-E Eligibility Specialist that the child has re-entered out of home care, and complete a new IV-E Eligibility referral in FACES within ten (10) days. Workers should also submit an updated court order, if received from the judge, with the appropriate contrary to the welfare and reasonable efforts to prevent removal language with the new IV-E eligibility referral. This court order must then be entered on the court information screen in FACES as a protective custody order. The worker will also need to be sure to enter a new begin date (the re-entry date) on the Title XIX Information screen in FACES in order for the child to receive Mo HealthNet through the Alternative Care case again.

Continuation of PPRTs

There have also been manual revisions regarding the occurrence of Permanency Planning Review Team (PPRT) Meetings during trial home visits. PPRT meetings **must occur every six months as long as CD maintains custody**. There are no exceptions to this rule. It is also recommended that staff request that the court terminate jurisdiction if there is no longer a need for court involvement to prevent children from remaining in CD custody longer than necessary.

Documentation of Visits with Children

There are no policy changes regarding visits with children. Visits with children should continue to occur according to current policy, which is weekly for the first 30 days of the trial home visit, and then at least monthly, or more as determined by the SDM risk level of the family. The child's visit should continue to be documented in FACES on the Contact Communication Log with a purpose of "worker with child" and in the location of "in child's placement".

The Child Welfare Manual has been updated to reflect the provisions outlined in this memorandum. The policy changes are effective as of today's date. The FACES changes will be effective as of tomorrow's date.

NECESSARY ACTION:

- 1. Review this memorandum with all Children's Division staff.
- 2. Review revised Child Welfare Manual chapters as indicated below.
- 3. All questions should be cleared through normal supervisory channels and directed to:

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CHILD WELFARE MANUAL REVISIONS:

Section 4 Chapter 9 Subsection 2 <u>Administrative Review Process/Permanency</u> Planning Review 6 (PPR)

Section 4 Chapter 9 Subsection 6 Operation of the Family Support Team (FST)/Permanency Planning Review Team (PPRT) Meeting

Section 4 Chapter 9 Subsection 7 Sub-subsection 2 Timeframes to Review

Permanency Plans for Children in Out-of-Home Care

Section 4 Chapter 10 Subsection 11 Steps Taken in the Process of Returning the Child

Section 4 Chapter 11 Subsection 4 Alternative Care IV-E

Section 4 Chapter 11 Subsection 5 Homeless, Dependent, and Neglected (HDN) Fund

FORMS AND INSTRUCTIONS

N/A

REFERENCE DOCUMENTS AND RESOURCES

Administration for Children and Families (Trial Home Visit)

Administration for Children and Families (PPRTs)

RELATED STATUTE
N/A
ADMINISTRATIVE RULE
N/A
IVA
COUNCIL ON ACCREDITATION (COA) CTANDARDS
COUNCIL ON ACCREDITATION (COA) STANDARDS
N/A
CHILD AND FAMILY SERVICES REVIEW (CFSR)
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N/A
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N/A
PROTECTIVE FACTORS
PROTECTIVE FACTORS Parental Resilience-N/A Social Connections-N/A
PROTECTIVE FACTORS Parental Resilience-N/A Social Connections-N/A Knowledge of Parenting and Child Development-N/A
PROTECTIVE FACTORS Parental Resilience-N/A Social Connections-N/A Knowledge of Parenting and Child Development-N/A Concrete Support in Times of Need-N/A
PROTECTIVE FACTORS Parental Resilience-N/A Social Connections-N/A Knowledge of Parenting and Child Development-N/A Concrete Support in Times of Need-N/A Social and Emotional Competence of Children-N/A
PROTECTIVE FACTORS Parental Resilience-N/A Social Connections-N/A Knowledge of Parenting and Child Development-N/A Concrete Support in Times of Need-N/A