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116 **300.2 Purpose**

117  
118 The Division of Child and Family Services' Out-of-Home Care Program provides short-term,  
119 culturally responsive services for a child and family when the child cannot be safely maintained  
120 at home. The program is available statewide.

121  
122 **300.3 Philosophy**

123  
124 Out-of-home care will be used only when there is no other alternative to provide for a child's  
125 well-being and safety from abuse, neglect, or dependency. Out-of-home care provides a child  
126 an environment where physical, emotional, medical, dental, developmental, educational,  
127 cultural, and mental health needs are assessed and addressed. Child and Family Services will  
128 diligently work to maintain familial connections through visitation and shared activities while a  
129 child is in out-of-home care, when appropriate. The parent of a child in out-of-home care is  
130 also afforded an opportunity to build on family strengths and learn essential skills to provide a  
131 safe, nurturing environment to which the child may return. Out-of-home care major objectives  
132 have been developed in accordance with federal and state laws including required time frames  
133 that reduce the amount of time a child spends in care and provisions for an appropriate,  
134 permanent home or other permanency option that is in the best interests of the child.

135  
136 **300.4 Child and Family Services And Caseworker**  
137 **Expectations**

- 138  
139 A. Facilitate a thorough functional assessment that defines the child and family's strengths  
140 and needs and provides the framework from which to access appropriate services.  
141 Evaluate progress toward goals and adjust plans and interventions accordingly.  
142  
143 B. Identify an out-of-home care caregiver, possibly kin, who will meet the child's needs  
144 and, together with the child's parents, design a transitional plan to optimize the child's  
145 adjustment and maintain familial connections through visitation and shared activities.  
146  
147 C. Engage and facilitate a Child and Family Team to support the child and family including  
148 the out-of-home care caregiver and familial or community resources.  
149  
150 D. Develop a concurrent Child and Family Plan at the time of entry into care, using the  
151 strengths and needs of the family to guide the services offered and the goals of  
152 permanency to be achieved.  
153

154 **300.5 Safety For Lesbian, Gay, Bisexual, Transgender, And -**  
155 **Questioning (LGBTQ) Youth**

156 Major objectives:

157 All children and youth, regardless of gender identity, gender expression, and/or sexual  
158 orientation (GI/GE/SO), need to feel safe in their surroundings in order for positive child and/or  
159 youth development outcomes to occur.

160  
161 Child and Family Team members will promote the positive development of all children and  
162 youth by demonstrating respect for all children and youth, reinforcing respect for differences,  
163 encouraging the development of healthy self-esteem, and helping all children and youth  
164 manage the stigma sometimes associated with difference.  
165

166  
167 Background Information

168 For most children and youth, the issue of understanding one's sexuality and gender identity is  
169 often a time of great turmoil and stress. For lesbian, gay, bisexual, transgender, and  
170 questioning (LGBTQ) children and youth, particularly children and youth of color, this issue is  
171 even more difficult to navigate as they are faced with both internal (internalized homophobia)  
172 and external (from one's environment) prejudices and discrimination.  
173

174 While exploring one's sexuality and gender identity is a natural part of every young person's  
175 development, LGBTQ and gender non-conforming children and youth face more challenges  
176 growing up in a predominately heterosexual society. According to the Child Welfare League of  
177 America (CWLA), LGBTQ children and youth are at a higher risk for emotional or physical abuse  
178 from their family members, failed out-of-home placements, and/or institutional neglect or  
179 abuse than their heterosexual counterparts. Psychologically, LGBTQ and gender non-  
180 conforming children and youth are at substantially greater risk than their heterosexual  
181 counterparts for suicide attempts, runaway behavior, homelessness, substance abuse,  
182 emotional and physical victimization, high-risk sexual behaviors, and pregnancy. In the school  
183 setting, LGBTQ and gender non-conforming children and youth are more likely to withdraw  
184 from or miss school due to fear, intimidation, or threats from other students. Because they  
185 experience a lack of safety, many LGBTQ and gender non-conforming children and youth are  
186 unlikely to reveal their sexual orientation or gender identity, particularly to people in perceived  
187 positions of authority (i.e., social service staff, family members, caregivers, teachers, church  
188 members, etc.). As a result of this lack of support, many LGBTQ and gender non-conforming  
189 youth confront a high level of isolation while navigating this developmental stage.  
190

191 Caseworkers will evaluate every child's overall safety as it relates to their sexual orientation,  
192 gender identity, and gender expression in terms of placement, emotional and physical well-  
193 being, and potential of emotional abuse from current caregiver, especially those children who  
194 are LGBTQ. However, the sexual orientation, gender identity, or gender expression of a child or

195 youth does not always necessitate the initiation of services or specialized consultation. It is  
196 important to recognize that although sexual orientation, gender identity, and gender  
197 expression are central facets of one's personality, they are only one aspect of a child or youth's  
198 identity, and that sexual orientation, gender identity, and gender expression may not always be  
199 a factor in the youth's emotional or behavior concerns.

200

#### 201 Sexual Orientation and Gender Identity Recognition

202 Staff will recognize that all children and youth explore their sexual orientation, gender identity,  
203 and gender expression. Since language associated with sexual orientation, gender identity, and  
204 gender expression varies greatly across communities, and pronouns may be fixed or fluid, staff  
205 will allow the child or youth to guide the process of choosing language with which they feel  
206 most comfortable while discussing their sexual orientation, gender identity, and gender  
207 expression. Staff will also recognize that this language may change over time, and affirm and  
208 support the child or youth in their process of identity formation and expression.

209

210 Additionally, staff will recognize that a child's sexual orientation, gender identity, and gender  
211 expression is an integral part of who they are and not a personal "choice" that can be changed  
212 or determined by others. Staff will not attempt to convince any child or youth to reject or  
213 modify their sexual orientation, gender identity, or gender expression. Staff are prohibited from  
214 imposing their personal and/or religious beliefs on children and their families, and will not allow  
215 those beliefs to impact the way individual needs of youth or families are met.

216

217 Guidelines such as these that use the terms "lesbian, gay, bisexual, transgender, and  
218 questioning" will be seen as a starting basis for engaging with children or youth in a way that  
219 utilizes respectful language and terminology. Staff will not use any disrespectful terms or  
220 language such as "homo" or "transvestite" or "he/she" or any other disempowering terms for  
221 LGBTQ or gender non-conforming children or youth. Since some terms may be acceptable  
222 and/or preferable to one person and offensive to another, staff will utilize best practices when  
223 working with children and youth. Staff will reflect/mirror the language and terminology  
224 employed by that child or family member (when appropriate) during a one-on-one interaction.  
225 Staff will help all children and family members use language that is respectful to all parties and  
226 will not cause harm in shared spaces.

227

228 Staff will recognize that while it is important to use the language chosen by the child or youth, a  
229 child or youth who is questioning their sexual orientation, gender identity, or gender expression  
230 may not know all the relevant terminology and will be encouraged to express themselves in  
231 whatever way they may choose.

232

233 Sexual orientation, gender identity, and gender expression are different identity constructs. If  
234 someone identifies as transgender they may also identify as straight, gay, lesbian, or bisexual  
235 because sexual orientation is separate from gender identity (see definitions). Furthermore,  
236 gender identity is very individual, and some transgender children or youth may identify as

237 neither male-to-female nor female-to-male but simply as a boy or girl or as more gender fluid.  
238 Children and youth may also identify differently on different days, as they work through their  
239 identities. Child and Family Services staff will keep in mind that increasingly, many LGBTQ and  
240 gender non-conforming children and youth are choosing to embrace the identity of  
241 “genderqueer” as a term that is more inclusive of a range of identities.  
242

243 Additionally, staff are required to use respectful, inclusive, and gender neutral language when  
244 referring to a child or youth’s sexual orientation, gender identity, and gender expression. For  
245 example, language such as “involved with someone” or “partner” as opposed to “boyfriend”  
246 and “girlfriend” will be used with all persons regardless of sexual orientation, gender identity,  
247 or gender expression  
248

#### 249 Definitions

250 **Bisexual** – Continuing emotional, romantic, and affectionate attraction to persons of the same  
251 and different genders.  
252

253 **Cisgender** – Individuals whose gender identity and/or gender expression conforms to the  
254 characteristics traditionally associated with their assigned sex at birth. Not transgender.  
255

256 **Gay** - A boy or man who has a continuing enduring emotional, romantic, and affectionate  
257 attraction for other boys or men.  
258

259 **Gender Expression** - The manner by which an individual expresses their gender, through  
260 behavior, clothing, haircut, jewelry, voice, or body characteristics.  
261

262 **Gender Identity** - An inner sense of being male, female, another gender, or in between. One’s  
263 gender identity may not align with the individual's assigned sex at birth.  
264

265 **Gender Non-Conforming** – Having or being perceived to have gender characteristics and/or  
266 behaviors that do not conform to traditional or societal expectations. This can apply to lesbian,  
267 gay, bisexual, transgender, AND heterosexual children or youth.  
268

269 **Genderqueer** – A term that is embraced as an option to the binary language of LGBTQ umbrella  
270 terms that offers an alternative to an LGBTQ youth who does not feel that the identity of gay or  
271 lesbian accurately describes them; and who is not bisexual. This term would fall under the  
272 umbrella of transgender identities.  
273

274 **Intersex (or Intersexual)** – Refers to a person born with the full or partial sex organs of male  
275 and female, or with underdeveloped or ambiguous sex organs. About four percent of all births  
276 are Intersex to some degree. This term replaces hermaphrodite.  
277

278 **Lesbian** - A girl or woman who has a continuing enduring emotional, romantic, and affectionate  
279 attraction for other girls or women.

280

281 **LGBTQ** – An acronym for Lesbian, Gay, Bisexual, Transgender and Questioning. This is an  
282 umbrella term that is inclusive of many identities.

283

284 **Queer** – An inclusive identity reclaimed by some people in the LGBTQ communities to describe  
285 sexual orientation and gender identity beyond the constraints of a binary gender system. Often  
286 used as an umbrella term. A term more commonly used and embraced by youth as inclusive of  
287 various identities.

288

289 **Questioning** – A person who is exploring their sexual and/or gender identity. A fairly common  
290 part of adolescent human development.

291

292 **Sexual Orientation** – The scientifically accurate term for an individual's enduring emotional,  
293 romantic, sexual, or affectionate attraction to individuals of a particular gender. Sexual  
294 behavior and sexual orientation are distinct terms; the former only pertains to sexual activity  
295 whereas the latter refers to feelings and identity.

296

297 **Straight/Heterosexual** – A person who has continuing enduring, emotional, romantic, and  
298 affectionate attraction to persons of the “opposite” gender. Not lesbian, gay, or bisexual.

299

300 **Transgender** – Individuals whose gender identity and/or gender expression does not conform  
301 to the characteristics traditionally associated with their assigned sex at birth.

302

303 **Transsexual** – A term for someone who transitions from one physical sex to another in order to  
304 bring their body more in line with their innate sense of their gender identity.

305

### 306 Practice Guidelines

#### 307 A. Confidentiality:

308 1. Staff will keep in mind that when a child or youth discloses their sexual  
309 orientation, gender identity, or gender expression it will be considered sensitive  
310 information and be kept confidential, given that such disclosure could pose great  
311 risk to the youth or child.

312 2. Staff will not disclose a child or youth’s sexual orientation, gender identity, or  
313 gender expression to other individuals or agencies, without the child or youth’s  
314 permission. If a child or youth grants permission to share information on their  
315 sexual orientation, gender identity, or gender expression, this information may  
316 also prove relevant to decisions regarding safety in a child or youth’s academic  
317 environment, educational services, reunification, and placement. Knowledge of  
318 this information may prove beneficial and can lead to the exploration of other

- 319 issues, social supports, family awareness and response, and health guidance that  
320 would increase safety.
- 321 3. However, there might be a few circumstances under which such information  
322 sharing is necessary without first gaining the child or youth's permission. For  
323 example, if a child or youth's sexual orientation, gender identity, or gender  
324 expression is related to the abuse or neglect in their home, then the information  
325 will be disclosed by the caseworker to Intake, particularly information related to  
326 safety issues. However, to affirm a sense of safety and build trust, staff will also  
327 inform the child or youth with whom the information will be shared and why  
328 *before the information is shared*, whenever possible.
- 329
- 330 B. Safety and Disclosure:
- 331 1. Staff will be aware that many LGBTQ children and youth, particularly those  
332 involved with the child welfare system, have had experiences of trauma  
333 (violence, sexual abuse, verbal harassment, etc.) related to their sexual  
334 orientation and gender identity, and staff will receive ongoing training specific to  
335 these unique forms of trauma. LGBTQ and gender non-conforming youth are  
336 particularly susceptible to trauma, discrimination, and abuse. Staff will also be  
337 able to recognize signs of distress, support disclosure when appropriate, and  
338 follow appropriate protocols for reporting.
- 339 2. A child or youth may disclose their sexual orientation and/or gender identity to  
340 staff when, and if, they feel ready. This disclosure is more likely to occur for an  
341 LGBTQ child or youth if a safe environment and trusting relationship has been  
342 created for such a disclosure. There are some circumstances when it may be  
343 appropriate for staff to affirmatively try to provide an opportunity for youth to  
344 disclose that they are LGBTQ. For example, if a child or youth is subject to  
345 harassment in their foster placement, then staff will explore with the child if the  
346 harassment is related to their sexual orientation, gender identity, or gender  
347 expression. [See [Appendix B](#) - How to Create a Climate of Safety and Convey  
348 Support for Children and Youth for some contextual examples where this may  
349 apply.]
- 350 3. All children and youth may request the use of a preferred name, and of the  
351 gender of which they identify if applicable rather than their legal name. Staff will  
352 ask children and youth what name they prefer and what pronoun to use. This  
353 will provide transgender and gender non-conforming youth with a safe means to  
354 let staff know of a preferred name and pronoun. [For an explanation of LGBTQ  
355 related terms, see the list of definitions above.]
- 356 4. When a child or youth requests the use of a preferred name and/or preferred  
357 gender pronoun, staff will ask the youth which name (legal or preferred) and  
358 which pronouns they will use to refer to the youth in conversations with the  
359 youth's family, and in conversation with other service providers and/or the  
360 court. To ensure safety, staff will comply with the youth's request for preferred

- 361 name and pronoun use in conversations with the above-mentioned parties.  
362 Finally, staff will periodically check in with the child or youth to see if it is still  
363 safe to use their preferred name and pronouns. For additional guidance on how  
364 to create safety for clients, see [Appendix B](#) - How to Create a Climate of Safety and  
365 Convey Support for Children and Youth.]
- 366 6. During the life of the case, staff will be mindful that a child or youth may not  
367 want to tell their family about their sexual orientation, gender identity, or  
368 gender expression. If their identity was not a precipitant of the child or youth's  
369 removal from the home but does create a threat to safety, caseworkers will NOT  
370 disclose the child or youth's sexual orientation, gender identity, or gender  
371 expression to the family.
- 372 7. If a child or youth discloses their sexual orientation, gender identity, or gender  
373 expression while in foster care, the child or youth will be offered the opportunity  
374 for services and information to support individual, family, and health issues.  
375 [See: [Appendix A](#) - Resources to Support LGBTQ Youth and Families.]  
376 Additionally, referrals to community service providers will be made when  
377 appropriate.  
378
- 379 C. Services to Prevent Removal:
- 380 1. Staff will be familiar with the unique family dynamics that emerge for LGBTQ  
381 children and youth in general and LGBTQ children and youth involved with the  
382 child welfare system. All staff will recognize that family responses to a child or  
383 youth's sexual orientation, gender identity, or gender expression may vary  
384 widely and interact with other aspects of that youth and families' identities,  
385 including race, class, gender, citizenship, etc.
- 386 2. Staff will help stabilize and create safety for LGBTQ and gender non-conforming  
387 youth in their homes to prevent out-of-home placement for reasons having to do  
388 with sexual orientation, gender identity, and gender expression whenever  
389 possible. Caseworkers working with an LGBTQ or gender non-conforming child  
390 or youth will identify and become familiar with community resources to support  
391 the sexual orientation, gender identity, and gender expression of the child or  
392 youth. This work includes providing LGBTQ and gender non-conforming children  
393 and youth specific community resources to the child or youth and families for  
394 support (e.g., a copy of community resources as listed in [Appendix A](#) - Resources  
395 to Support LGBTQ Youth and Families.)
- 396 3. Staff will carefully consider the parent/caregiver's attitude towards the child or  
397 youth's sexual orientation, gender identity, gender expression and other related  
398 behaviors as contributing factors to a child or youth's safety and positive identity  
399 development throughout the life of the case when identifying possible threats of  
400 harm. This will be done on an ongoing basis and can be done by engaging  
401 parents/caregivers and educating the parents/caregivers that a continued

- 402 relationship between the parent and youth with some level of acceptance and  
403 understanding is critical to the health of the youth.
- 404 4. In some cases, children or youth having severe emotional reaction and/or  
405 behavioral concerns may require more intensive services, such as outpatient  
406 short-term counseling or psychotherapy. When a child, youth, or family member  
407 is having a more severe emotional reaction to the child or youth's sexual  
408 orientation, gender identity, or gender expression (e.g., persistent depression or  
409 anxiety, engaging in substance use or dangerous/high-risk behaviors, social  
410 withdrawal, risk of family rejection, placement disruption, etc.), more intensive  
411 services may be required, including, but not limited to, individual, group, or  
412 family therapy. [*Refer to:* subsection F.]  
413
- 414 D. Expectations for Out-of-Home Placement:
- 415 1. When a child or youth who identifies as LGBTQ or gender non-conforming enters  
416 foster care, staff will place them in a home that is safe and recognizes and meets  
417 their needs. Any out-of-home placement, whether it be with foster, adoptive, or  
418 birth parents, will affirm every child's sexual orientation, gender identity, or  
419 gender expression, treat them with respect and dignity, and work to ensure their  
420 overall well-being. Staff will also ensure that families who have a child or youth  
421 who discloses their sexual orientation, gender identity, or gender expression  
422 while in their care are providing an affirming home for that child or youth. All  
423 foster families will be given the support and training needed to provide optimal  
424 care for children and youth regardless of sexual orientation, gender identity, and  
425 gender expression.
- 426 2. For cases where an LGBTQ or gender non-conforming youth is residing in a foster  
427 home, staff are expected to make sleeping arrangement decisions that will  
428 ensure the safety of this youth as they would with any other youth. Decisions on  
429 bedrooms for all LGBTQ and gender non-conforming youth in foster homes will  
430 be based on the youth's individualized needs and will prioritize the youth's  
431 emotional and physical safety. Staff will take into account the child or youth's  
432 perception of where he or she will be most secure, as well as any  
433 recommendations from the child or youth's mental health care provider. The  
434 child or youth's well-being will be taken into consideration when making this  
435 decision. Therefore, it is important to include the child or youth in the decision-  
436 making process so as to avoid alienating them. Staff will not isolate any child or  
437 youth based on sexual orientation, gender identity, or gender expression.
- 438 3. All children and youth will be allowed to use private or individual bathroom stalls  
439 and be allowed to shower privately.
- 440 4. For cases where a transgender youth is residing in a residential facility, every  
441 effort will be made so that transgender or gender non-conforming youth are  
442 housed in a residential facility that can provide individual sleeping quarters (one-  
443 person bedroom) to allow for privacy. Transgender or gender non-conforming

444 children or youth will not automatically be housed according to their sex  
445 assigned at birth. As in a foster care setting, the agency will make housing  
446 decisions for transgender or gender non-conforming youth based on the child or  
447 youth's individualized needs and will prioritize the child or youth's emotional and  
448 physical safety. Staff will take into account the child or youth's perception of  
449 where they will be most secure, and remember to include the child or youth in  
450 the decision-making process so as to avoid alienating them. Staff may utilize  
451 regional clinical consultants when determining placement for gender non-  
452 conforming or transgender youth.

453  
454 E. Personal Grooming and Clothing:

- 455 1. Grooming rules and restrictions, including rules regarding hair, make-up, and  
456 shaving, will be the same for all children and youth regardless of sexual  
457 orientation, gender identity, or gender expression. A child or youth will not be  
458 prevented from or disciplined for using a form of personal grooming because it  
459 does not match gender norms. All children and youth will be permitted to use  
460 approved forms of personal grooming consistent with or that affirms their  
461 gender identity.
- 462 2. Children and youth may wear clothing consistent with their gender identity. All  
463 children and youth in out-of-home care will have safety parameters established  
464 regarding outer attire congruent with the occasion (such as swimwear) and will  
465 be age appropriate. Children and youth are able to wear undergarments of their  
466 choice. If there is a conflict between the child or youth and their caregiver  
467 regarding outer attire and/or undergarments, the caseworker will help resolve  
468 the issue.

469  
470 F. Mental Health and Medical Considerations:

- 471 1. Most needs related to sexual orientation, gender identity, and gender expression  
472 for children and youth can best be met through caregiver and family support,  
473 community support, education groups, and/or peer counseling. The child or  
474 youth's family and foster/adoptive family members may also need assistance in  
475 supporting the child or youth. When appropriate, caseworkers will assist  
476 families in identifying supportive resources and professionals in their area in  
477 order to help create adequate support systems in place for sexual orientation,  
478 gender identity, and gender expression, including transition to permanency.  
479 [See: [Appendix A](#) - Resources to Support LGBTQ Youth and Families.]
- 480 2. In accordance with accepted health care practices, which recognize that  
481 attempting to change a person's sexual orientation, gender identity, or gender  
482 expression is harmful, staff will NOT make referrals to mental health providers  
483 who attempt to change a child or youth's sexual orientation, gender identity, or  
484 gender expression through conversion, reparative, or regression therapy, or any  
485 other methods.

- 486 3. All children and youth in out-of-home care will receive a comprehensive mental  
487 health screening. Children or youth who identify as LGBTQ or gender non-  
488 conforming who receive mental health services will be served by clinicians who  
489 are aware of the needs and best practices for those populations.
- 490 4. For many transgender and gender non-conforming youth, puberty can be a time  
491 of crisis where the urgency of medical decisions is warranted. Children and youth  
492 who voice anxiety at the prospect of facing puberty outcomes that conflict with  
493 their gender identity will be referred to a psychiatrist who is aware of the needs  
494 and best practices for those populations for medication evaluation.
- 495 5. If a child or youth enters out-of-home care and reports that a licensed medical  
496 provider in the community prescribed them hormones, this medication will be  
497 continued while the child or youth is in care. If hormone therapy is discontinued  
498 for a child or youth, the child or youth will continue to be monitored by medical  
499 and behavioral health staff in order to treat any symptoms that may occur as a  
500 result.  
501

### 502 **300.6 Resource Family Consultants (RFCs) – Role And** 503 **Expectations**

#### 504 Major objectives:

505 The purpose of this section is to define the role and expectations of a Resource Family  
506 Consultant (RFC). The region may have additional expectations of the RFC beyond those  
507 described here; however, these guidelines are the minimum requirements expected of an RFC.  
508 The RFC provides support for placements with resource families that are licensed through the  
509 Department of Human Services, Office of Licensing for general foster care (LFC). This section  
510 does not pertain to support for resource homes which are certified through contract providers  
511 or resource homes that are licensed for a specific child (LSC). Under the conditions of the  
512 contract, contract providers are responsible to provide support to the homes they certify. Child  
513 and Family Services staff, who possess an LSC license, with an expertise in supporting kinship  
514 homes will provide the support for families.  
515

#### 516 517 518 Definitions

- 519 A. Resource Family Consultant (RFC) – An employee of Child and Family Services who is  
520 responsible for providing support for placements of children in out-of-home care with  
521 families that are licensed with a LFC license through the Department of Human Services,  
522 Office of Licensing.  
523

#### 524 Practice Guidelines

525 The following items describe the minimum role and expectations for the RFC.  
526

- 527 A. The RFC will be familiar with the procedures and requirements necessary for a family to  
528 become a licensed out-of-home care provider and sustain licensure. These  
529 requirements include basic licensing standards outlined by the Office of Licensing,  
530 Background Screening Requirements, the Provider Code of Conduct, and the pre-service  
531 and ongoing training requirements.  
532
- 533 B. The RFC will assist licensed resource families with tracking their number of in-service  
534 training hours in order to assist them in acquiring the required number of in-service  
535 hours needed for re-licensure.  
536
- 537 C. The RFC will be familiar with the procedures outlined in Practice Guidelines [Section 305](#),  
538 “Child and Family Services relationship with Out-of-Home Caregiver”, and [Section 306](#),  
539 “Emergencies and Serious Situations.”  
540
- 541 D. Each RFC is responsible for becoming familiar with and forming a working relationship  
542 with the resource families assigned to them. The RFC will develop knowledge of the  
543 strengths and needs of each resource family in regards to caring for a child in the  
544 custody of Child and Family Services. The knowledge of the resource family will assist  
545 the RFC in facilitating a successful placement of a child in the custody of Child and  
546 Family Services with the resource family.
- 547 1. The RFC is responsible for visiting newly licensed foster homes within 30 days or  
548 sooner of Child and Family Services receiving the home study, in order to  
549 generally assess the type of child that the resource family may be successful  
550 with. Ideally, the visit should be conducted prior to the resource family having a  
551 child placed in their home.
  - 552 2. The RFC is responsible for ongoing assessment of each resource family’s ability  
553 to care for a child in the custody of Child and Family Services. Any significant  
554 information that the RFC learns regarding the family’s ability to provide quality  
555 care for a child will be documented in the Provider notes in SAFE. The RFC will  
556 also assess how significant life changes that occur in a family, such as births,  
557 deaths, adoption, divorce, etc., may impact the family’s ability to continue to  
558 provide care for children in the custody of Child and Family Services.
  - 559 3. The RFC is responsible for ensuring that they document any relevant information  
560 regarding the family they may learn from the Office of Licensing and/or the Utah  
561 Foster Care regarding licensure, training, etc.
  - 562 4. The RFC will provide any information that they become aware of to the Office of  
563 Licensing that may be relevant to or may affect the licensure of the resource  
564 family.
  - 565 5. Minimum standards of contact with the resource family:
    - 566 a. Monthly Contact: At minimum, the RFC is required to have monthly  
567 contact with each resource family they oversee. This may include a  
568 phone call, email, letter, or face-to-face contact with the resource family.

- 569                    b.        Face-to-Face Home Visits: The RFC is required to conduct a visit in the  
570                                       home of each resource family they oversee a minimum of once every six  
571                                       months, being more attentive to the resource homes with current  
572                                       placements of children. The RFC will document a summary of the home  
573                                       visit in the Provider Module of SAFE.
- 574                                       (1)        Exceptions for the six-month face-to-face home visit may be made  
575                                       for resource families that are not currently being utilized (are “on  
576                                       hold”) due to personal issues, a recent adoption, etc. If a family  
577                                       that is “on-hold” expresses that they want to resume taking  
578                                       placements, the RFC must make a face-to-face visit in the home  
579                                       prior to a child being placed there.
- 580                    c.        The RFC may determine that it is necessary to have more frequent  
581                                       contact with a resource family based on the specific needs and  
582                                       vulnerabilities of a child placed in the home, as well as the protective  
583                                       capacities of the resource family.
- 584                    d.        The region may require more than the minimum standards of contact  
585                                       between the RFC and the resource families they serve if a determination  
586                                       is made that the region has the resources and capacity for more frequent  
587                                       contact.
- 588
- 589 E.        Using the knowledge they possess of the resource families, the RFC assists the  
590                    caseworker in finding and facilitating a placement match for a child in the custody of  
591                    Child and Family Services with a licensed resource home. The placement decision  
592                    should take into account factors that are in the child’s best interest when making a  
593                    placement decision, including but not limited to the skills of the foster parent; proximity  
594                    to the home the child was removed from; the potential that the child may be placed  
595                    with kin; the ability of the resource family to maintain siblings together; the proximity to  
596                    the child’s home school; and the permanency goal, including enduring safety and  
597                    permanency for the child.
- 598                    1.        When possible, it is best practice for the RFC to assist the caseworker in  
599                                       facilitating a pre-placement meeting regarding the specific needs of the child  
600                                       prior to placement of the child in the home.
- 601                    2.        The RFC may assist the caseworker in providing information to the resource  
602                                       family regarding the child prior to the placement of the child in the home. The  
603                                       RFC will document providing the information to the resource family in the  
604                                       activity logs of the child’s case in SAFE and will use the correct policy attachment  
605                                       when documenting that this step was completed.
- 606
- 607 F.        The RFC will assist the caseworker in supporting and maintaining the placement of a  
608                    child with a resource family. The RFC may also assist in preventing possible placement  
609                    disruptions.

- 610 1. The RFC is responsible for knowing what resources are available to help support  
611 and maintain a child's placement in the home of a resource family, as well as  
612 how to help the resource family access those resources.
- 613 2. The RFC may attend Child and Family Team Meetings, court, and home visits  
614 with the caseworker. The RFC may also assist with the process of preparing a  
615 family for adoption, if appropriate.
- 616 3. The RFC will be included as an integral part of the Child and Family Team, when  
617 the need arises, in order to assist the team in understanding and/or planning for  
618 placement transitions and issues regarding permanency for the child.
- 619 4. The RFC may assist the resource family in developing an understanding of Child  
620 and Family Services' procedures and Practice Guidelines, especially when the  
621 resource family has questions and/or concerns.
- 622 5. The RFC may assist the resource family in finding a respite provider when  
623 needed.
- 624 6. In the event that a related-parties investigation is initiated regarding a resource  
625 family, the RFC may provide answers to general questions regarding policies and  
626 procedures and may listen to concerns the provider may have in order to  
627 provide empathy as they go through the investigative process. The RFC may not,  
628 however, provide any information to the provider regarding the specifics of the  
629 investigation. In addition, the RFC has an obligation to provide any information  
630 to the CPS investigator that they believe may be relevant to the investigation.
- 631 7. The RFC assists the caseworker in ensuring that the health care requirements for  
632 the child are communicated to the resource family and may assist the  
633 caseworker in following up with the family to ensure that medical and mental  
634 health requirements for the child are completed in a timely manner.
- 635 8. The RFC will ensure that the Foster Care Agreement (Form 638A) is completed  
636 on an annual basis, upon re-licensure of the resource family. As a part of this  
637 process, the RFC will obtain an email address from each resource family and will  
638 enter the email address into the provider window in SAFE.
- 639
- 640 G. The RFC is responsible for developing and maintaining appropriate and professional  
641 partnerships with community partners, especially when it relates to maintaining a child  
642 in the home of an appropriate resource family and/or providing services to prevent  
643 placement disruption.
- 644
- 645 H. The RFC will attend, be prepared for, and actively participate in the placement  
646 committee when a resource family they are assigned to is presented as a potential  
647 match for a child needing placement.
- 648
- 649 I. The RFC will attend cluster meetings and other foster parents' activities when possible  
650 (at a minimum once a year) in order to build relationships with the families they serve,

651 offer support to foster parents, answer questions, and understand issues faced by  
652 resource families.

653  
654 J. The RFC will help resource families understand how to act in a professional manner at  
655 all times when representing themselves as a foster parent. This includes when they are  
656 interacting with others in the community as well as on social networking sites.  
657

## 658 **300.7 Normalcy For Children And Youth In Foster Care**

### 659 Major objectives:

660 To provide employees and caregivers with information related to the need for foster children  
661 and youth to participate in activities that non-custody children experience as part of a healthy,  
662 normal childhood. These activities include recreation, extra-curricular school activities, sports,  
663 school club participation and other activities that promote healthy development. Participating  
664 in normalizing activities helps a survivor of trauma feel less like a victim and help promote  
665 healing and well-being.  
666

667 Caregivers can make a decision, on behalf of a child or youth, regarding certain types of  
668 activities a youth may participate in by using a reasonable and prudent parenting standard,  
669 without receiving prior approval from Child and Family Services. This helps promote a normal  
670 parent-child relationship between the caregiver and the child.  
671

### 672 **Applicable Laws**

673 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

674 Utah Code Ann. [§62A-4a-210](#). Definitions.

675 Utah Code Ann. [§62A-4a-211](#). Division responsibilities -- Normalizing lives of children.

676 Utah Code Ann. [§62A-4a-212](#). Requirements for decision making -- Rulemaking authority.  
677

### 678 Background of House Bill 346

679 A. Utah Code Ann. [§62A-4a-211](#) requires Child and Family Services to make efforts to  
680 normalize the life of a child in Child and Family Services' custody and to empower a  
681 caregiver to approve or disapprove a child's participation in activities based on the  
682 caregiver's own assessment using a reasonable and prudent parenting standard,  
683 without prior approval of Child and Family Services.  
684

685 B. Utah Code Ann. [§62A-4a-211](#) requires Child and Family Services to verify that private  
686 agencies, providing out-of-home placement under contract with Child and Family  
687 Services, promote and protect the ability of a child to participate in age-appropriate  
688 activities.  
689  
690

- 691 C. Utah Code Ann. [§62A-4a-211](#) provides that a caregiver is not liable for harm caused to a  
692 child in out-of-home placement, if the child participates in an activity approved by the  
693 caregiver, provided that the caregiver has acted in accordance with a reasonable and  
694 prudent parenting standard.

695  
696 Definitions

- 697 A. Reasonable and Prudent Parenting: The standard characterized by careful and sensible  
698 parental decisions to maintain a child's health, safety, and best interest while at  
699 the same time encouraging the child's emotional and developmental growth.  
700  
701 B. Activities: An extracurricular, enrichment, or social activity.  
702  
703 C. Age-Appropriate: a type of activity that is generally accepted as suitable for a child of  
704 the same age or level of maturity, based on the development of cognitive, emotional,  
705 physical, and behavioral capacity that is typical for the child's age or age group.  
706

707 Practice Guidelines

- 708 A. If a child in foster care desires to participate in an activity, the caregiver must use a  
709 reasonable and prudent parenting standard to determine if the activity requested is age  
710 appropriate. The caregiver will use the following items to guide their decision to  
711 approve or disapprove the activity:  
712 1. The child's age, maturity, and developmental level to maintain the overall health  
713 and safety of the child;  
714 2. Potential risk factors and the appropriateness of the activity;  
715 3. The best interest of the child based on the caregiver's knowledge of the child;  
716 4. The importance of encouraging the child's emotional and developmental growth;  
717 5. The importance of providing the child with the most family-like living experience  
718 possible; and  
719 6. The behavioral history of the child and the child's ability to safely participate in  
720 the proposed activity.  
721  
722 B. If the caregiver is unsure if the child should participate in the proposed activity, the  
723 caregiver will discuss the items listed above with the caseworker, and if needed, other  
724 members of the child and family team to determine if the child may participate in the  
725 activity.  
726  
727 C. If the child feels they are being denied the ability to participate in normalizing activities,  
728 a Child and Family Team Meeting may be convened.  
729  
730 D. The caregiver will inform the caseworker of activities where the child will be away from  
731 the caregiver overnight. Reasonable and prudent parenting standards will be followed.  
732 Overnight activities requested by the child are not considered respite.

- 733
- 734 E. It is not necessary for a caregiver to seek permission from Child and Family Services each  
735 time a child participates in a routine activity. This would include any activities that the  
736 caregiver's family participates in on a regular basis, including but not limited to  
737 recreational sports, camping, hiking, biking, swimming, dance, art or music lessons, etc.  
738 If the activity has an inherent risk of bodily harm, injury, or death, the caregiver must  
739 inform the caseworker prior to the activity.  
740
- 741 F. For non-routine activities where bodily harm, injury, or death could occur, the caregiver  
742 will consult with the caseworker to assess using the reasonable and prudent parenting  
743 standard to determine if the activity is appropriate for the child to participate in. Some  
744 non-routine activities include but are not limited to:
- 745 1. Off-Highway Vehicle (OHV) or All-Terrain Vehicle (ATV).
  - 746 2. Water sports, including boating and white-water rafting.
  - 747 4. Horseback riding.
  - 748 5. Skiing, snowboarding, or snowmobiling
- 749
- 750 If the sponsor of a particular activity, such as an athletic league, requires informed  
751 consent forms, those forms must be completed prior to the child participating in the  
752 activity.  
753
- 754 G. Any time a child participates in an activity that has an inherent risk of bodily harm,  
755 injury, or death, every precaution must be taken to participate in the activity as safely as  
756 possible. This would include wearing DOT/Snell approved helmets when riding OHV's,  
757 completing OHV education (<http://stateparks.utah.gov/resources/ohv/education>) or  
758 personal watercraft or boating education  
759 (<http://stateparks.utah.gov/resources/boating/education>), wearing Coast Guard  
760 approved lifejackets, and completing hunter's education  
761 (<http://wildlife.utah.gov/hunter-education.html>). It also includes following any  
762 applicable statute pertaining to minors operating OHV's, personal watercraft, or boats  
763 and firearms.  
764
- 765 H. For children placed in a group home or residential treatment setting, the provider will  
766 incorporate normalcy activities into their program. The activities will be in-line with the  
767 reasonable and prudent parenting standard and will help children with skills essential  
768 for positive development.
- 769 1. If the activity is routine for the program, but has an inherent risk of bodily harm,  
770 injury or death, the provider will notify the agency of the activity.
  - 771 2. If the activity is non-routine and the activity has an inherent risk of bodily harm,  
772 injury or death, the provider will consult with the caseworker to assess using the  
773 reasonable and prudent parenting standard to determine if the activity is  
774 appropriate for the child to participate in.

- 775  
776 I. If the activity has a cost associated with the participation in the activity, such as athletic  
777 leagues, school dances, lessons, or recreation education fees, the caregiver will contact  
778 Child and Family Services to determine if funds are available to pay for the activity.  
779 1. For children under 14 years of age, the caseworker will staff the funding request  
780 with their supervisor to determine what funds can be used to support the child  
781 in participating in the activity. These may include:  
782 a. Utah Foster Care's Wishing Well Funds;  
783 b. Special Needs Miscellaneous; or  
784 c. Monthly Personal Needs Funds.  
785 2. If the youth is 14 years of age or older, the caseworker will also staff the funding  
786 request with the regional Transition to Adult Living coordinator to determine if  
787 the activity can be supported with Chafee funding.  
788

## 789 300.8 Runaway Child And Missing Children

### 790 Major objectives:

791 Children who run away or are missing from state's custody are at an increased risk for  
792 exploitation and trauma due to having to meet their own needs in ways that may be unsafe.  
793 Every effort must be taken to find missing children and to prevent child from running. It is also  
794 imperative to locate a child who runs away, assess for human trafficking, and provide holistic  
795 services that meet the needs of the child, including addressing any trauma that may have  
796 occurred during the runaway episode or abduction. Children need to be placed in the least  
797 restrictive placement possible following a runaway episode while assessing the needs of the  
798 child.  
799

800 Since 2012, there has been an increase in the awareness regarding the prevalence of runaway  
801 and homeless children, particularly children involved in child welfare systems who are homeless  
802 or run away. The increase in awareness also includes the Commercial Sexual Exploitation of  
803 Children (CSEC), also known as human trafficking. These guidelines are to help caseworkers  
804 incorporate best practices of working with runaway children, victims of CSEC, and homeless  
805 children.  
806

### 807 **Applicable Laws**

808 Federal Act [HR4980](#), Preventing Sex Trafficking and Strengthening Families Act.

809 Utah Code Ann. [§62A-4a-105](#), Division responsibilities.

810 Utah Code Ann. [§76-10-1302](#), Prostitution.

811 Utah Code Ann. [§77-38-15](#), Civil action against human traffickers and human smugglers.  
812

### 813 Practice Guidelines

814 A. Definitions (as defined in [HR4980](#)):  
815

- 816 1. Commercial Sexual Exploitation of Children (CSEC): Occurs when individuals buy,  
817 trade, or sell sexual acts with a child. Sex trafficking is the recruitment,  
818 harboring, transportation, provision, or obtaining of a person for the purposes of  
819 a commercial sex act. Children who are involved in the commercial sex industry  
820 are viewed as victims of severe forms of trafficking in persons, which is sex  
821 trafficking in which a commercial sex act is induced by force, fraud, or coercion,  
822 or in which the person induced to perform such an act has not attained 18 years  
823 of age. A commercial sex act is any sex act on account of which anything of  
824 value is given to or received by any person.
- 825 2. Runaway Child: A child who willfully leaves the residence of a parent or guardian  
826 without the permission of the parent, caregiver, or guardian.
- 827 3. Homeless: An individual who lacks housing.  
828
- 829 B. Prevention: Children in foster care run away for a variety of reasons. The most  
830 significant reasons include a search for safety, independence, and the least restrictive  
831 placement; conflict with their caregiver, including abuse and neglect and trying to  
832 escape an unpleasant situation; being asked to run with a peer or trying to find a sense  
833 of normal even when child acknowledge their family is not safe. Most often, it can be  
834 categorized as running to something/someone or running from something/someone.
- 835 1. In order to prevent the child from running, the caseworker will ask during each  
836 monthly home visit if the child has any concerns regarding the placement,  
837 including:
- 838 a. Their relationship with the caregiver.  
839 b. If the child's needs are being met by the caregiver.
- 840 2. If the child discloses there are issues with the placement, the caseworker will ask  
841 the child what solutions they have thought of to address the issues and what the  
842 caseworker can do to help improve the situation. If the child discloses that he or  
843 she has thought about running from the placement, the caseworker will address  
844 those issues with the child to problem solve by asking some of the following  
845 questions:
- 846 a. What else can be done to improve things before you leave?  
847 b. What would make you stay in the placement?  
848 c. How will you survive?  
849 d. Is running away safe?  
850 e. Who can you talk to about the situation?  
851 f. Are you being realistic?  
852 g. Have you given this enough thought?  
853 h. What are your other options?  
854 i. Who will you call if you end up in trouble?  
855 j. What will happen when you return?
- 856 3. If necessary, a Child and Family Team Meeting will be convened to discuss the  
857 issues raised by the child and to develop solutions that will allow the child to

- 858 remain safely in their placement. Possible strategies to help prevent the  
859 runaway behavior include, but are not limited to:
- 860 a. Increased support system for the child.
  - 861 b. Involve child in case planning decisions, including placement decisions.
  - 862 c. Exploration of kinship as either placement options or informal supports.
  - 863 d. Provide the child with information for the National Runaway Safeline to  
864 call or live chat at 1-800-runaway or [www.1800runaway.org](http://www.1800runaway.org).
  - 865 e. Identify a safe place for the child to go if they run  
866 ([www.nationalsafeplace.org](http://www.nationalsafeplace.org)).
  - 867 f. Provide child with the Child and Family Services Child Abuse Reporting  
868 Hotline (1-855-323-3237) to make a referral if they feel unsafe in their  
869 placement.
- 870
- 871 C. Response:
- 872 1. If the child is under 18 years of age, the caregiver must:
    - 873 a. Notify the caseworker immediately that the child is missing. This includes  
874 the last time the child was seen, when the caregiver noticed they were  
875 missing, and what they were wearing.
    - 876 b. Call Intake and report the child as missing if this occurs outside normal  
877 business hours. Intake will relay the information to the on-call worker  
878 and notify the assigned foster care caseworker and supervisor via email.  
879 The on-call worker will also relay the information to the assigned foster  
880 care caseworker or, if the assigned foster care caseworker is not  
881 available, to the on-call supervisor.
  - 882 2. Upon receiving information from the caregiver that the child is missing, the  
883 caseworker will:
    - 884 a. Staff the case with members of the Child and Family Team to determine if  
885 the child has run away or is missing, kidnapped, or abducted. This  
886 determination will be done within two hours of receiving the  
887 information. If the caseworker is not available, the on-call worker and  
888 the on-call supervisor will make the determination that the child is  
889 missing, kidnapped, or abducted.
    - 890 b. If it is determined that the child is missing, kidnapped, or abducted, the  
891 caseworker will:
      - 892 (1) File a Missing Persons Report immediately with the law  
893 enforcement agency where the child resides. The caseworker will  
894 supply the law enforcement agency with any necessary  
895 information that will promote the safe return of the child,  
896 including demographic information and recent photographs of the  
897 child. This may also include blood type, dental records, scars,  
898 marks, tattoos, and other identifiable features. The caseworker

- 899 will work with law enforcement to determine if an Amber Alert  
900 should be issued.
- 901 (2) The caseworker will obtain a case record (police report and  
902 number) from the law enforcement agency and request that the  
903 child be placed on the National Crime Information Center (NCIC)  
904 within two hours of the report being made. If law enforcement is  
905 unresponsive to placing the child on the NCIC, the caseworker will  
906 email the adolescent services program administrator at the State  
907 Office with this information.
- 908 (3) The caseworker will notify the parent(s) and/or guardian of the  
909 child within two hours of the caseworker receiving the report that  
910 the child is missing, abducted, or kidnapped. The caseworker will  
911 ask the family if the child is in their care or if they know where the  
912 child is. If the family provides leads as to where the child might  
913 be, the caseworker will relay the information to law enforcement.  
914 If the law enforcement agency does not respond to the  
915 information provided, the caseworker will make every effort to  
916 follow-up on leads. This includes phone calls, home visits, school  
917 visits, and social media. If the caseworker suspects the child has  
918 been abducted by the parent(s) and/or guardian, or the family  
919 discloses the child has returned to their care, the caseworker will  
920 inform law enforcement.
- 921 c. The caseworker will notify the Assistant Attorney General (AAG) or on-  
922 call AAG within four hours that the child is missing, abducted, or  
923 kidnapped. The caseworker will staff the case with the AAG to determine  
924 if a hearing is needed to inform the court that the child is missing,  
925 abducted, or kidnapped. The caseworker will also notify the Guardian ad  
926 Litem (GAL) within four hours.
- 927 d. The caseworker will notify the region director or designee, who will then  
928 notify the Department of Human Services (DHS) communication director  
929 (801-520-2777) that there is a child missing, abducted, or kidnapped who  
930 is in the custody of Child and Family Services and determine if media  
931 should be contacted to assist in the location and return of the child.
- 932 e. The caseworker will report the child is missing to the National Center for  
933 Missing and Exploited Children by calling 1-800-843-5678 and provide the  
934 center with any information that will help promote the safe return of the  
935 child. This could include demographic information, other identifiable  
936 information, and photographs.
- 937 f. After 24 hours if there is no contact from the child or the abductor, the  
938 caseworker will change the placement code in SAFE to KDP.
- 939 g. If a call for a ransom is received by Child and Family Services, the  
940 substitute caregiver, or the biological family, the caseworker will notify

- 941 the local FBI immediately with as much detail from the letter, phone call,  
942 or social media message as possible. (The FBI office: [fbi.gov/saltlakecity/](http://fbi.gov/saltlakecity/),  
943 FBI SLC 257 Towers Building, Suite 1200, 257 East 200 South, Salt Lake  
944 City, Utah 84111-2048, 801-579-1400; or the FBI web page for Crimes  
945 Against Children at <http://www.fbi.gov/hq/cid/cac/crimesmain.htm>.  
946 h. If the child is missing due to a natural disaster, the caseworker will defer  
947 to the DHS Natural Disaster Protocol to determine the appropriate course  
948 of action to locate the child.  
949
- 950 3. If it is determined the child has run away, the caseworker will:
- 951 a. Notify the parent(s) and/or guardian within 24 hours that the child has  
952 run away. The caseworker will engage the parent(s) and/or guardian to  
953 determine if the child has run to the parent(s) and/or guardian.
- 954 (1) If the family does know where the child is, but refuses to disclose  
955 the location of the child, the caseworker will ask if the child's  
956 basic needs are being met.
- 957 (2) If the family does not know where the child is, but commits to  
958 notifying the caseworker if the child makes contact with the  
959 family, the caseworker will continue to follow-up with the family  
960 on possible leads. Any information gained from these  
961 conversations will be given to law enforcement to aid in finding  
962 the child.
- 963 (3) The caseworker will inform the family of the current statute  
964 regarding harboring a runaway. [See: Utah Code Ann. [§62A-4a-](#)  
965 [501](#).]
- 966 b. Notify the AAG that the child has run away. The caseworker will file a  
967 pickup order with the Juvenile Court. On the pickup order, the  
968 caseworker will request that the child be taken to the least restrictive  
969 placement (i.e., current or prior placement, juvenile receiving center,  
970 Christmas Box House) once the child is found. The caseworker will also  
971 notify the GAL that the child has run away.
- 972 c. The caseworker will notify law enforcement and file a Missing Persons  
973 Report. The caseworker will also request the child be placed on the NCIC  
974 database for missing persons. The caseworker will supply law  
975 enforcement with information that will aid in the return of the child,  
976 including demographic information, where the child was last seen, and  
977 where the child may have ran to.
- 978 d. If it is during the school year, the caseworker will contact the school and  
979 request that they notify Child and Family Services if the child contacts or  
980 arrives at school.
- 981 e. The caseworker will notify other members of the Child and Family Team  
982 that the child has run away.

- 983 f. The caseworker will try and make contact with the child through a variety  
984 of means, including texting, email, and social media (Facebook, Twitter,  
985 etc.), as well as through any other family or relational contacts at least  
986 weekly until the child has been located or eight weeks from the time the  
987 child was reported as runaway, whichever is sooner, to assess if the child  
988 is safe and their needs are being met. All efforts to locate the child will  
989 be documented in SAFE.
- 990 (1) If the child responds to the outreach made by the caseworker, the  
991 caseworker will gather critical information regarding the safety  
992 and well-being of the child.
- 993 (2) The caseworker will encourage the child to come back into care.  
994 This must be done with sensitivity to the child and their situation,  
995 as the child may have been running from an unsafe situation and  
996 does not trust Child and Family Services or the caseworker.
- 997 (3) The caseworker will document all correspondence between the  
998 child and the caseworker in SAFE.
- 999 g. After 24 hours, the caseworker will change the placement code in SAFE to  
1000 CRW. The caseworker will staff the case with their regional  
1001 administrative team or designee to determine if the out-of-home  
1002 caregiver should continue to be paid as outlined in Administrative  
1003 Guidelines [Section 060.8](#) while the child is on the run. The agreement to  
1004 pay the out-of-home caregiver will not exceed 10 days.
- 1005 h. If the child is on the run for more than eight weeks, the caseworker will  
1006 contact the law enforcement agency who took the initial report to give  
1007 further information, including dental records, scars, marks and tattoos,  
1008 jewelry type, blood type, and other identifiable features in the event that  
1009 a deceased is discovered locally or nationwide.
- 1010 i. If the child is on the run for more than 12 weeks, the caseworker will staff  
1011 the case with regional administration or designee to determine if the  
1012 case should remain open or if a petition to close the case should be filed.
- 1013 (1) If a petition is filed requesting the case be closed, the caseworker  
1014 must address what steps have been taken to find the child. If  
1015 possible, the caseworker will include verification that the child is  
1016 safe while the child has been on the run and if the child will  
1017 continue to be safe in the petition.
- 1018 j. If the case is to remain open, the caseworker will make monthly attempts  
1019 to locate the child. All attempts must be documented in SAFE.
- 1020 4. If the child engages in chronic runaway behavior (i.e., has run away more than  
1021 three times a year or more than once in a 30-day period), the caseworker will  
1022 assess with the Child and Family Team the reasons the child is running and  
1023 implement strategies to address the behavior. This could include:

- 
- 1024 a. Assessing the placement to determine if the placement best meets the  
1025 needs of the child. A higher or lower level of care will be considered if it  
1026 better meets the needs of the child.
- 1027 b. Determining if the child is running to something/someone such as family,  
1028 peers, and/or intimate relationships. If the child is running to someone,  
1029 the caseworker will consider making these relationships part of the Child  
1030 and Family Team.
- 1031 c. Assessing if there are issues at school that have an impact on the  
1032 placement or contribute to the runaway behavior, such as bullying or  
1033 other negative peer relationships or struggles with academic progress.
- 1034 d. Addressing with the child's treatment provider issues relating to the  
1035 runaway behavior.
- 1036 e. If necessary, conducting a professional staffing with the region  
1037 permanency specialists.
- 1038 5. If the child is over the age of 18 years and runs away, the caregiver will:
- 1039 a. Notify the caseworker immediately that the child has run away. This  
1040 includes the last time they were seen, when the caregiver noticed they  
1041 were gone, and what they were wearing.
- 1042 b. The caseworker will convene a professional staffing within 24 hours to  
1043 determine if the case should remain open as the child is over 18 years of  
1044 age. The professional team will consider:
- 1045 (1) The overall safety of the child.
- 1046 (2) The age and developmental level of the child.
- 1047 (3) The child's ability to meet their own needs.
- 1048 (4) The child's relationships and the level of support the relationships  
1049 will provide.
- 1050 (5) If the case should remain open, or if the foster care case should  
1051 be closed and the child be released from care.
- 1052 c. If it is determined that the child is not safe on his or her own, the  
1053 caseworker will follow the practice guidelines for runaway child under  
1054 the age of 18 years.
- 1055 d. If it is determined by the professional team that the child should remain  
1056 in care, the caseworker will notify the AAG that a warrant will need to be  
1057 filed with the juvenile court.
- 1058 e. If it is determined that the child can meet their own needs and remain  
1059 safe on their own, the caseworker will ask the AAG to file for an early  
1060 review to close the case.
- 1061
- 1062 D. Return to Care:
- 1063 1. Once the child is located by law enforcement or by the caseworker, the  
1064 caseworker will place the child in the least restrictive placement possible. The  
1065 child should only be placed in detention if the child has committed a crime that

- 1066 requires a placement in a correctional facility. Running away is not a chargeable  
1067 offense.
- 1068 2. The caseworker will assess if the child is a victim of CSEC. This includes an  
1069 interview with the child in a neutral location after the child's physical needs have  
1070 been met and the child is safe. The caseworker will screen the child by asking  
1071 the following screening questions: "While on the run,  
1072 a. did someone control, supervise, or monitor your work/actions?"  
1073 b. could you leave your job or work situation if you want to?"  
1074 c. was your communication ever restricted or monitored?"  
1075 d. were you able to access medical care?"  
1076 e. were you ever allowed to leave the place you were living/working?"  
1077 f. Under what conditions?"  
1078 g. was your movement outside of your residence/workplace ever  
1079 monitored or controlled?"  
1080 h. what did you think would have happened if you left the situation?"  
1081 i. was there ever a time when you wanted to leave, but felt that you could  
1082 not?"  
1083 j. what do you think would have happened if you left without telling  
1084 anyone?"  
1085 k. did you feel it was your only option to stay in the situation?"  
1086 l. did anyone ever force you to do something physically or sexually that you  
1087 didn't feel comfortable doing?"  
1088 m. were you ever physically abused (shoved, slapped, hit, kicked, scratched,  
1089 punched, burned, etc.) by anyone?"  
1090 n. were you ever sexually abused (sexual assault/unwanted touching, rape,  
1091 sexual exploitation, etc.) by anyone?"  
1092 o. did anyone ever introduce you to or provide you with drugs or  
1093 medications?"
- 1094 *Resources: "Screening Tool for Victims of Human Trafficking," U.S. Department of*  
1095 *Health and Human Services,*  
1096 [http://www.justice.gov/usao/ian/htr/health\\_screen\\_questions.pdf](http://www.justice.gov/usao/ian/htr/health_screen_questions.pdf).
- 1097 3. If the child reports that they may be victims of CSEC, the caseworker will access  
1098 the appropriate resources to address the CSEC. This is including but is not  
1099 limited to:
- 1100 a. Report to law enforcement that the child may be a victim of CSEC and  
1101 assist in the investigation.  
1102 b. Access the appropriate mental health care, preferably a therapist that  
1103 specializes in treating victims of CSEC.  
1104 c. Inform the placement that the child may be a victim of CSEC. The  
1105 caseworker will assist the Resource Family Consultant (RFC) to give the  
1106 placement resources that may aid in the placement's ability to care for  
1107 the child, including research articles and training materials.

- 1108 4. A Child and Family Team Meeting will be convened as soon as possible after the  
1109 child has been returned to determine the correct placement of the child and to  
1110 determine if additional services are needed as a result of any trauma or  
1111 behavioral needs the child may have.  
1112

### 1113 300.9 Foster Care Bill Of Rights

1114 Major objectives:

1115 Children in foster care have the right to be treated with genuineness, empathy, and respect, as  
1116 well as having the Practice Model Skills and Principles applied to their specific case while  
1117 ensuring the children's safety, permanency, and well-being needs are addressed while in foster  
1118 care.  
1119

1120 The State Youth Council was tasked with writing a Foster Care Bill of Rights that addresses what  
1121 they feel is important to them while they are in care. This Bill of Rights pertains to all children in  
1122 care, regardless of age. The Bill of Rights encompasses the Practice Model philosophy, as well as  
1123 the skills and principles of Utah's Practice Model.  
1124

1125  
1126 **Applicable Laws**

1127 Federal Act [HR4980](#), Preventing Sex Trafficking and Strengthening Families Act.  
1128 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
1129

1130 Practice Guidelines

- 1131 A. The Foster Care Bill of Rights is a document written by youth in foster care and foster  
1132 care alumni that outlines the rights of a child in foster care. The Bill of Rights is as  
1133 follows:
- 1134 1. Be treated with respect regardless of age, race, culture, gender, sexual  
1135 orientation, gender expression, religious beliefs, family relations, or family  
1136 history.
  - 1137 2. Live in a safe and healthy environment with adequate clothing, appropriate  
1138 hygienic items, and sufficient food of nutritional value.
  - 1139 3. Have access to adequate health care services, including mental health, physical  
1140 health, and dental health, as well as the right to request medical appointments  
1141 and consistent and quality medical attention.
  - 1142 4. Attend our school of origin or an appropriate school and access to transportation  
1143 to and from school (and/or employment and extracurricular activities, if  
1144 applicable).
  - 1145 5. Participate in or continue to participate in healthy and appropriate activities  
1146 associated with school, culture, a religious organization, or within the  
1147 community.

- 
- 1148 6. Have access to vital documents (birth certificate, social security card, state  
1149 identification card) before aging out of foster care, as well as access to services  
1150 and resources regarding the transition to adulthood.
- 1151 7. Express our opinions, thoughts, needs, and feelings in a respectful, constructive  
1152 manner.
- 1153 8. Actively participate in case planning and be informed of changes in our case,  
1154 including participation in placement decisions.
- 1155 9. Be allowed to pack our own belongings in luggage or other suitable containers.
- 1156 10. Receive quality services that meet our specific needs in conjunction with a stable  
1157 environment and the least amount of disruptions.
- 1158 11. Be informed of our rights and have an identified person or entity to contact  
1159 when rights are violated, such as our Guardian ad Litem or Ombudsman.
- 1160 12. Maintain healthy relationships with parents and siblings through frequent  
1161 visitation and contact.
- 1162 13. Have access to important adults, including caseworkers and legal  
1163 representatives.
- 1164 14. Be informed of when our court hearings are and be able to attend those  
1165 hearings.
- 1166
- 1167 B. The Utah Foster Care Bill of Rights can be found at  
1168 <http://dcfs.utah.gov/pdf/Utah%20Foster%20Care%20Bill%20of%20Rights.pdf>.  
1169
- 1170 C. Children in out-of-home care will be informed of their rights while in foster care on a  
1171 level that is commensurate with their developmental level. For non-verbal children, the  
1172 Bill of Rights will be reviewed with the out-of-home caregiver.
- 1173 1. During the first 30 days that a child is in care, the caseworker will review the Bill  
1174 of Rights with the child.
- 1175 a. The caseworker will review the Bill of Rights during a Child and Family  
1176 Team Meeting so all parties involved in the case are aware of the rights  
1177 of the child, or
- 1178 b. The caseworker will review the Bill of Rights with the child during a  
1179 private conversation during a home visit.
- 1180 c. The caseworker will review the Bill of Rights with the out-of-home  
1181 caregiver during a private conversation when the child is placed in their  
1182 home/facility.
- 1183 d. The caseworker will document in SAFE that the Bill of Rights was  
1184 reviewed with the child and the caregiver.
- 1185 2. Children will be able to access the Bill of Rights at any time through the Home-  
1186 to-Home Book or other mechanism used by the caregiver to keep records and  
1187 documents for the child.
- 1188 3. If the child requests a personal copy of the Bill of Rights, the caseworker will  
1189 deliver the document within one week of the request.

1190

- 1191 D. If a child feels their rights have been violated, the child must be given the same  
1192 resources to resolve the conflict as any other individual. This includes:  
1193 1. A meeting with the caseworker and the supervisor.  
1194 2. Contact information for the child's Guardian ad Litem.  
1195 3. Contact information for the Child and Family Services constituent services  
1196 specialist at (801) 538-4100.  
1197 4. Contact information for the Office of Child Protection Ombudsman at (801) 538-  
1198 4589.  
1199

1200 **301 Preparation For Placement In Out-Of-Home Care**

1201

1202 **301.01 Opening A Foster Care Case**

1203

1204 Practice Guidelines

1205 A. The "earliest removal/custody date" is the foster care case start date. According to  
1206 Federal Regulations 1355.20, "A State may use a date such as the date the child is  
1207 physically removed from the home. This definition determines the date used in  
1208 calculating all time period requirements for the periodic reviews, permanency hearings,  
1209 termination of parental rights provisions, and for providing time-limited reunification  
1210 services. The definition has no relationship to establishing initial title IV-E eligibility."  
1211

1212 The earliest removal/custody date is the date that the child was initially removed from  
1213 the custody of their legal guardians by Child and Family Services (protective custody),  
1214 the court (temporary or adjudicated), or by voluntary written consent (voluntary  
1215 custody). A foster care case will not be opened on a CPS removal unless Child and  
1216 Family Services is granted temporary custody, adjudicated custody, or voluntary  
1217 custody. If Child and Family Services has protective custody as the result of a CPS  
1218 removal and the child is either returned home or temporary custody is granted to  
1219 relatives at the shelter hearing, a foster care case should not be opened in SAFE.  
1220 However, if a removal is done during the course of an In-Home Services case without a  
1221 CPS case being opened to document the removal, then an SCF case should be opened to  
1222 document the custody and placements during the removal time frame.

- 1223 1. Using the earliest removal/custody date as the start date, the foster care case  
1224 should be opened in SAFE by midnight of the second business day after  
1225 receiving:
- 1226 a. Court-ordered temporary custody after a CPS removal, usually granted at  
1227 the shelter hearing;
  - 1228 b. Court-ordered adjudicated custody; this is usually the date of the court  
1229 finding or direct order into custody;
  - 1230 c. Voluntary custody by a parent or legal guardian;
  - 1231 d. Protective custody taken during the course of an In-Home Services case  
1232 when there is no CPS case or other documentation of the removal.
- 1233 2. If there is an open case (such as CPS, PAT, PSS, PFP, etc.) at the time of the  
1234 earliest removal/custody date, then the current primary caseworker is  
1235 responsible for opening the foster care case in SAFE. If a foster care caseworker  
1236 has not been identified, the current primary caseworker will assign the foster  
1237 care case to himself or herself, pending case transfer. The current primary  
1238 caseworker is responsible for all foster care case action items and activities until  
1239 a new primary caseworker is identified and assigned to the foster care case.  
1240

## 301.1 Engaging, Teaming, And Assessing

### Major objectives:

The caseworker will engage the child and family to develop positive working relationships, partner with the child and family to create a Child and Family Team, work with the Child and Family Team to assess strengths and needs of the child and family, as well as plan for the child's permanency and long-term view.

### **Applicable Law**

Administrative Rule [R512-300](#). Out of Home Services.

### Practice Guidelines

- A. The primary caseworker will initiate or update the Child and Family Assessment of the child and family within 45 days of removal.
1. To begin assessment of needs, engage the child's family, identify permanency-planning options, begin planning for placement and visitation, and establish the Child and Family Team. Engage the child in a manner consistent with the child's developmental level to address concerns, explain the system process and the caseworker's role, and begin to discuss with the child issues of separation and loss.
  2. The use of genograms, ecomaps, timelines, and other assessment tools is recommended in gathering information.
  3. The type of assessment will be determined by the unique needs of the child and family, such as cultural considerations, special medical or mental health needs, and permanency goals.
- B. The primary caseworker will assist in identifying key Child and Family Team members. The primary caseworker will hold the initial Child and Family Team Meeting, continue building upon the Child and Family Assessment, and plan for subsequent meetings and planning sessions.
1. Assist the family in identifying informal (family, friends, church affiliations, club affiliations, etc.) and formal supports (teachers, therapists, tutors, medical professionals, etc.) that may be part of the Child and Family Team.
  2. Contact the Assistant Attorney General and Guardian ad Litem to provide information and involve these partners in any planning that affects the interests of the child.
  3. Provide information gathered as part of the assessment to the Child and Family Team.
- C. For youth age 14 years and older, the youth must be an integral member of the Child and Family Team. Youth age 14 years and older will also contribute to developing the Child and Family Team.

- 
- 1282 1. Youth age 14 years and older must be given the opportunity to invite two  
1283 individuals to be members of their Child and Family Team. These members  
1284 cannot be paid professionals or other service providers. The caseworker will  
1285 engage the youth in determining who the youth would like to invite to the Child  
1286 and Family Team.
- 1287 2. If a youth chooses a minor to be a member of the Child and Family Team, the  
1288 caseworker has the discretion on whether to obtain a release of information  
1289 from the youth to seek permission from the invited minor's parent and/or  
1290 guardian to participate on the Child and Family Team. Regardless of whether  
1291 there is a release of information, the minor is held to the same confidentiality  
1292 standards as other members of the Child and Family Team.
- 1293 3. Any individuals identified by the youth to be members of the Child and Family  
1294 Team will need to be approved by the Child and Family Team prior to the  
1295 individual attending a Child and Family Team Meeting. The Child and Family  
1296 Team will make the determination by assessing if the individual will advocate for  
1297 the safety, permanency, and well-being of the child.
- 1298 4. When working with a youth age 14 years and older, support the youth to take  
1299 the lead role in the Child and Family Team. Consider the youth's developmental  
1300 age, increasing their role as a Child and Family Team leader as their skill level  
1301 increases.
- 1302
- 1303 D. Assessment is ongoing and service goals and plans are modified when indicated by  
1304 changing needs, circumstances, progress toward achievement of service goals, or the  
1305 wishes of the child, family, or Child and Family Team members.
- 1306 1. Continue to engage the child and family to gather all pertinent health, social,  
1307 educational, psychological, and cultural (religion, significant others, daily  
1308 schedule, and history) information and other specifics needed to thoroughly  
1309 assess the child and family's strengths and needs.
- 1310 2. Identify each child who is of American Indian decent by ensuring that  
1311 the child and family are specifically asked about this heritage. When this  
1312 determination is made, refer to [Section 705](#) Indian Child Welfare Act (ICWA), and  
1313 follow all requirements. Also, if the child is a member of the Navajo Nation or  
1314 Ute Tribe, comply with the intergovernmental agreements that the state of Utah  
1315 has with these Tribes.
- 1316 3. Determine if the child is a United States citizen or qualified alien. [See: [Section](#)  
1317 [303.10](#), Children in Foster Care Who Are Not U.S. Citizens.]
- 1318 4. When a youth is 14 years and older, the Casey Life Skills Assessment will be used  
1319 to help identify skills needed for their transition to adulthood.
- 1320
- 1321 E. The primary caseworker will complete the application and provide necessary supporting  
1322 documentation for Title IV-E and Medicaid eligibility determination. [See: [Section 303.9](#),  
1323 Federal Benefits And Eligibility.]

- 1324
- 1325 F. If the child is receiving SSI or SSA payments, apply to manage the benefits as the
- 1326 payee. If the child has a disability but is not receiving SSI, apply for benefits. If the child
- 1327 has a deceased parent and is not receiving SSA survivor benefits, apply for benefits, if
- 1328 eligible. [See: [Section 303.9](#), Federal Benefits And Eligibility.]
- 1329
- 1330 G. The primary caseworker will begin collecting information to be included in the Child's
- 1331 Placement Information Record (Home-to-Home Record). [See: [Section 303.3](#),
- 1332 Maintaining The Home-To-Home Book.]
- 1333
- 1334 H. At any time, the child's family or other team members may request a Child and Family
- 1335 Team meeting to discuss concerns, changes to the Child and Family Plan, visitation, or
- 1336 the need for clinical interventions or conflict resolution.
- 1337

## 301.2 Identifying Permanency Goals And Concurrent Planning

### Major objectives:

A child in out-of-home care will have a primary permanency goal and a concurrent plan identified by the Child and Family Team and submitted to the court for approval. The primary permanency goal will be reunification unless the court has authorized in accordance with state statute that no reunification efforts will be offered. Concurrent planning involves working towards reunification while at the same time establishing and implementing an alternative permanency plan. Concurrent rather than sequential planning efforts help move children more quickly from the uncertainty of out-of-home care to the security of a safe and stable permanent family when they cannot safely be reunited with their parents.

Permanency goals and concurrent planning include:

- A. Reunification.
- B. Adoption.
- C. Guardianship (Relative).
- D. Guardianship (Non-Relative).
- E. Individualized Permanency.

### **Applicable Laws**

- 1360 Utah Code Ann. [§78A-6-312](#). Dispositional hearing -- Reunification services -- Exceptions.
- 1361 Utah Code Ann. [§78A-6-314](#). Permanency hearing -- Final plan -- Petition for termination of
- 1362 parental rights filed -- Hearing on termination of parental rights.
- 1363 Utah Code Ann. [§78A-6-105](#). Definitions.

1364 Federal Regulations: 45 CFR 1356.21 (h)(3)(i), (ii), (iii).

1365

1366 **Practice Guidelines**

1367 A. **Key Factors of Permanency and Concurrent Planning:**

- 1368 1. Strengthens family functioning and prevents unnecessary out-of-home  
1369 placements when possible.
- 1370 2. Provides the needed goal-oriented family support, educational, medical, and  
1371 therapeutic services aimed at timely decisions about family reunification.
- 1372 3. When reunification is not possible, timely decisions about other permanent  
1373 family options for children in out-of-home care are made.
- 1374 4. Views the child's behavior and reactions to the separation as expression of LOSS  
1375 and GRIEF, rather than pathology; and avoids labeling them as "bad," "troubled,"  
1376 "emotionally disturbed," etc.
- 1377 5. Understands what stage the child is experiencing in the grief and loss continuum-  
1378 -shock, denial, bargaining, anger, depression, and acceptance.
- 1379 6. Identifies those children who have the greatest likelihood of spending long  
1380 periods of their childhood in out-of-home care. Determines if intensive  
1381 reunification efforts would lead to faster decisions about return to family or  
1382 relatives or if a faster decision can be made about other permanent family  
1383 options.

1384

1385 B. **Permanency Planning:** All children require security, love, acceptance, connectedness, a  
1386 moral/spiritual framework, and lifetime families for their healthy growth and  
1387 development. All children also need stable families and supportive communities,  
1388 especially in the early years of life to form the secure attachments so vital to positive  
1389 self-esteem, meaningful relationships, positive school achievement, and success in the  
1390 adult world of family and work. For best practice, permanency for children implies  
1391 strengthening or finding families that can provide:

- 1392 1. Intent: While a permanent home or family may not be certain to last forever, it  
1393 is one that is intended to last indefinitely and offers the hope of lifetime  
1394 connections and support.
- 1395 2. Commitment and continuity in family relationships: A permanent family is  
1396 meant to survive geographic moves and the vicissitudes of life because it  
1397 involves commitment and sharing a common future--whether with the family of  
1398 origin, adopted family, or a guardianship family.
- 1399 3. Sense of "belonging" to a family: Evolved from commitment, continuity, and  
1400 social/legal status, is crucial to security and positive self-esteem, and paves the  
1401 way to healthy growth and development.
- 1402 4. Legal and social status: There is a need to legitimize a child's place in a legally  
1403 permanent family; a family that offers a child a "definitive legal status" separate  
1404 from the child welfare system, protects his or her rights and interests, and  
1405 promotes a sense of belonging.

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C. Permanency Planning Outcomes:

1. Children remain safely with their parents or relatives.
2. Children are reunited safely with their parents or relatives.
3. Children are safely adopted by relatives or other families.
4. Children are placed with relatives or other families as legal guardians.
5. Children are safely placed in an individualized planned permanent living arrangement.

a. This goal can only be selected if the child is 16 years old or older and intensive, ongoing efforts to reunify the child with the child's parent(s) have been unsuccessful. All of the following conditions must be met before choosing a goal of individualized permanency:

(1) There have been intensive ongoing efforts to find a permanent family, which have been unsuccessful. These efforts include, but are not limited to:

(a) Permanency Roundtables (see: Section 303.17),

(b) Wendy's Wonderful Kids referral,

(c) Intensive search for kin relatives including CLEAR search and notification, and

(2) The child prefers to have a permanency goal of individualized permanency, and

(3) Child and Family Services has made efforts to normalize the life of the child, and

(4) There is a compelling reason why reunification, guardianship with a relative or non-relative, or adoption is not in the child's best interest.

D. Concurrent Planning: Concurrent planning involves the parallel process of working towards a primary permanency goal, such as reunification, while at the same time actively establishing and implementing an alternative permanency plan. A concurrent permanency goal is required if the primary permanency goal is reunification. When the primary permanency goal is adoption or individualized permanency, the concurrent goal may be the same as the primary goal if allowed by the judge. Best practice for concurrent planning involves:

1. Frequent parent/child visits from the moment a child is placed in out-of-home care are encouraged unless restricted by the court.
2. Focused intensive services are provided with birth families, giving reunification every chance to work.
3. Maintaining continuity in children's family, sibling, cultural, and community relationships.
4. Using the crisis of placement as a motivator to engage families in case planning and to make behavioral changes.

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- 1448 5. Identifying relatives and Tribal resources that can be placement and permanency  
1449 resources early on in the case planning process.
- 1450 6. Engaging families in culturally competent, early assessments, case planning, case  
1451 review, and decision-making about permanency options to meet children's  
1452 urgent need for stability and continuity in their family relationships as well as  
1453 services needed to achieve permanency--reunification or the concurrent plan.
- 1454 7. Holding Child and Family Team Meetings as they increase options and  
1455 partnerships for out-of-home caregivers, parents, extended family members,  
1456 and other significant family resources to be involved early on in formulating  
1457 plans for children as well as support timely case planning and decision making.
- 1458 8. Respectfully using full disclosure with birth families, relatives, and out-of-home  
1459 caregivers throughout the life of the case.
- 1460 9. Early on, informing birth families of the importance of their involvement and  
1461 actions in planning for the return of the child and also informing them of the  
1462 legal consequences should they not succeed in preparing for the child's return  
1463 home in a timely manner.
- 1464 10. Developing a network of out-of-home caregivers (relatives and non-relatives)  
1465 who are actively engaged in supporting family reunification efforts but are also  
1466 willing to serve as a permanency resource for children who may not return to  
1467 their birth parents.
- 1468 11. Utilizing concurrent permanency planning to encourage the adults who care  
1469 about the child to become collaborators rather than adversaries as they care for  
1470 and plan where that child will grow up and the long-term view for the child.
- 1471 12. Collaborating with courts, attorneys, and service providers to better serve  
1472 children, youth, and families.
- 1473 13. Should reunification seem unlikely, determining when to pursue the concurrent  
1474 permanency plan such as adoption or guardianship when it is clear the parent(s)  
1475 cannot or will not care for their children.
- 1476
- 1477 E. Concurrent Planning Outcomes:
- 1478 1. To support the safety and well-being of children, youth, and families.
- 1479 2. To promote early permanency decisions for children in out-of-home care.
- 1480 3. To reduce the number of moves and relationship disruptions that children  
1481 experience in out-of-home care.
- 1482 4. To decrease children's length of stay in out-of-home care.
- 1483
- 1484 F. Selecting a Primary Permanency Goal and Concurrent Planning: The following steps  
1485 should be completed by the out-of-home care caseworker during the selection process  
1486 of a primary permanency goal and concurrent planning for a child in out-of-home care:
- 1487 1. Discuss with the Child and Family Team the long-term view for the child and  
1488 family.

- 1489 2. Assess the child's physical, emotional, social, and educational needs and how  
1490 these needs may be met in planning for the primary and concurrent permanency  
1491 goals.
- 1492 3. Discuss the primary goal selection in the context of a Child and Family Team  
1493 Meeting. The meeting should include the out-of-home caregiver if one has been  
1494 identified.
- 1495 4. The primary permanency goal will always be reunification unless the court has  
1496 authorized in accordance with state statute that no reunification efforts will be  
1497 offered.
- 1498 5. Select a concurrent goal by identifying the next best permanency goal for the  
1499 child.
  - 1500 a. Assess the appropriateness of adoption as a concurrent goal. If adoption  
1501 is ruled out, document compelling or justifiable reasons not to terminate  
1502 parental rights and pursue adoption.
  - 1503 b. Determine if guardianship (relative) or guardianship (non-relative) is the  
1504 next best permanency goal to the primary goal. Guardianship and legal  
1505 custody should not be selected if parental rights have been terminated.  
1506 ~~[Neither of these goals should be selected if the Child and Family Team  
1507 determines that it is in the best interest of the child to have custody  
1508 remain with Child and Family Services and guardianship be given to a  
1509 relative or a non-relative. This is considered individualized permanency.]~~
    - 1510 (1) Identify potential guardians who are fit and willing to be ongoing  
1511 caregivers for the child, and who will support the safety,  
1512 permanency, and well-being of the child.
    - 1513 (2) Potential guardians may be either relatives or non-relatives. If the  
1514 potential guardian is a non-relative, the child must be currently  
1515 placed in their home or be a sibling of a child placed in the home.  
1516 For relative placement, Kinship Practice Guidelines must be  
1517 followed prior to selecting guardianship as a primary goal.
  - 1518 c. When adoption, guardianship (relative), and guardianship (non-relative)  
1519 have all been ruled out as concurrent goals, individualized permanency is  
1520 the only other permanency option.
- 1521 6. Discuss with out-of-home caregivers the long-term view for the child and their  
1522 ability and willingness to be an ongoing caregiver if the current primary  
1523 permanency goal is discontinued.
- 1524 7. Provide full disclosure of requirements and responsibilities of the out-of-home  
1525 caregivers and child's parent(s) (see Full Disclosure section below).
- 1526 8. Once the primary goal and concurrent goal have been identified, collaborate  
1527 with the Assistant Attorney General, Guardian ad Litem, and court to ensure that  
1528 they are court ordered.

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- 1529 9. Update the primary and concurrent goal on the Child and Family Assessment and  
1530 Child and Family Plan with input from the Child and Family Team. Update the  
1531 goals in SAFE.
- 1532 10. If reunification services are discontinued, the Child and Family Team will  
1533 determine if it is in the best interest of the child for the concurrent goal to  
1534 become the primary permanency goal.
- 1535 11. The Child and Family Team may select another goal for the child's new  
1536 concurrent permanency goal if it is in the child's best interest, but it is not  
1537 required. If the child's new primary permanency goal is the best and only option  
1538 for this child, then selecting one permanency goal as the primary AND  
1539 concurrent goal is acceptable. For example, if individualized permanency is  
1540 selected as the new primary permanency goal because none of the other options  
1541 are appropriate, then it makes sense to select it as the concurrent goal as well.
- 1542 12. The team will identify factors that must be considered for transition planning if  
1543 the concurrent goal becomes the primary permanency goal.
- 1544 13. The team will discuss the appropriateness of the child maintaining a relationship  
1545 with parents if reunification efforts are discontinued and parental rights are not  
1546 terminated, including continuing visitation and residual parental rights.
- 1547 14. Once the new primary goal and concurrent goal have been identified,  
1548 collaborate with the Assistant Attorney General, Guardian ad Litem, and court to  
1549 ensure that they are court ordered.
- 1550 15. Update the new primary permanency and concurrent goal on the Child and  
1551 Family Assessment and Child and Family Plan with input from the Child and  
1552 Family Team. Update the goals in SAFE.
- 1553
- 1554 G. Reunification: The Child and Family Team will use the following criteria to determine  
1555 whether to make a recommendation to the court for reunification services:
- 1556 1. The risk factors that led to the placement were acute rather than chronic.
- 1557 2. The Child and Family Assessments (including factors such as the initial risk  
1558 assessment, level of informal and formal supports available to the family, and  
1559 the family history including past patterns of behavior) conclude that the parent  
1560 appears to possess or have the potential to develop the ability to ensure the  
1561 child's safety and provide a nurturing environment.
- 1562 3. The parent is committed to the child and indicates a desire to have the child  
1563 returned home.
- 1564 4. The child has a desire for reunification and is determined using age appropriate  
1565 assessments.
- 1566 5. Members of the Child and Family Team support a reunification plan.
- 1567 6. If the parent is no longer living with the individual who severely abused the  
1568 minor, reunification may be considered if the parent is able to implement a plan  
1569 that ensures the child's ongoing safety.

- 1570 7. Court requirements for ordering reasonable services to reunify if the parent is  
1571 incarcerated or institutionalized. [See: Utah Code Ann. [§78A-6-312](#).] The court  
1572 is required by law to order reunification services to an incarcerated or  
1573 institutionalized parent unless it determines that those services would be  
1574 detrimental to the minor. In determining detriment, the court must consider the  
1575 following:
- 1576 a. The age of the child.
  - 1577 b. The degree of parent-child bonding.
  - 1578 c. The length of the sentence.
  - 1579 d. The nature of the treatment.
  - 1580 e. The nature of the crime or illness.
  - 1581 f. The degree of detriment to the minor if services are not offered.
  - 1582 g. For minors 10 years of age and older, the child's attitude towards  
1583 reunification services and any other appropriate factors.
- 1584 8. If Child and Family Services is recommending no reunification due to parent  
1585 mental illness of such magnitude that it renders the parent incapable of utilizing  
1586 reunification services, this recommendation will be based on competent  
1587 evidence from two medical or mental health professionals, who are not  
1588 associates, establishing that even with provision of services, the parent is not  
1589 likely to be capable of adequately caring for the child within 12 months from the  
1590 day on which the court finding is made.
- 1591 9. Child and Family Services will provide additional relevant facts, when available,  
1592 to assist the court in making a determination regarding the appropriateness of  
1593 reunification services such as:
- 1594 a. The parent's failure to respond to previous services or service plan.
  - 1595 b. The child being abused while the parent was under the influence of drugs  
1596 or alcohol.
  - 1597 c. Continuation of a chaotic, dysfunctional lifestyle.
  - 1598 d. The parent's past history of violent behavior.
  - 1599 e. The testimony of a competent professional (expert witness) that the  
1600 parent's behavior is unlikely to be successfully changed.
  - 1601 f. The parent is the child's birth mother and the child has fetal alcohol  
1602 syndrome or was exposed to illegal or prescription drugs that were  
1603 abused by the child's mother while the child was in utero, if the child was  
1604 taken into custody for this reason, unless the mother agrees to enroll in,  
1605 is currently enrolled in, or has recently and successfully completed a  
1606 substance abuse treatment program approved by Child and Family  
1607 Services.
- 1608 10. As outlined in Utah Code Ann. [§78A-6-312](#), timelines for reunification and  
1609 extensions of reunification services are as follows:
- 1610 a. Reunification services may be granted for 12 months.

- 1611                    b.        The juvenile court judge may grant up to two extensions for reunification  
1612                    services. The extensions are for a maximum time period of 90 days each,  
1613                    for a total of 180 days. In order to grant an extension, the judge must  
1614                    make a finding that:
- 1615                    (1)        The parent has substantially complied with the Child and Family  
1616                    Plan.  
1617                    (2)        It is likely that the reunification will occur within the 90-day period  
1618                    (3)        The extension is in the best interest of the child.
- 1619                    c.        The court takes into consideration the status of the minor siblings of the  
1620                    child.
- 1621                    11.        If the court does not order reunification services a permanency hearing will be  
1622                    conducted within 30 days after the dispositional hearing, If reunification services  
1623                    are terminated during the course of the case a permanency hearing will be  
1624                    conducted the day on which the provision of reunification services end,. At that  
1625                    hearing, an alternative permanency plan will be presented to the court.
- 1626                    a.        If reunification services are not ordered, and the whereabouts of a parent  
1627                    becomes known within six months of the out-of-home placement of the  
1628                    minor, the court may order Child and Family Services to provide  
1629                    reunification services. Statutory time frames for reunification (outlined in  
1630                    10 above) still apply. [See: Utah Code Ann. [§78A-6-314](#).] Reunification  
1631                    services may be granted for 12 months, with a possible extension of  
1632                    three months if objectives that can be achieved in the time frame are not  
1633                    sacrificed by the parent's absence.
- 1634                    b.        When reunification efforts have ceased or are not appropriate, a primary  
1635                    permanency goal of adoption, guardianship (relative), guardianship (non-  
1636                    relative), or individualized permanency may be selected.
- 1637                    12.        The court may determine that efforts to reunify a child with the child's family are  
1638                    not reasonable, based on individual circumstances, and that reunification  
1639                    services need not be provided to a parent or other caregiver. [See: Utah Code  
1640                    Ann. [§78A-6-312](#).] The following criteria will be used by the Child and Family  
1641                    Team in determining whether to make a recommendation to the court that  
1642                    reunification services not be offered.
- 1643                    a.        The parent's whereabouts are unknown, based on a verified affidavit  
1644                    indicating a reasonable diligent search has failed to locate the parent.
- 1645                    b.        The parent is suffering from a mental illness of such magnitude that it  
1646                    renders the parent incapable of utilizing services provided by Child and  
1647                    Family Services. This will be assessed by a licensed mental health  
1648                    professional.
- 1649                    c.        The minor has been previously adjudicated as an abused child due to  
1650                    physical or sexual abuse, and that following the adjudication, the child  
1651                    was removed from the custody of his or her parent, was subsequently

- 
- 1652 returned home to the custody of that parent, and the minor is being  
1653 removed due to additional physical or sexual abuse.
- 1654 d. The parent has been convicted of causing the death of another child  
1655 through neglect or abuse.
- 1656 e. The minor child is under the age of five and has suffered severe abuse by  
1657 the parent or by persons known by the parent, if the parent knew or  
1658 reasonably should have known that the person was abusing the minor.
- 1659 f. The minor has been adjudicated as an abused child as a result of severe  
1660 abuse by the parent, and the court finds that it would not be beneficial to  
1661 the child to pursue reunification services with the offending parent or  
1662 caregiver.
- 1663 g. The child has been removed from home on at least two previous  
1664 occasions and reunification services were offered or provided to the  
1665 family at those times. It is a presumption under the law that  
1666 reunification services are not appropriate and should not be ordered  
1667 under these circumstances. In these cases, a permanency goal/plan  
1668 other than reunification will be pursued.
- 1669 h. Any other circumstances that the court determines should preclude  
1670 reunification efforts or services.  
1671

### 301.3 Placement Requirements

#### Major objectives:

To provide safety and maintain family ties, the child will be placed in the least restrictive/most family-like placement that meets the child's special needs, according to the following priorities:

- A. Placement with non-custodial parent.
- B. Placement with siblings, unless there is a documented safety concern.
- C. Placement with kin or extended family who are invested in preserving the child's kinship ties.
- D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification.
  - 1. "Reasonable proximity" includes placing the child within the neighborhood of the family home so that family contact, continued school placement, church involvement, and friendships may be maintained.
  - 2. Any placement beyond school district or county lines must be discussed with the Child and Family Team.
  - 3. If a placement in close proximity was not selected, document in the Child and Family Plan reasons why the chosen placement is in the best interests of the child.

#### **Applicable Law**

Utah Code Ann. [§78A-6-307](#). Shelter hearing -- Placement with a noncustodial parent or relative -- DCFS custody.

#### Practice Guidelines

- A. Every effort is made for the "first placement to be the best placement."
- B. Kinship options are explored at the onset of the out-of-home intervention. [See: Kinship Major objectives, [Section 500](#).]
- C. Every effort will be made to place siblings together in out-of-home care. Siblings are required to be placed together unless contrary to the safety or well-being of any of the siblings. Any issue that prevents siblings from being placed together must be documented in SAFE. Siblings not placed together in out-of-home care must have frequent visitation and/or other ongoing contact (at least monthly) unless there is a

- 1712 documented safety or well-being issue that prevents the siblings from having visitation  
1713 or ongoing interaction.  
1714
- 1715 D. Decisions about where a child is placed will be made in the context of a Child and Family  
1716 Team and will include steps to facilitate the child's transition to that placement.  
1717
- 1718 E. When assistance is needed in locating a placement, contact the local resource family  
1719 consultant, the placement screening committee, or the residential screening committee  
1720 to explore placement options.  
1721
- 1722 F. For an American Indian child for placement preferences, refer to [Section 705](#), ICWA  
1723 Major objectives.  
1724
- 1725 G. For children needing or in an out-of-state placement, refer to [Section 700](#), General  
1726 Practice Guidelines--Section 703, Interstate Compact On The Placement Of Children  
1727 Major objectives.  
1728
- 1729 H. For children who are currently in a crisis placement, refer to [Section 700](#), General  
1730 Practice Guidelines--Section 704, Placement Of A Child In Protective Custody, Major  
1731 objectives.  
1732
- 1733 I. For parents requesting a voluntary placement for their child, refer to [Section 700](#),  
1734 General Practice Guidelines--Section 704.2, Voluntary Placement Major objectives.  
1735
- 1736 J. For information on emergency foster care placements, refer to [Section 700](#), General  
1737 Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives.  
1738
- 1739 K. Based on the level of care needed (i.e., basic, specialized, structured, or other), refer to  
1740 [Section 301.6](#), Basic, Specialized, And Structured Out-Of-Home Care Placement Options.  
1741
- 1742 L. For children under the age of five years, screen for placement in a foster-adoptive  
1743 home, refer to [Section 301.5](#), Foster-Adoptive Placements.  
1744
- 1745 M. For children with more intensive needs than a family setting can provide, screen for  
1746 residential services. Each region will establish and maintain a utilization review  
1747 committee that consists of the contract specialist for the region, an administrative  
1748 representative, a clinical consultant, a budget specialist, and a placement expert. Other  
1749 members may be added to the committee at the discretion of the region. [See: [Section](#)  
1750 [301.13](#), Regional Screening Committee For Residential Care.]  
1751

## 301.4 Selecting An Out-Of-Home Caregiver

### Major objectives:

When choosing an out-of-home caregiver, the caseworker will provide relevant information about the child's permanency goal, family visitation schedule, and needs such as medical, educational, mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed decision about acceptance of caring for the child. In addition, all of the following will apply:

- A. Keeping in mind the best interest of the child, an out-of-home caregiver will be selected according to the caregiver's skills and abilities to meet the child's individual needs. When appropriate, the caseworker may also take into account the caregiver's ability to support reunification efforts while considering the option of becoming a permanent home for the child if reunification is not achieved.
- B. Each placement will be staffed and will be made in accordance with placement requirements.
- C. A child in the custody of Child and Family Services will be placed with an out-of-home caregiver who is fully licensed. A child may be placed in a home that is licensed with a 90-day initial license only if the out-of-home caregiver is pursuing licensure as a placement for that specific child.

### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

Administrative Rule [R512-302-4](#). Out of Home Services, Responsibilities Pertaining to an Out of Home Caregiver.

### Practice Guidelines

- A. The number of children that can be placed in the home of a licensed out-of-home caregiver shall be within the capacity of the license granted to the caregiver by the Office of Licensing and/or in accordance with the definition of a foster home in Utah Code Ann. [§62A-2-101](#).
- B. The out-of-home caregiver will be selected based on their willingness and ability to implement the child's primary and concurrent plans, which may include willingness and ability to adopt or take guardianship of the child if reunification is not possible.
- C. The out-of-home caregiver must be willing and able to interact with the child's family and assist the child in maintaining and strengthening family connections.

- 1793 D. The out-of-home caregiver will be selected according to the caregiver's skills and  
1794 abilities to meet a child's individual immediate and long-term needs, including medical,  
1795 educational, mental health, social, behavioral, and emotional needs.  
1796
- 1797 E. The out-of-home caregiver will be selected based on their willingness and ability to keep  
1798 sibling groups together. If it is not possible to keep siblings together in the same home,  
1799 the out-of-home caregiver will need to communicate a willingness to help facilitate  
1800 frequent visitation and contact between the child and the siblings when appropriate.  
1801
- 1802 F. The out-of-home caregiver will be selected based on their willingness and ability to  
1803 respect and support the child's religious and cultural practices and, where practical,  
1804 appropriate, and where no denial or delay of placement will occur, are of the same  
1805 religious faith and cultural background as the child.  
1806
- 1807 G. The child will be placed with an out-of-home caregiver sensitive to the child's cultural  
1808 heritage and linguistic needs. At least one out-of-home caregiver in the home must  
1809 demonstrate effective communication in the language of the child placed in care.  
1810
- 1811 H. The out-of-home caregiver must be willing or able to learn to proactively respond to  
1812 challenges and conflicts associated with placement.  
1813
- 1814 I. If a child has been in out-of-home care previously and reenters protective custody, the  
1815 child's former out of-home caregiver will be notified if still licensed. Child and Family  
1816 Services will make a determination of the former out of-home caregiver's willingness  
1817 and ability to safely and appropriately care for the child. If the former foster home is  
1818 determined by Child and Family Services to be appropriate, the former out of-home  
1819 caregiver will be given a preference over other out-of-home caregivers for placement of  
1820 the child. [See: Utah Code Ann. [§62A-4a-206.1.](#)]  
1821
- 1822 J. Prior to placement, detailed information about the child should be provided to the  
1823 prospective out-of-home caregiver from either the regional resource family consultant  
1824 or out-of-home caseworker so they can make an informed decision regarding placement  
1825 of the child in their home. When relevant, the caseworker will encourage the out-of-  
1826 home caregiver to consult with other family members living in the home in making the  
1827 decision.
- 1828 1. Child and Family Services will provide relevant information regarding the child  
1829 and information regarding Child and Family Services procedures in order to  
1830 address the following issues:
- 1831 a. Maintaining a child's connections to their past, present, and future;  
1832 b. Giving first preference to a prospective adult relative caregiver and  
1833 assessing their capacity to serve as a temporary placement and a possible  
1834 permanent placement for a child;

- 
- 1835 c. Acknowledging a parent's residual rights and responsibilities for their  
1836 child;
- 1837 d. Explaining permanency planning timeframes as well as the range of  
1838 permanency planning options including primary and concurrent  
1839 permanency goals;
- 1840 e. Discussing with the out-of-home caregiver their willingness to support  
1841 and assist with reunification efforts,
- 1842 f. Discussing with the out-of-home caregiver their willingness to adopt or  
1843 take guardianship if the child is unable to reunify with their birth family,  
1844 g. Discussing with the out-of-home caregiver their willingness and ability to  
1845 keep the sibling group together; or if siblings not placed together,  
1846 discussing with the out-of-home caregiver the importance of facilitating  
1847 and allowing for frequent visitation and contact between siblings when  
1848 appropriate.
- 1849 h. Explaining expectations the agency has for the out-of-home caregiver in  
1850 regards to the Child and Family Plan, Child and Family Team Meetings,  
1851 visitation, court, health and mental health appointment, etc.;
- 1852 i. Maintaining the child's needs, including connections to culture, family,  
1853 frequent contact through visitation with parents and siblings, continuity  
1854 of care as well as information about the child's medical, dental, mental  
1855 health, educational, social, behavioral, and emotional needs;
- 1856 j. Disclosing the reason for Child and Family Services intervention and out-  
1857 of-home care placement, such as threats and risks to the child's safety  
1858 and how they can be addressed.
- 1859 2. The Child and Family Services staff that provided the information to the  
1860 caregiver will document that the information has been provided to the caregiver  
1861 in the SAFE activity logs and will add the policy attachment "Placement – Child  
1862 info Given to caregiver prior to placement".
- 1863
- 1864 K. Child and Family Services File Review Guidelines: Best practice is allowing the  
1865 prospective or current out-of-home caregiver an opportunity to review the child's file  
1866 before making any long-term decisions regarding the care of a child. Licensed foster  
1867 parents are contracted by Child and Family Services as a provider to care for the child.  
1868 Thus, they may view any parts of the child's file that help them understand the child and  
1869 the child's background for purposes of parenting the child. The file may contain  
1870 information that will help the family decide if they have the necessary skills and support  
1871 to meet the needs of a particular child in out-of-home care. Once a child is placed with  
1872 the out-of-home caregiver, the file also has important documents that the family may  
1873 want to copy if not in the Home-of-Home Book, for example immunization records and  
1874 school placement information.  
1875

1876 When a kinship provider is not a licensed foster parent, refer to Kinship Practice  
1877 Guidelines [Section 503.1](#) for guidelines regarding kinship caregivers reviewing the  
1878 information in the child's file.

1879  
1880 The following guidelines should be followed when a prospective out-of-home caregiver  
1881 reviews a child's Child and Family Services file:

- 1882 1. The caseworker should inform the out-of-home caregiver that the information in  
1883 the child's file is one way to help them determine whether or not they have the  
1884 resources and skills to meet the child's needs.
- 1885 2. The caseworker should inform the out-of-home caregiver that the information in  
1886 the file consists of subjective opinions made by the caseworker or therapist  
1887 written at one time in the child's life. Circumstances and the child's  
1888 development can change the way a child behaves and adjusts to current life  
1889 situations. For instance, the child may have received many different mental  
1890 health diagnoses. The mental health diagnoses in a child's file is affected by  
1891 each therapist's interpretation, the child's developmental stage, factors in the  
1892 child's environment, and different life circumstances.
- 1893 3. The confidentiality agreement must be signed by the out-of-home caregiver  
1894 prior to allowing them to review the file. [SAFE form DCFS02.]
- 1895 4. The caseworker should orient the prospective out-of-home caregiver to the  
1896 structure of the files and the location of information.
- 1897 5. The caseworker should counsel an out-of-home caregiver to consider specific  
1898 types of information, such as medical conditions, developmental delays,  
1899 disabilities, mental health diagnoses, placements and transfers, educational  
1900 needs, and other considerations for the child.
- 1901 6. The caseworker should advise the out-of-home caregiver to look for specific  
1902 information they need to parent the child and identify information to copy once  
1903 a child is placed in their home, if not found in the child's Home-to-Home Book.  
1904 [*Red italic script* identifies information to copy if not found in the child's Home-  
1905 to-Home Book.]
  - 1906 a. Medical Information: *Immunizations, all allergies including food allergies,*  
1907 *any disabilities and treatments, current medications and implications of*  
1908 *discontinuing medications, history of illnesses,* conditions from abuse or  
1909 neglect, *serious accidents, surgeries, past doctors, and hospital of birth;*
  - 1910 b. Dental Information: Dental records, *past dentists,* and orthodontic work,  
1911 and *orthodontist;*
  - 1912 c. Educational Information: *Schools and grades, evaluations, special*  
1913 *education plans such as Individual Education Plans (IEP) or Student*  
1914 *Education and Occupational Plans (SEOP), learning disabilities including*  
1915 *specific disability and tests results;*
  - 1916 d. Mental Health Information: *Current and prior therapists* and history of  
1917 treatment, diagnoses, and the current diagnosis; what the diagnosis

- 1918 means in raising a child, what behaviors are connected with the  
1919 diagnoses, and how the consequences of these behaviors are the best  
1920 way to deal with the behaviors. The resource parent should be  
1921 encouraged to talk directly with the child's mental health therapist when  
1922 possible;
- 1923 e. Family History: *Health Data Report from SAFE*, family situation, moves or  
1924 stability factors, abuse and neglect history, domestic violence, reason for  
1925 the child's removal from their biological family, culture, *genogram*  
1926 *including the siblings (with their birth dates), timelines*. Family member's  
1927 talents, hobbies and interests. *Family photos and letters, if available*.
- 1928 f. Child's Personal Information: Developmental history, when available.  
1929 Placement history including the child's adaptation. Photos of the child, of  
1930 pets, of foster parents, or of other significant caregivers. The child's art  
1931 work, creations, or projects. Stories about the child's birth and early life.  
1932 Religious records such as baptismal, christening, Bar mitzvah, and  
1933 confirmation records. Activities such as scouts, sports, choir, etc.  
1934 Favorite foods, favorite toys or stories, names of friends, and other things  
1935 that may help the child feel more secure, such as chores and house rules  
1936 or bedtime routines.
- 1937 7. After the out-of-home caregiver has looked through the file, the caseworker  
1938 should talk with them about what they found. The caseworker may also give  
1939 them health and mental health diagnoses summary sheets, and answer  
1940 questions they may have.
- 1941 a. Helpful websites include:
- 1942 (1) American Academy of Child & Adolescent Psychiatry:  
1943 [www.aacap.org](http://www.aacap.org);
- 1944 (2) American Psychological Association: [www.apa.org](http://www.apa.org);
- 1945 (3) American Academy of Pediatrics: [www.aap.org](http://www.aap.org);
- 1946 (4) Internet Mental Health: [www.mentalhealth.com](http://www.mentalhealth.com);
- 1947 (5) **Substance Abuse and Mental Health Services Administration:**  
1948 [www.samhsa.gov](http://www.samhsa.gov)
- 1949
- 1950 b. The caseworker will respond to questions or concerns of the out-of-home  
1951 caregiver and give the family time to think about all they have learned.
- 1952 c. The caseworker should also encourage the out-of-home caregiver to set  
1953 another appointment to talk and ask other questions;
- 1954 d. The caseworker should help the out-of-home caregiver to understand the  
1955 importance of keeping the child's information and history.
- 1956
- 1957 L. The caseworker should encourage the out-of-home caregiver to review the child's file  
1958 several times and especially after the child has been with the family for a couple of  
1959 months.

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## 301.5 Placement Of A Child In Out-of-Home Care In An Adoptive Home

### Major objectives:

- A. A child in out-of-home care needs to be placed in a potential adoptive family when:
  - 1. The child enters protective custody under circumstances (listed below) that may allow an initial permanency goal of adoption.
  - 2. The child's permanency goal changes to adoption and the child is not with the family who will be their permanent family.
  
- B. When a child enters protective custody, Child and Family Services may give preference for the initial placement of the child to be in a resource home of a family that has already expressed a desire to adopt a child. When possible and if time permits, the child's needs should be screened with the Adoption Committee. However, if time does not permit, the caseworker and/or RFC may place in a resource home without screening with the Adoption Committee. The home should be willing to keep the child while reunification is still in progress. If the child's goal changes to adoption, the family that the child is placed with will be given first consideration for adoption. If the family does not desire to adopt the child, the child may remain there until another potential permanent placement can be located (kinship placement or another adoptive family). The resource family will then assist with the transition of the child to the adoptive and/or permanent home. (Please refer to Practice Guidelines Section 704 for more information regarding placement of a child in protective custody.)
  
- C. Permanency planning will continually be assessed by the caseworker and the Child and Family Team.

### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### Practice Guidelines

- A. When a child enters protective custody, if time permits, the caseworker will make efforts for the first placement of the child to be in the home of a resource family that is willing to adopt the child in circumstances where the child has a permanency goal other than reunification, due to one of the following reasons:
  - 1. The parent's whereabouts are unknown, based on a verified affidavit indicating a reasonable diligent search has failed to locate the parent.

- 2001 2. The parent is suffering from a mental illness of such magnitude that it renders  
2002 them incapable of utilizing services provided by Child and Family Services as  
2003 assessed by a licensed mental health professional.
- 2004 3. The minor has been previously adjudicated as an abused child due to physical or  
2005 sexual abuse, and that following the adjudication, the child was removed from  
2006 the custody of his or her parent, was subsequently returned home to the  
2007 custody of that parent, and the minor is being removed due to additional  
2008 physical or sexual abuse.
- 2009 4. The parent has been convicted of causing the death of another child through  
2010 neglect or abuse.
- 2011 5. The minor child is under the age of five years and has suffered severe abuse by  
2012 the parent or by persons known by the parent if the parent knew or reasonably  
2013 should have known that the person was abusing the minor.
- 2014
- 2015 B. A child whose permanency goal changes to adoption and who is not with the family who  
2016 will be their permanent family is to be screened by the designated region Adoption  
2017 Committee for placement in an adoptive home.
- 2018 1. The protocol in Practice Guidelines [Section 401.7](#) Adoption Committee will be  
2019 followed when screening a child for an adoptive placement.
- 2020
- 2021 C. When the child's permanency goal changes to adoption and the child is not with the  
2022 family who will be their permanent family, permanency planning will continually be  
2023 assessed and explored by the caseworker and the Child and Family Team. Child and  
2024 Family Services will work with the resource family to provide them with support and  
2025 services in order to maintain the child in the placement to minimize the number of  
2026 placement moves the child experiences. The resource family will then assist with the  
2027 transition of the child into the permanent home.
- 2028
- 2029 D. Following the screening and selection of the adoptive family, the caseworker and the  
2030 Child and Family Team will continue to assess the viability of the placement for  
2031 permanency.
- 2032

2033 **301.6 Basic (Level I), Specialized (Level II), And Structured**  
2034 **(Level III) Out-Of-Home Care Placement Options**

2035  
2036 (This section has been replaced by [Section 310.](#))  
2037

2038 **301.7 Children With Specialized Health Care And**  
2039 **Developmental Needs**

2040 Major objectives:

2041 A child's specialized health care and developmental needs, as determined by a health care  
2042 provider, will be taken into account in the selection of an out-of-home caregiver. Specialized  
2043 health care and developmental needs include, but are not limited to, physical or developmental  
2044 disabilities, special medical needs, or technology dependence, drug dependency, or testing HIV  
2045 positive. For a child whose disability cannot be adequately addressed in a traditional family  
2046 setting, services from both Child and Family Services and the Division of Services to People with  
2047 Disabilities (DSPD) may be explored.  
2048

2049  
2050 **Applicable Law**

2051 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2052

2053 Practice Guidelines

2054 A. The following must be considered in placement selection:

- 2055 1. Access and availability to appropriate medical resources.
- 2056 2. Appropriate facilities in the home to meet the needs of the child.
- 2057 3. The skill level and nurturing ability of the out-of-home caregiver.
- 2058 4. A family composition that allows sufficient time to meet the needs of the child  
2059 with specialized health care challenges.
- 2060 5. The ability to transport and coordinate with various agencies that may be serving  
2061 the child and family.
- 2062 6. Adherence to the principle of normalization including placement in the least  
2063 restrictive most appropriate placement within the community.
- 2064 7. Availability of education services specific to the child's needs.

2065  
2066 B. The out-of-home caregiver and the child's parent will receive instruction from a  
2067 qualified health care provider on the operation of any medical equipment required for a  
2068 child's care.  
2069

2070 C. The Child and Family Team will include medical, social work, and rehabilitation  
2071 personnel who will coordinate a program of interventions designed to meet the child's  
2072 needs.  
2073

2074 D. The Child and Family Plan will:

- 2075 1. Address the child's current and anticipated medical and rehabilitative needs.
- 2076 2. Specify the child's condition and provide appropriate short-term and long-term  
2077 medical and rehabilitation interventions.  
2078

2079 **301.8 Children With Medically Fragile Or Medically Needy**  
2080 **Conditions**

2081 Major objectives:

2082 A child who is medically fragile or medically needy, as determined by a physician, and the child's  
2083 out-of-home caregiver will receive support and services in accordance to their needs.  
2084

2086  
2087 **Applicable Law**

2088 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2089

2090 Practice Guidelines

- 2091 A. Children who are Medically Fragile or Medically Needy (MFC): Children who are  
2092 Medically Fragile or Medically Needy and their out-of-home caregivers will receive  
2093 support and services in accordance to their needs. The MFC code will be used for both  
2094 Medically Fragile and Medically Needy children. This code could serve to enhance the  
2095 foster care payment for the child's additional health care needs, as providers may  
2096 receive an additional payment for children who are deemed Medically Needy or  
2097 Medically Fragile.  
2098
- 2099 B. When a child meets the Medically Needy or Medically Fragile criteria, it is not a  
2100 guarantee that an additional payment will be deemed appropriate. This determination  
2101 for any additional payment for a Medically Needy or Medically Fragile child will need to  
2102 be determined within the context of the Child and Family Team.
- 2103 1. Medically Needy: This code can be used with Foster Care Levels II, III, and III  
2104 Step-Down. Medically Needy children are those who fall within category four of  
2105 the Health Status Outcome Measures. Medically Needy children may have an  
2106 acute illness or chronic condition that requires regular ongoing follow-up. This  
2107 can include substance abuse, pregnancy, and daily medications that are not  
2108 preventative.
  - 2109 2. Medically Fragile: This code can be used with Foster Care Levels II, III, and III  
2110 Step-Down. Medically Fragile children are those who fall within category five of  
2111 the Health Status Outcome Measures. A Medically Fragile child has multiple  
2112 and/or debilitating condition(s) that require assistance with activities of daily  
2113 living, requires daily monitoring, or is at risk for developing an acute condition.
  - 2114 3. The child must have a diagnosis that meets the Medically Fragile or Medically  
2115 Needy criteria from a physician or from his/her medical records.
  - 2116 4. The Fostering Healthy Children Nurse will review Medically Fragile and Medically  
2117 Needy cases quarterly and document this in SAFE to determine the  
2118 appropriateness of the MFC code. The nurse will keep the out-of- home  
2119 caseworkers informed of the child's MFC Code status.

- 2120 5. The Child and Family Team for children who are Medically Fragile or Medically  
2121 Needy will include the caseworker, resource family consultant, Fostering Healthy  
2122 Children nurse, out-of-home caregiver, biological parents, and child. The Child  
2123 and Family Team may also include the medical practitioners and rehabilitation  
2124 therapists.
- 2125 6. Medically Fragile and Medically Needy cases should be reviewed on a quarterly  
2126 basis by the Child and Family Team or more frequently as needed. The  
2127 caseworker is responsible for coordinating the Child and Family Team Meetings.  
2128 A report on the child's condition should be included on the Out-of-Home  
2129 Progress Summary.
- 2130 7. If the child meets the Medically Fragile or Medically Needy criteria, additional  
2131 monies can be added to the daily rate. The caseworker will ensure that if the  
2132 child meets either the Medically Fragile or Medically Needy criteria, that the  
2133 MFC code will be opened for services.
- 2134 8. Designate in the meeting the person responsible for opening the MFC code. This  
2135 person will submit the MFC code for payment to the eligibility technician.
- 2136 9. The resource family consultant or other designated staff will open the approval  
2137 for the MFC code on the PR07 screen and update the R198B for auditing  
2138 purposes.  
2139

### 301.9 Children With Severe Mental Health Needs

2140  
2141 Major objectives:

2142 Children under age 18 years with a formal DSM IV diagnosis that interferes with areas of daily  
2143 functioning and has existed or is likely to for one year or longer and requires intensive mental  
2144 health treatment will be evaluated by a regional committee for placement options. The Child  
2145 and Family Team will provide recommendations regarding the child's needs. Assistance with  
2146 individualized Child and Family Plans may also be requested from the Division of Mental Health.  
2147 In extreme circumstances, when a child's severe mental health needs cannot be met by an out-  
2148 of-home caregiver in the community, placement in the Utah State Hospital will be considered.  
2149

2150  
2151  
2152 **Applicable Law**

2153 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2154

2155 Practice Guidelines

- 2156 A. The following factors must be considered in placing children with severe mental health  
2157 needs:
- 2158 1. The composition and skills of out-of-home caregivers if placement is being made  
2159 in a family setting.

- 2160 2. The ability of the out-of-home caregivers to maintain both the child and others  
2161 safely.  
2162 3. The risks to the child and the community.  
2163 4. Access and availability of appropriate treatment.  
2164 5. Whether the placement is the least restrictive setting in which the child's needs  
2165 can be met.  
2166  
2167 B. If the child requires placement in the Utah State Hospital:  
2168 1. Clearly document in the Child and Family Plan how the child or youth will benefit  
2169 from the placement in the State Hospital.  
2170 2. This placement option will only be considered for latency-age children and  
2171 adolescents.  
2172 3. Document the community mental health center involved in making the  
2173 placement.  
2174

### 2175 **301.10 Children Who Are Sexually Reactive**

2176 Major objectives:

2177 For a child who exhibits inappropriate sexual behavior, usually as a result of sexual victimization,  
2178 a placement will be selected that meets the needs of the child and maintains safety in the home  
2179 and community.  
2180

2181  
2182 **Applicable Law**

2183 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2184

2185 Practice Guidelines

- 2186 A. To facilitate appropriate placement, placement screening committees or the regional  
2187 screening committee will address the special treatment needs of the child and identify  
2188 potential placement problems and solutions. The Child and Family Team will provide  
2189 recommendations regarding the child's needs.  
2190  
2191 B. Meetings may include professionals from the community that are providing services to  
2192 the child or could help assess the child's placement and treatment needs.  
2193  
2194 C. The following factors will be considered in placing these children:  
2195 1. The child's treatment needs and the availability of resources.  
2196 2. The skill level of the out-of-home care provider.  
2197 3. The child's supervision needs.  
2198 4. The out-of-home caregiver's ability to appropriately manage this type of  
2199 behavior.

- 2200 5. Composition of the kin or out-of-home caregiver's family. Children who are  
2201 sexually reactive will not be placed with families who have younger or otherwise  
2202 vulnerable children.  
2203 6. Risks to the neighborhood and school.  
2204  
2205 D. The caseworker must fully disclose all known information to the prospective out-of-  
2206 home caregiver of the child's known history as a victim and/or perpetrator prior to  
2207 placement. Additional information obtained at any time throughout the placement will  
2208 also be disclosed to the out-of-home caregiver.  
2209  
2210 E. There may be situations where it is in the best interest of the child and the community  
2211 for placement to be outside of a family setting.  
2212  
2213 F. Documentation must be in the child's case record as to the staffings on the case and the  
2214 appropriateness of the child's placement.  
2215

### 301.11 Youth In Out-Of-Home Care With Children

Major objectives:

When a young woman in Child and Family Services custody is mother to a child, Child and Family Services will only take custody of the young woman's child if there are concerns of abuse, neglect, or dependency. If the mother plans to continue parenting, the child will remain in the out-of-home placement with the mother.

#### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

#### Practice Guidelines

- 2228 A. Explore placement options with the Child and Family Team. If it is determined that the  
2229 foster youth is not able to remain in her current out-of-home placement with her child,  
2230 other alternatives such as teen mother programs may need to be explored.  
2231  
2232 B. The mother (foster youth) is the primary caregiver of her child. Where applicable, the  
2233 out-of-home caregiver will mentor appropriate parenting and household management  
2234 skills.  
2235  
2236 C. The Child and Family Plan will reflect the type of mentoring needed by the mother  
2237 (youth) in caring for her child.  
2238  
2239 D. Additional payments may be made for necessities needed for day-to day care and to  
2240 cover room and board costs for the baby. If the foster youth is placed in a foster home,

2241 a supplemental daily payment may be made to the out-of-home caregiver to cover the  
2242 baby's room and board costs (using the BAB code). The Child and Family Team may  
2243 recommend that the foster youth be given responsibility to use a portion of that  
2244 payment for the baby's needs.

2245  
2246 If the foster youth is placed in an independent living placement, a supplemental daily  
2247 payment may be made to the foster youth to cover the baby's room and board costs  
2248 (using the BAB code).

2249  
2250 In addition, special needs of the foster youth's child may be covered through relevant  
2251 payment categories identified for foster children. Each payment on behalf of the child  
2252 will be made under the foster youth's name.

2253

## 2254 301.12 Residential Care

### 2255 **Major objectives:**

2256 Children who have severe emotional or behavioral difficulties and cannot be managed in  
2257 traditional family settings because of their need for more intensive supervision and treatment  
2258 may be placed in residential care.

2259

2260

### 2261 **Applicable Law**

2262 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

2263

### 2264 Practice Guidelines

2265 A. Children who qualify to be screened for residential placements will meet the following  
2266 requirements:

2267 1. Child is inappropriate for less restrictive placements or there are no other  
2268 placements available to meet the child's needs.

2269 2. Child is not able to function on a daily basis in a family environment.

2270 3. Child needs more structure than is available in a traditional family setting.

2271 4. Child requires 24-hour supervision.

2272

2273 B. Placement in residential care will be approved by the regional residential screening  
2274 committee according to regional protocol.

2275 1. Cases will be reviewed only after the Child and Family Team has been consulted.

2276 2. The Child and Family Team should not come with a recommendation for  
2277 residential placement. Rather, they are to generate a list of needs for the child  
2278 and family that will be reviewed by the screening committee for  
2279 recommendations on how to best meet those identified needs.

2280 3. Residential placement may be an option recommended and approved by the  
2281 Screening Committee.

2282

### 2283 **301.13 Regional Screening Committee For Residential Care**

2284

Major objectives:

2285

If a child requires a screening for a change in placement level, the caseworker will present an assessment of the child's current strengths and needs to the regional screening committee.

2286

2287

2288

2289

#### 2290 **Applicable Law**

2291 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

2292

#### 2293 Practice Guidelines

2294 The regional screening committee will:

2295

2296 A. Review placement options available for the child.

2297

2298 B. Assess current budget and placement cap restrictions in the region.

2299

2300 C. Set the date for the next review. Reviews must occur at a minimum of every 90 days  
2301 while the child is in a high cost setting. Regions with a high number of children in  
2302 residential placements may have difficulty achieving this; however, it should be a  
2303 priority of the region to facilitate these reviews.

2304

2305 D. A provider will be selected on the basis of ability and willingness to include the family in  
2306 the service process, treatment, and discharge planning from the beginning.

2307

2308 E. The committee will complete the residential screening form and the purchase service  
2309 authorization at the conclusion of the screening.

2310

### 2311 **301.14 Transition To Approved Placement**

2312

Major objectives:

2313

In order to minimize the risk of trauma or potential future crisis to children, a transition plan will be developed and implemented for all children moving into or between any type of placement.

2314

Prior to any placement, all children will be prepared for the move using developmentally appropriate intervention strategies.

2315

2316

2317

2318

#### 2319 **Applicable Law**

2320 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

2321

2322 Practice Guidelines

2323 A. The child's family must be informed whenever there is a need for the child to change or  
2324 transition to a placement. Engage the family to determine the child's needs and  
2325 prepare them for the child's move.

2326  
2327 B. Explain the reason for the move, the current situation, and what comes next in the  
2328 process. Some of the following strategies may be helpful:

- 2329 1. Drawing pictures.  
2330 2. Acting out the removal and subsequent move with small play figures.  
2331 3. Creating a time line.

2332  
2333 This type of preparation can range from a minimum of one hour for emergency removal  
2334 situations to several weeks for more gradual transitions, dependent upon the child's  
2335 needs and situation.

2336  
2337 C. Identify and obtain familiar supports including people, toys, blankets, and other items,  
2338 learning style, coping mechanisms, daily schedule, habits, likes/dislikes, social,  
2339 emotional, cognitive (including school needs, fears, and successful parenting methods  
2340 for both comforting and disciplining the child), physical (including acute or chronic  
2341 medical conditions, nutritional requirements or restrictions, food preferences/dislikes,  
2342 medications, immunizations, and allergies), and cultural information including religious  
2343 preference. It is highly recommended that a familiar adult (a family member or friend  
2344 where appropriate) and the caseworker assist with the move.

2345  
2346 D. Validate the child and family's fears, reactions, and concerns.

2347  
2348 E. Plan the placement in accordance with placement requirements. [See: [Section 301](#),  
2349 Preparation For Placement In Out-Of-Home Care.]

2350  
2351 F. To eliminate the child experiencing rejection, transition activities are never to be  
2352 initiated as a "trial" attempt to place with a family. Transition activities are utilized  
2353 when families have expressed a commitment to the child's care prior to placement.

2354  
2355 G. It is best practice for children to have pre-placement visits to gradually orient them to  
2356 the new home and caregivers. Pre-placement visits may include:

- 2357 1. A tour of the new home.  
2358 2. Activities such as day visits, mutual activities, or overnight visits.

2359  
2360 H. Prepare and/or update the Child's Home-to-Home Book. [See: [Section 303.3](#),  
2361 Maintaining The Home-To-Home Book.]

2362

2363 **301.15 Guardianship And Legal Custody With A Relative And Non-**  
2364 **Relative**

2365  
2366 (This section has been moved to [Section 308.2.](#))  
2367

2368 **301.16 Obtaining Birth Certificates From The Office Of Vital**  
2369 **Statistics For Children In Out-Of-Home Care**

2370 Major objectives:

2371 This process will ensure that caseworkers are able to apply for and obtain, in a timely manner, a  
2372 birth certificate for a child in out-of-home care that needs that document to register for school  
2373 or apply for and receive a State or Federal benefit or service.  
2374

2375  
2376 Practice Guidelines

- 2377 A. Process for obtaining a birth certificate from the Office of Vital Statistics:
- 2378 1. Region administration will identify senior assistant caseworkers or other  
2379 designees responsible for submitting birth certificate applications for children in  
2380 their region in an out-of-home placement and will disseminate that list to  
2381 workers in their region.
  - 2382 2. When a birth certificate for a child is needed, caseworkers will contact one of  
2383 their regional representatives that have the responsibility to submit a request for  
2384 a birth certificate to the Office of Vital Statistics and will provide all information  
2385 needed on the application form.
  - 2386 3. The designated worker responsible for applying for birth certificates will  
2387 document all information provided by the caseworker on the Child and Family  
2388 Services birth certificate request template supplied by the Office of Vital  
2389 Statistics and will submit the completed form to Office of Vital Statistics at  
2390 DCFsbirthreq@utah.gov. The Office of Vital Statistics uses that form to search  
2391 for and print the required birth certificate and mails an official copy of the birth  
2392 certificate to the individual in the region that submitted the request.
  - 2393 4. Once the region designee receives the birth certificate, that individual will  
2394 provide the original or a copy to the child's caseworker.
  - 2395 5. The caseworker or designee will be responsible for documenting when a birth  
2396 certificate application has been made, when a birth certificate has been  
2397 received, and for placing the child's birth certificate in the child's case file once it  
2398 is received.
- 2399
- 2400 B. Payment for birth certificates to the Office of Vital Statistics: Each month the Office of  
2401 Vital Statistics issues an invoice to the Child and Family Services state office that lists the  
2402 names of all children for whom a birth certificate was issued, the region that made the

2403 request, and the cost associated for each birth certificate. The Child and Family  
2404 Services state office budget and accounting manager will submit a single payment to the  
2405 Office of Vital Statistics for all birth certificates issued during the month and will transfer  
2406 costs for each birth certificate to the region that made the request.

2407 **302 Planning And Interventions**

2408

2409 **302.1 Child And Family Plans**

2410

Major objectives:

2411

A. The Child and Family Team will create a plan based on the assessment of the child and family's strengths and needs, which will enable them to work toward their goals. The Child and Family Team will also oversee progress towards completion of the plan and provide input into adaptations needed in the plan.

2412

2413

2414

2415

2416

B. The initial plan will be developed and finalized no later than 45 days after a child's removal from the home or placement in Child and Family Services custody, whichever occurs first. A plan is finalized on the date that it is finalized in SAFE.

2417

2418

2419

2420

C. In every case, a concurrent plan will be in place from the inception of the out-of-home care intervention to ensure a permanent family for the child within a timely framework.

2421

2422

2423

2424

**Applicable Law**

2425

Utah Code Ann. [§62A-4a-205](#). Child and family plan -- Parent-time.

2426

2427

Practice Guidelines

2428

A. To facilitate permanency, the Child and Family Plan will include:

2429

1. The current strengths and Protective Factors of the child and family, as well as the threats to safety need to be addressed. In addition, a primary permanency goal and concurrent goal to provide the child with a permanent home within 12 months of the date of removal.

2430

2431

2432

2433

2. If the goal is reunification, the plan will specify a projected return home date and a description of steps and services offered to the parent to achieve reunification.

2434

2435

3. Description of the type of placement appropriate for the child's special needs and best interests, in the least restrictive setting available and in close proximity to the parents, when the goal is reunification. If the child with a goal of reunification has been placed a substantial distance from the parents, the plan will describe reasons why the placement is in the best interests of the child.

2436

2437

2438

2439

2440

4. If the goal is not reunification, the plan will include steps to finalize the placement, including child-specific recruitment efforts if the goal is adoption.

2441

2442

5. Safety agreement, if needed.

2443

6. Plan for crisis, if needed.

2444

7. Plan for next age-appropriate transition.

2445

8. A plan for transition from foster care to independent living, if a child is 14 years or older. TAL services will be available to youth ages 14 and older.

2446

2447

- 
- 2448 9. Plan to assure the child receives safe and proper care including the provision of  
2449 medical, dental, mental health, educational, recreational, or other specialized  
2450 services and resources.
- 2451 a. If a child is placed in residential treatment and has medical or mental  
2452 health issues that need to be addressed, the Child and Family Plan will  
2453 include a specialized assessment of the medical and mental health needs  
2454 of the child.
- 2455 b. If parental rights have not been terminated, the parents retain the right  
2456 to seek a separate medical or mental health diagnosis of their child from  
2457 a licensed practitioner of their choice.
- 2458 10. A visitation plan for the child, parents, and siblings, and grandparents if it is in  
2459 the child's best interest.
- 2460 11. Steps for monitoring the placement and providing support to the out-of-home  
2461 caregiver, including plan for visitation of the child and support to the caregiver  
2462 when placed out of state.
- 2463 12. Methods by which the child's significant relationships can be maintained  
2464 regardless of the permanency goals.  
2465
- 2466 B. Child and Family Services will make substantial efforts to develop the Child and Family  
2467 Plan with which the child's parents agree. If the parents do not agree with the Child and  
2468 Family Plan, Child and Family Services will strive to resolve the disagreement with the  
2469 parents. If the disagreement is not resolved, Child and Family Services will inform the  
2470 court of the disagreement.  
2471
- 2472 C. Parent/child involvement in the development of the Child and Family Plan. Child and  
2473 Family Team Meetings and/or monthly interviews between the caseworker and parent  
2474 may provide the parent with the opportunity to provide input into the development of  
2475 the plan. Child and Family Team Meetings or private interviews between the child and  
2476 the caseworker or other team members may provide opportunities for the child to  
2477 contribute to planning.
- 2478 1. All parents will have the opportunity to participate in the development of the  
2479 Child and Family Plan.
- 2480 2. For the purpose of planning, parent is defined as:
- 2481 a. The legally recognized birth mother regardless of physical custody or  
2482 current level of involvement in the child's life.
- 2483 b. The legally recognized father regardless of physical custody or current  
2484 level of involvement in the child's life.
- 2485 c. The legally recognized adoptive mother and/or father.
- 2486 d. The legally recognized guardian.
- 2487 e. The caregiver with whom the child was living with at the time Child and  
2488 Family Services became involved AND with whom the child may remain

- 2489 or be reunited. This may include relative caregivers and non-relative  
2490 caregivers such as stepparents.
- 2491 f. A stepparent who is living in the home where the child was residing and  
2492 will be returned.
- 2493 g. The substitute caregiver(s) that has been identified as the person(s) who  
2494 will be imminently providing enduring permanency for the child;
- 2495 3. Exceptions for parental involvement include:
- 2496 a. The parent is deceased.
- 2497 b. Parental rights are terminated.
- 2498 c. Parent's active or passive refusal to participate.
- 2499 (1) Active Refusal: Parent expresses verbally or in writing that they  
2500 are not interested in participating in the development of the plan.  
2501 In this case, the caseworker must verify with the parent that they  
2502 still decline participation before every new plan is finalized.
- 2503 (2) Passive Refusal: Parent indicates a passive refusal to participate in  
2504 the plan development through their actions or inactions, such as  
2505 failing to keep appointments or returning messages. In this case,  
2506 the caseworker must make at least two attempts to contact the  
2507 parent face-to-face, by phone, or by correspondence every time a  
2508 new plan is developed to provide them opportunity to participate  
2509 in the development of the plan.
- 2510 (3) The caseworker will document the dates and efforts to involve the  
2511 parent, methods of interaction between the caseworker and the  
2512 parent, and the parent's expressed desire.
- 2513 d. The parents' whereabouts are unknown despite concerted efforts to  
2514 locate them. Concerted efforts means a monthly attempt at locating the  
2515 parent using one of the following:
- 2516 (1) Interviews with Child and Family Team members.
- 2517 (2) Interviews with extended family.
- 2518 (3) Interviews with the child.
- 2519 (4) Checking allied agency records (Department of Workforce  
2520 Services, Office of Recovery Services, law enforcement, etc.).
- 2521 (5) On-line person locator searches.
- 2522 (6) Other sources not listed here that the caseworker or the team  
2523 becomes aware of.
- 2524 e. Parental involvement in the planning process is detrimental to the safety  
2525 or best interest of the child and is supported by court order or clinical  
2526 recommendation.
- 2527 4. All children listed on the plan who are developmentally appropriate will have the  
2528 opportunity to participate in the development of the plan to the degree that  
2529 they are capable of contributing to the plan.

- 
- 2530 a. A developmentally appropriate child means they have the ability to  
2531 understand and offer relevant contributions to the plan or express  
2532 preferential considerations within the selection of services or objectives.  
2533 As a general guideline, children who are elementary school aged are  
2534 regarded as being capable of contributing to the plan to some extent  
2535 unless otherwise developmentally incapable.
- 2536 b. Contributions offered by the child will be considered by the team and  
2537 included in the plan based on the Child and Family Team's determination  
2538 of the appropriateness of the request.
- 2539 5. The child's court appointed Guardian ad Litem will be involved in the  
2540 development of a child's Child and Family Plan. The Guardian ad Litem will be  
2541 invited to any Child and Family Team Meeting held to develop, review, or modify  
2542 the Child and Family Plan.
- 2543 a. Caseworkers will continue to schedule Child and Family Team Meetings  
2544 around the needs of the child and family and will invite the Guardian ad  
2545 Litem.
- 2546 b. It is not required that the Guardian ad Litem be in attendance in order to  
2547 hold the Child and Family Team Meeting.  
2548
- 2549 D. Upon finalization of the Child and Family Plan, both the caseworker and supervisor will  
2550 sign the plan. The caseworker will obtain signatures from the parents, child, and out-of-  
2551 home caregiver. If any party refuses to sign the plan, reasons will be documented in  
2552 the activity logs of the case file. Once all signatures have been obtained, copies of the  
2553 plan will be sent to the Juvenile Court, Assistant Attorney General, Guardian ad Litem,  
2554 legal counsel for the parents, parents, child, and out-of-home caregiver.  
2555
- 2556 E. Concurrent permanency planning ensures that the child and family are prepared for  
2557 both the child's primary and secondary permanency goals. Every Child and Family Plan  
2558 must include a primary and secondary goal.  
2559
- 2560 F. Tracking and adapting the Child and Family Plan/team review/progress summaries:  
2561 1. With input from Child and Family Team members, the plan will be reviewed to  
2562 track progress made and progress will be reported at least every 90 days.
- 2563 a. The progress summary will outline the current situation and progress  
2564 towards the permanency goal.
- 2565 b. The progress summary will be signed by both the caseworker and  
2566 supervisor and will be submitted to the Juvenile Court, Assistant Attorney  
2567 General, Guardian ad Litem, legal counsel for the parents, parents, and  
2568 out-of-home caregiver.
- 2569 2. The plan will be adapted:  
2570 a. When the team identifies that new steps are needed to make progress.  
2571 b. When the team identifies a new need.

- 2572 c. When needs are met.
- 2573 d. When there is a significant change with the child and family, including a
- 2574 placement change.
- 2575 e. At least every six months from date of removal.
- 2576

## 302.2 Purposeful Visiting With The Child, Out-Of-Home Caregivers, And Parents

### Major objectives:

Regular visiting with a child enables the out-of-home caseworker to assess how well a child's placement is meeting their needs for safety, permanency, and well-being. The out-of-home caseworker, the out-of-home caregivers, and the child work together to provide a safe, stable, nurturing home. Visiting with parents enables an out-of-home caseworker to assess how well they will be able to promote safety, permanency, and well-being for their children. The out-of-home caseworker will visit with the child, out-of-home caregivers, and parents no less than once every month.

### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### Practice Guidelines

- 2593 A. Out-of-home caseworker visits help assure safety, permanency, and well-being. Using
- 2594 face-to-face visits with children, out-of-home caregivers, and parents provides out-of-
- 2595 home caseworkers an opportunity to deepen the helping relationship. Findings from
- 2596 the Child and Family Services Review (CFSR) found that there is a significant positive
- 2597 relationship between out-of-home caseworker visits with children and a number of
- 2598 other indicators for safety, permanency, and well-being. These indicators include:
- 2599 1. Providing services to protect children in the home.
- 2600 2. Preventing removal.
- 2601 3. Managing the risk of harm to children.
- 2602 4. Establishing permanency goals.
- 2603 5. Achieving reunification, guardianship, and permanent placement with relatives.
- 2604 6. Achieving the goal of other planned living arrangements.
- 2605 7. Placement with siblings.
- 2606 8. Preserving children's connections while in out-of-home care.
- 2607 9. Maintaining the child's relationship with parents.
- 2608 10. Assessing needs and providing services to children and families.
- 2609 11. Involving children and parents in case planning.
- 2610 12. Visiting with parents.
- 2611 13. Meeting the educational needs of the child.
- 2612 14. Meeting the physical health needs of the child.

- 2613 15. Meeting the mental health needs of the child.  
2614  
2615 B. Caseworker contact with the child: The caseworker will visit with the child. Visit is  
2616 defined as a face-to-face meeting between the child and the caseworker and must  
2617 include the following elements:  
2618 1. Frequency - visits must occur as frequently as the conditions of the case require  
2619 and no less frequently than at least monthly.  
2620 2. Location - the environment of the location of the visits must be conducive to  
2621 open and honest conversation. At least one monthly caseworker contact with  
2622 the child must take place in the out-of-home placement. The interview between  
2623 the caseworker and the child must be conducted away from the parent or  
2624 substitute caregiver unless the child refuses or exhibits anxiety. Siblings may be  
2625 interviewed together or separately, depending on the comfort level of the  
2626 children or if there are safety considerations.  
2627 3. Duration - the length of the visit must be of sufficient duration to address key  
2628 issues.  
2629 4. Quality discussion - the content of the interview should focus on key issues  
2630 pertinent to safety (including threats of harm, child vulnerabilities, and  
2631 protective capacities of the caregiver), permanency, and well-being, as well as  
2632 promotes the achievement of case goals. When the child is nonverbal or unable  
2633 to communicate, the caseworker will document that the child is nonverbal and  
2634 instead report observations regarding the child's appearance pertaining to  
2635 physical well-being.  
2636 5. In working with an older youth, empower the youth by helping them to address  
2637 their desires or needs. This enables the youth to have an opportunity to practice  
2638 skills necessary for adulthood. It is also important to include youth as active  
2639 members of the team. Youth should be included in all decisions that affect their  
2640 lives. These will help to make it more likely that the youth's needs will be met  
2641 and that they will be able to establish positive relationships.  
2642 6. As needed, the out-of-home caseworker and other members of the Child and  
2643 Family Team develop the specifics of the visitation plan as well as to decide who  
2644 will make additional visits and contacts with the child. Document this in the  
2645 Child and Family Plan.  
2646 7. If the child is placed outside the state, the out-of-home caseworker will have at  
2647 least one telephone conversation per month with the child (if the child is verbal)  
2648 and with the child's out-of-home caregiver. In addition, the out-of-home  
2649 caseworker will request through the Interstate Compact Placement Agreement  
2650 that a courtesy caseworker have a monthly face-to-face visit with the child and  
2651 provide a written report of the visit to the Utah out-of-home caseworker each  
2652 quarter.  
2653

- 2654 C. Caseworker contact with the out-of-home caregiver: The caseworker will visit with the  
2655 out-of-home caregiver on a monthly basis. Visiting with the out-of-home caregivers will  
2656 help to establish and maintain a working relationship.
- 2657 1. At a minimum, the caseworker will conduct one monthly face-to-face contact  
2658 with the substitute caregiver with whom the child is living. The caseworker will  
2659 assess with the substitute caregiver the safety (including threats of harm, child  
2660 vulnerabilities, and protective capacities of the caregiver), permanency, and  
2661 well-being needs of the child and the substitute caregiver's needs as it pertains  
2662 to the child's needs.
- 2663 2. Reviewing on a quarterly basis with the out-of-home caregiver the child's Home-  
2664 to-Home Book. (See [Section 303.3](#) Maintaining The Home-To-Home Book.)  
2665
- 2666 D. Monthly caseworker contact with the child's parents: The caseworker will have regular  
2667 contact with each parent to assess safety, permanency, and well-being of the children  
2668 and to promote achievement of case goals.
- 2669 1. For the purpose of monthly caseworker contact with parent, parent is defined  
2670 as:
- 2671 a. The legally recognized birth mother regardless of physical custody or  
2672 current level of involvement in the child's life.
- 2673 b. The legally recognized father regardless of physical custody or current  
2674 level of involvement in the child's life.
- 2675 c. The legally recognized adoptive mother and/or father.
- 2676 d. The legally recognized guardian.
- 2677 e. The caregiver with whom the child was living with at the time Child and  
2678 Family Services became involved AND with whom the child may be  
2679 reunited. This may include relative caregivers and non-relative caregivers  
2680 such as stepparents.
- 2681 f. The substitute caregiver(s) that has been identified as the person(s) who  
2682 will be imminently providing enduring permanency for the child.
- 2683 2. Contact is defined as a face-to-face meeting between the parent and the  
2684 caseworker and must include the following elements:
- 2685 a. Frequency - visits must occur at least monthly.
- 2686 b. Location - the environment of the location of the visits must be conducive  
2687 to open and honest conversation.
- 2688 c. Duration - the length of the visit must be of sufficient duration to address  
2689 key issues.
- 2690 d. Quality discussion - the content of the interview should focus on issues  
2691 pertinent to case planning, service delivery, and goal achievement.
- 2692 3. Exceptions for caseworker contact with parent include:
- 2693 a. The parent is deceased.
- 2694 b. Parental rights are terminated.
- 2695 c. Parent's active or passive refusal to participate.

- 2696 (1) Active Refusal: Parent expresses verbally or in writing that they  
2697 are not interested in having monthly contact with the caseworker.  
2698 In this case, the caseworker must periodically verify with the  
2699 parent that they still decline contact. Periodic means that the  
2700 caseworker attempts to make some type of contact whether it be  
2701 face-to-face, phone, or correspondence with the parent at a  
2702 minimum of a quarterly basis if reunification is the goal. If  
2703 reunification has been terminated but parental rights are still in  
2704 place, periodic contact means every six months.
- 2705 (2) Passive Refusal: Parent indicates a passive refusal to have monthly  
2706 contact with the worker through their actions or inactions, such as  
2707 failing to keep appointments or returning messages. In this case,  
2708 the caseworker must make at least two attempts a month to  
2709 contact the parent face-to-face, by phone or correspondence,  
2710 while reunification services are provided to that parent. When  
2711 reunification is terminated but parental rights are still in place,  
2712 periodic attempts to contact the parent may be reduced to every  
2713 six months.
- 2714 (3) The caseworker will document the dates and efforts to contact  
2715 the parent, methods of interaction between the caseworker and  
2716 the parent, and the parent's expressed desire or  
2717 actions/inactions.
- 2718 d. The parents' whereabouts are unknown despite concerted efforts to  
2719 locate them. Concerted efforts means a monthly attempt at locating the  
2720 parent using one of the following:
- 2721 (1) Interviews with Child and Family Team members.  
2722 (2) Interviews with extended family.  
2723 (3) Interviews with the child.  
2724 (4) Checking allied agency records (Department of Workforce  
2725 Services, Office of Recovery Services, law enforcement, etc.).  
2726 (5) On-line person locator searches.  
2727 (6) Other sources not listed here that the caseworker or the team  
2728 becomes aware of.
- 2729 e. Parental involvement in the planning process is detrimental to the safety  
2730 or best interest of the child and is supported by court order or clinical  
2731 recommendation.
- 2732 f. When the parent resides out of the county, face-to-face contact may be  
2733 replaced by other means of contact such as BY phone or correspondence.  
2734
- 2735 E. Monthly Home Visit: The caseworker will check on the residence where the child is living  
2736 and observe and document the general conditions pertaining to threats of harm, child  
2737 vulnerabilities, and protective capacities of the caregivers. The caseworker will not

- 2738 enter a home for the purpose of a visit without a caregiver present, unless the child's  
2739 caregiver has granted permission. This approval should be documented. The  
2740 caseworker may enter the family's home in an emergency without a caregiver's  
2741 permission.  
2742
- 2743 F. The outcomes of out-of-home caseworker visitation include:
- 2744 1. Assessing safety, permanency, well-being, strengths, and needs. A series of  
2745 developmentally appropriate checklists and questions developed by the National  
2746 Resource Center for Family-Centered Practice and Permanency Planning  
2747 (NRCFCPPP) can be used by the out-of-home caseworker with the child, out-of-  
2748 home caregivers, or parents during their face-to-face visits. (To view these  
2749 checklists and questions, go to  
2750 [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/caseworker-  
2752 visiting.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-<br/>2751 visiting.html)).
  - 2752 2. Addressing and planning for any immediate needs and concerns.
  - 2753 3. Reviewing progress and completion of steps of the Child and Family Plan,  
2754 including the identified permanency goal for the child, out-of-home caregivers,  
2755 or parents.
  - 2756 4. Planning toward the child's permanency goal, concurrent plan, and long-term  
2757 view.
  - 2758 5. Identifying any challenges and developing solutions.
  - 2759 6. Providing an opportunity for the child, out-of-home caregivers, or parents to  
2760 share events, successes, feelings, and issues such as those related to the family  
2761 and child's education, health, behavior (including separation, grief, and loss),  
2762 relationships, and any items of special interest or concern for the child.
  - 2763 7. Engaging the child, out-of-home caregivers, or parents in an active dialogue that  
2764 promotes the change process. It may be useful to use solution-focused  
2765 questions.
  - 2766 8. Providing information about resources and linking necessary supports and  
2767 services for the child, out-of-home caregivers, or parents. Assisting the parents  
2768 in attaining needed resources (i.e., securing housing, transportation, etc.).  
2769 Examining other issues related to the delivery of services to identify and remove  
2770 or reduce barriers to the attainment of those services.
  - 2771 9. Discussing and monitoring current appointments and issues pertaining to the  
2772 child such as medical, dental, mental health, school, culture, court, and parent  
2773 and sibling visitation.
  - 2774 10. Providing opportunities for the child, out-of-home caregivers, and parents to  
2775 make choices about next steps.
  - 2776 11. Making suggested changes and modifications to the Child and Family Plan in  
2777 partnership with the team.  
2778

- 2779 G. In addition to the monthly visit, the out-of-home caseworker will be available to provide  
2780 ongoing counsel to address any immediate concerns or issues that the child, out-of-  
2781 home caregivers, or parents may have.  
2782

### 303 Services And Interventions

**Major objectives:**

Determination of interventions and service modalities will be matched to the assessed needs of the family. Only interventions deemed as best practice and approved by Child and Family Services will be utilized.

In order to provide services to promote successful reunification or other permanency options for the child, the family will be seen as the center of case management and Child and Family Planning. Services will be delivered according to the individualized assessed needs of the family as early in the intervention process as possible.

#### 303.1 Visitation With Familial Connections

**Major objectives:**

Purposeful and frequent visitation with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or the parent. Children also have the right to communicate with other family members, their attorney, physician, clergy, and others except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through visitation and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child's safety or best interests.

**Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

**Practice Guidelines**

- A. Visitation plans between the child, parent, and siblings will be individualized to meet the needs of the family. Visitation plans will be facilitated by joint planning between the members of the Child and Family Team. Visits will occur as often as possible with once per week as the general guideline. Frequent visitation and contact between siblings not placed together in out-of-home care is required unless there is a safety or well-being issue that prevents the siblings from having visitation or ongoing interaction.
- B. The Child and Family Team will consider visitation and/or other forms of contact with the grandparents for children in state custody if it is determined that contact will be in the best interest of the child, there are no safety concerns, and allowing contact would not compete with or undermine reunification goals.

- 2823 C. Visitation with parents, siblings, and grandparents will occur in the most natural setting,  
2824 such as family's home, library, church, or community center, neighborhood park,  
2825 shopping center, etc.  
2826
- 2827 D. Supervised visits will only occur in situations where safety or emotional well-being of  
2828 the child is in question and will be conducted by caseworkers, kin or out-of-home  
2829 caregivers, trained assistants, or other qualified individuals.  
2830
- 2831 E. Visitation plans with parents, siblings, and grandparents will be outlined in the Child and  
2832 Family Plan and specific arrangements will be made between the parents and out-of-  
2833 home caregivers, with consultation by the Child and Family Team, and may include  
2834 suggested locations, dates, times, and individuals responsible to transport and attend.  
2835
- 2836 F. In situations where distance or other circumstances present difficulty for the family,  
2837 alternative transportation arrangements will be explored with the team, such as bus,  
2838 light-rail, or meeting at the half-way point between locations. If, after creative  
2839 exploration of all options by the Child and Family Team, weekly visits are still not  
2840 feasible, schedule longer visits as frequently as possible, with other means of  
2841 communication encouraged between visits.  
2842
- 2843 G. Kin or out-of-home caregivers may only censor or monitor a child's mail or phone calls  
2844 by court order.  
2845
- 2846 H. Contacts with family for children placed out-of-state:  
2847 1. A child who is placed out-of -state in out-of-home care may make two trips  
2848 home a year at the state's expense. The region may make exceptions to this in  
2849 emergencies, such as the serious illness or death of a parent or family member.  
2850 If the parent has moved out-of-state and the permanency goal is to return the  
2851 child to the parent, the child may also make two trips per year to visit the parent  
2852 at the state's expense if the parent cannot afford to purchase the necessary  
2853 tickets.  
2854 2. Children who are placed out-of-state or out of the area will be encouraged to  
2855 maintain written and telephone contact with their parents as negotiated by the  
2856 Child and Family Team.  
2857

## 303.2 Caseworker Visitation With The Child

(This section has been replaced with [Section 302.2.](#))

### 303.3 Maintaining The Home-To-Home Book

**Major objectives:**

The child's Home-to-Home Book will be initially created by the caseworker and maintained by the out-of-home caregiver to preserve vital information about the child's events and activities during the time the child spent in care and relevant information contained therein to be shared with appropriate health care and educational providers during visits to ensure continuity of care.

**Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

**Practice Guidelines**

- A. The child's Home-to-Home Book will contain all information about the child while in out-of-home care, including:
- Names and addresses of providers, an inventory of belongings, a behavior checklist, information about the child's needs and habits, visitation information, and a section for the safe-keeping of mementos and photographs.
  - Health history, current health status, medications, immunization record, copies of medical reports, and names and addresses of health care providers.
  - School records, including school name and address, preschool information as well as educational information, the names of teachers and counselors familiar with the child, the child's grade level performance, and special education needs.
  - Records and contact persons from any other public and private health, mental health, or social service agencies that have worked with the child.
  - Past mental health problems and special needs of the child.
  - Documentation and receipts for any items or services purchased for the child while in out-of-home care.
  - Name, address, and phone number of the child's Guardian ad Litem and the Guardian's ad Litem role in protecting the child's interest. Out-of-home caregivers are encouraged to contact the child's Guardian ad Litem with any concerns that the child's needs are not being met.
- B. Print the forms from SAFE. Existing forms are to be kept in the Home-to-Home Book to serve as a history while the child is in care. At time of each placement, new forms are generated to serve as updates, but do not replace existing forms and information.
- C. The Home-to-Home-Book is to be reviewed, updated, and supplied to the out-of-home caregiver at the time of placement. If not, the caseworker will deliver and review the record with the out-of-home caregiver no later than 10 working days from date of placement.

- 2903
- 2904 D. The caseworker will explain to the out-of-home care provider during the review of the
- 2905 Home-to-Home Book that medical care must be obtained only from an approved
- 2906 Medicaid provider, which means that if an HMO is designated on the child's card, the
- 2907 health care provider must participate in that HMO.
- 2908
- 2909 E. The out-of-home caregiver must take health care history information from the Home-to-
- 2910 Home Book to health care visits to assure continuity of care and prevent unnecessary
- 2911 duplication of medical care (such as immunizations).
- 2912
- 2913 F. The out-of-home caregiver is to keep current records of the child's vital information and
- 2914 important events in the Home-to-Home Book.
- 2915
- 2916 G. The caseworker will review the Home-to-Home Book at least quarterly with the out-of-
- 2917 home caregiver and the child, when appropriate, to discuss the child's school progress,
- 2918 medical needs, use of clothing allowance and other special needs payments, and other
- 2919 issues related to the placement.
- 2920
- 2921 H. Upon case closure, the caseworker will retrieve the Home-to-Home Binder from the out-
- 2922 of-home caregiver and do the following:
- 2923 1. Give the items contained in the mementos and photograph packets to the
- 2924 parent, if the child is returned home, or to the permanent placement provider.
- 2925 2. Remove any forms or information contained in the remaining packets and place
- 2926 in the green out-of-home binder, to be archived upon case closure.
- 2927 3. Place the emptied Home-to-Home binder and packets into the designated area
- 2928 for reuse.
- 2929

### 303.4 Educational Services

Major objectives:

The caseworker will make every effort to ensure that all children placed in out-of-home care receive appropriate educational services consistent with their needs. Child and Family Services staff will work with the Child and Family Team to help the child achieve his or her full educational potential. Child and Family Services will ensure that children in out-of-home care have educational stability, when possible and appropriate. The guide for "[Educating Youth in State Care](#)" contains information regarding frequently asked questions.

#### Applicable Law

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

2943 Utah Code Ann. [§53A-2-207](#). Open enrollment options -- Procedures -- Processing fee --  
2944 Continuing enrollment.

2945

2946 Practice Guidelines

2947 A. If a child in the custody of Child and Family Services has attained the minimum age for  
2948 school attendance, the caseworker will ensure that the child is enrolled in school on a  
2949 full-time basis. Educational information, including the child's educational placement,  
2950 will be documented in SAFE on the Education Tab by the caseworker.

2951 1. If the child has a medical condition and is incapable of attending school on a full-  
2952 time basis, the caseworker will document the condition in SAFE in the comments  
2953 section of the Education tab. The caseworker will also document in the  
2954 comments section of the Education tab any alternate arrangements made to  
2955 provide educational services for a child unable to attend school full time.

2956 2. Educational information for a child unable to attend school on a full-time basis  
2957 will be updated in the in the comments section of the Education tab in SAFE  
2958 when a Child and Family Plan is updated or as changes in the child's medical  
2959 condition or educational placement occur.

2960

2961 B. When a child is placed in the custody of Child and Family Services, and whenever a child  
2962 changes placement, efforts will be made to maintain the child's enrollment at their  
2963 existing school. If safety, transportation, and other issues can be adequately addressed,  
2964 a child should remain in their existing school in order to allow consistency in their  
2965 education. The process for determining the child's educational placement is as follows:

2966 1. The caseworker will assess any safety concerns that exist and determine if the  
2967 child can safely remain in the school where they were originally enrolled when  
2968 they came into custody. Any safety concerns regarding the educational  
2969 placement will, at a minimum, be documented in the Child and Family  
2970 Assessment and in the comments section of the Education tab in SAFE.

2971 2. While assessing whether the child may remain in their school placement, the  
2972 caseworker will gather and take into account input from educational staff and  
2973 Child and Family Team members.

2974 3. Utah Code Ann. [§53A-2-207](#) allows the child in state custody to remain in the  
2975 school they were enrolled in prior to coming into custody, and whenever a child  
2976 changes placement. The caseworker and Child and Family Team will determine  
2977 whether it is in the best interest of the child to remain in the school they are  
2978 currently enrolled in and will consider proximity to the school when making  
2979 placement decisions. If it is in the child's best interest, the caseworker will give  
2980 significant consideration to placements that will facilitate the child to continue to  
2981 attend the school they were enrolled in when the child entered custody.

2982 4. If the child remains in the school they were enrolled in when they entered  
2983 custody, the caseworker will inform the school that the child has entered state

- 2984 custody and will work with educational staff to ensure that any safety concerns  
2985 are addressed.
- 2986 a. If there is a protective order or no-contact order in place for the child  
2987 against any individual, the caseworker will provide a copy of the order to  
2988 the school.
- 2989 5. When a child in Child and Family Services custody must be transferred to a new  
2990 school, the caseworker will do the following:
- 2991 a. Make every effort to cause the least disruption with the child's education  
2992 (e.g., waiting until the end of a semester or year to move a child from the  
2993 school).
- 2994 b. Document in the Education tab in SAFE why it was not in the best interest  
2995 of the child to remain in the school they were enrolled in at the time they  
2996 came into custody.
- 2997 c. Consult with staff at the former school about how to minimize  
2998 disruptions of the child's education.
- 2999 d. Inform the new school that the child in state custody will be enrolled.
- 3000 (1) Within three school days of a child's placement in foster care or in  
3001 a new out-of-home placement, the caseworker or caregiver will  
3002 enroll the child in school.
- 3003 e. Obtain and complete all fee waiver forms from the school and authorize  
3004 payment of school fees not waived; and will refer the child to the Youth  
3005 in Custody (YIC) program and will fill out the necessary forms to enroll the  
3006 child. This is required if a YIC program exists. If a child is in a school  
3007 district that does not have an applicable YIC program, the caseworker or  
3008 out-of-home caregiver will refer the child to the appropriate school  
3009 principal or staff for assessment of educational needs.
- 3010 (1) The caseworker, out-of-home caregiver, and the child will meet  
3011 with the YIC program staff and/or school administration from the  
3012 new school. Other members of the Child and Family Team may be  
3013 included in this process.
- 3014 f. Ensure that the new school specifically requests special education  
3015 records from the former school. Special education records are not  
3016 transmitted to the receiving school with the general educational file  
3017 unless specifically requested. (Special education records are kept in a  
3018 separate location than other general education records.)
- 3019 g. Provide copies of any educational records they have to the new school  
3020 when a child is changing schools to facilitate the immediate enrollment of  
3021 a child into the appropriate academic placement.
- 3022
- 3023 C. The caseworker will gather any available educational information and provide it to the  
3024 out-of-home caregivers for placement in the Home-to-Home Book within ten days from  
3025 the date of placement.

- 3026
- 3027 D. At any time during the child's placement, if any member of the Child and Family Team
- 3028 has reason to suspect that the child may have a disability requiring special education
- 3029 services, the child will be referred for assessment for specialized services.
- 3030
- 3031 E. The caseworker will maintain contact with educational staff to monitor the child's
- 3032 ongoing educational status, including grades, attendance, and credits toward
- 3033 graduation. Educational staff or input will be included in Child and Family Team
- 3034 Meetings when appropriate.
- 3035
- 3036 F. In order to cause the least amount of disruption to the child's education, caseworkers
- 3037 and other Child and Family Services' staff will make active efforts to minimize school
- 3038 interruptions and should avoid taking the child out of school for visits and
- 3039 appointments. Appointments will be made after school hours when at all possible.
- 3040 When court hearings require a child to be present for the hearing, caseworkers and/or
- 3041 foster parents will make arrangements with the school beforehand to obtain school
- 3042 work and assignments for the time the child will be excused.
- 3043
- 3044 G. It is always allowable for CPS caseworkers to take a child out of class for the purposes of
- 3045 conducting an interview regarding an allegation of abuse or neglect.
- 3046
- 3047 H. Pursuant to Utah Code Ann. [§53A-11a-203](#), a school must notify a parent or guardian
- 3048 when a student threatens to commit suicide and/or a student is involved in an incident
- 3049 of bullying, cyber-bullying, harassment, hazing, or retaliation
- 3050 1. When a school notifies a caseworker that a child in out-of-home care was
- 3051 involved in one of the above types of incidents, the caseworker will:
- 3052 a. Notify the parent or guardian if parental rights have not been terminated
- 3053 and the parent's whereabouts are known.
- 3054 b. Notify the foster parent and other relevant members of the Child and
- 3055 Family Team (such as the therapist, treatment providers, etc.).
- 3056 c. Request a written report from the school regarding the incident
- 3057 d. Notify and staff the situation with the supervisor.
- 3058 e. If region protocol directs, notify designated regional administrative staff.
- 3059 f. Notify the Guardian ad Litem and Assistant Attorney General of the
- 3060 situation as soon as possible.
- 3061 g. Record all known details of the emergency situation and action taken in
- 3062 the SAFE activity logs.
- 3063 2. If an out-of-home caregiver receives notification from a school that the child was
- 3064 involved in one of the above incidents, the out-of-home caregiver will notify the
- 3065 caseworker by phone or email within 24 business hours.

- 3066 a. Upon receiving notification that the child was involved in one of the  
3067 above incidents, the caseworker will ensure that they complete the steps  
3068 listed in subsection 1 above.  
3069

### 3070 **303.5 Health Care**

3071 Major objectives:

3072 All children placed in out-of-home care will receive health care services according to the  
3073 requirements of Child and Family Services whether they are Medicaid eligible or not. The  
3074 Child and Family Services caseworker will notify parents of any medical, dental, or mental  
3075 health needs or appointments for their child.  
3076

3077

3078 **Applicable Law**

3079 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
3080

3081 Practice Guidelines

3082 The following health care services will be provided:  
3083

- 3084 A. If there is any sign of abuse or neglect or if the child is ill, the child will be seen by a  
3085 health care provider within 24 hours.  
3086
- 3087 B. Within 30 days of removal or court-ordered custody, whichever occurs first, the child  
3088 will receive:
- 3089 1. Well Child CHEC (Child Health Evaluation and Care) exam.
- 3090 a. A Well Child CHEC should be scheduled with the child's Primary Care  
3091 Physician (PCP).
- 3092 b. If a child does not have a PCP, the RN assigned to the case should be  
3093 consulted with to identify a provider that is on the child's insurance plan
- 3094 c. If the PCP does not have an available appointment within 30 days, a  
3095 provider that accepts the child's health insurance plan should see the  
3096 child and the report should be forwarded to the PCP.
- 3097 d. For children under the age of two years, the Periodicity Schedule will be  
3098 followed. The Periodicity Schedule is:
- 3099 (1) Birth.
- 3100 (2) Two weeks of age.
- 3101 (3) Two months of age.
- 3102 (4) Four months of age.
- 3103 (5) Six months of age.
- 3104 (6) Nine months of age.
- 3105 (7) Twelve months of age.
- 3106 (8) Fifteen months of age.

- 3107 (9) Eighteen months of age.  
3108 (10) Twenty-four months of age.  
3109 (11) Annually after 24 months of age.  
3110
- 3111 C. Within 30 days of removal or court-ordered custody, whichever occurs first, the child  
3112 will receive:
- 3113 1. Dental exam:  
3114 a. Required for children three years of age and older.  
3115 b. Children under age three will be followed by their PCP and referred to a  
3116 dentist with any identified problems.
- 3117 2. Mental Health Assessment:  
3118 Children five years of age and older will receive a mental health assessment.  
3119
- 3120 D. Developmental and Social Emotional Assessment:
- 3121 1. PCPs will follow developmental progress for infants.  
3122 2. For children 4 months to 5 years of age who are removed or court-ordered into  
3123 custody, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages  
3124 Questionnaire-Social Emotional (ASQ-SE) Screening Tools will be mailed to the  
3125 foster parent for completion based on the child's current age and the following  
3126 schedule: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60  
3127 months.
- 3128 3. Infants and children 4 months to 36 months (3 years): The ASQ and ASQ-SE will  
3129 be used in determining the need for further developmental/mental health  
3130 assessment.
- 3131 a. The ASQ and ASQ-SE will be completed with the child by the current out-  
3132 of-home caregiver. Upon completion, the questionnaires are sent back  
3133 to the FHC Program staff to be scored.
- 3134 b. If a child scores below the recommended level, FHC staff will coordinate a  
3135 referral for Early Intervention within 30 days of the return of the  
3136 questionnaire.
- 3137 4. Children ages 37 months to 60 months (3 years and one month to 5 years): The  
3138 ASQ and ASQ-SE will be used in determining the need for further mental health  
3139 assessment.
- 3140 a. The ASQ and ASQ-SE will be completed with the child by the current out-  
3141 of-home caregiver. Upon completion, the questionnaires are sent back  
3142 to the FHC Program staff to be scored.
- 3143 b. If a child scores below the recommended level, FHC staff will coordinate a  
3144 referral to the local school district or mental health care provider where  
3145 the child resides within 30 days of the return of the questionnaire.  
3146

- 3147 E. Immunizations: All children in out-of-home care will receive immunizations as  
3148 recommended by the Center for Disease Control (CDC).  
3149 1. Those children behind the recommended CDC schedule of immunizations when  
3150 entering out-of-home care will be caught up as recommended by their PCP.  
3151 2. Families who have medical or religious beliefs that exempt them from  
3152 immunizations will have this information documented in the Health screen and  
3153 activity log in SAFE.  
3154
- 3155 F. Medical, Dental, and Mental Health Referrals: Referral and follow-up appointments will  
3156 be completed within the time frame specified by the health care professional or in a  
3157 time frame that is no longer than 90 days from the receipt of the health visit report  
3158 (HVR). .  
3159
- 3160 G. Second Opinions for Health Care: Children requiring specialized medical services may  
3161 receive a second opinion from a provider that specializes in the area of need.  
3162
- 3163 H. Concerns that Arise Prior to the Scheduled Exams:  
3164 1. A child with medical, dental, or mental health concerns that arise prior to the  
3165 required scheduled exams will be immediately referred to the appropriate health  
3166 care professional.  
3167 2. The referral will be documented in the activity logs in SAFE. Concerns may  
3168 include uncontrollable behavior, sleep disturbances, suicide ideation/thoughts,  
3169 harming self or others, enuresis/encopresis, illness, fever, aches/pains, vomiting,  
3170 diarrhea, bleeding, etc.  
3171 3. PCPs of children entering custody with chronic medical conditions such as  
3172 epilepsy, diabetes, respiratory, metabolic conditions, congenital anomalies, etc.  
3173 will be notified of their current custody status. Communication will originate  
3174 with the caseworker and will include the regional FHC staff.  
3175
- 3176 I. Identifying and Addressing Unresolved Trauma for Children in Foster Care:  
3177 1. The caseworker will use the assessment tool provided by Child and Family  
3178 Services to assess if unresolved traumatic experiences are making it difficult for  
3179 the child to function in daily life. The current assessment tool[s] used to assess  
3180 for trauma adjustment symptoms is the [are the] Utah Family and Child  
3181 Engagement Tool. [CANS/UFACET-]  
3182 2. If the caseworker identifies on the assessment that the child's daily functioning is  
3183 being adversely affected by unresolved issues of trauma, the caseworker will  
3184 provide the information to a mental health professional for further assessment  
3185 and treatment of the child. If the child is currently receiving mental health  
3186 treatment, the caseworker will provide the information to the mental health  
3187 professional working with the child.  
3188

- 3189 J. For Youth Temporarily Placed in Detention Facilities: The initial or annual Well Child  
3190 CHEC must be completed within 30 days of release, if not completed while in detention.  
3191
- 3192 K. Re-entry into Out-of-Home Care: When a child re-enters custody or returns from  
3193 runaway status, a Well Child CHEC must be completed within 30 days. Unless there are  
3194 health and safety concerns identified, the dental exam and mental health assessment  
3195 can be waived if one was completed within the past year while in out-of-home care.
- 3196 1. If it has been less than one year since completion of the dental exam or mental  
3197 health assessment, the next exams will be prompted in SAFE as an annual  
3198 occurrence from the last completed date.
- 3199 2. If it has been over one year since completion of the dental or mental health  
3200 exams, an exam must be completed within 30 days. Prompting for the next  
3201 annual exams will begin in SAFE from the removal or court-ordered custody  
3202 date, whichever occurs first.  
3203
- 3204 L. Annually: While in out-of-home care, all children will receive an annual Well Child CHEC  
3205 according to the Periodicity Schedule, dental exam, and mental health assessment or  
3206 developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will be  
3207 completed within 30 days of the annual due date.  
3208
- 3209 **M. Psychotropic Medication Oversight Panel:**
- 3210 1. Pursuant to Utah Code Ann. §62A-4a-213, Child and Family Services is required  
3211 to establish and operate a psychotropic medication oversight panel for children  
3212 in foster care to ensure that foster children are being prescribed psychotropic  
3213 medication consistent with their needs.
- 3214 2. The review panel shall be comprised, at minimum, of an Advanced Practice  
3215 Registered Nurse (APRN) and a child psychiatrist. Other individuals may be  
3216 added to the panel as resources permit and when Child and Family Services  
3217 determines it to be necessary.
- 3218 3. The children shall be referred to the oversight panel by the Fostering Healthy  
3219 Children nurse. The oversight panel shall monitor foster children that meet the  
3220 following criteria:
- 3221 (a) Six years old or younger who are being prescribed one or more  
3222 psychotropic medications; and
- 3223 (b) Seven years old or older who are being prescribed two or more  
3224 psychotropic medications.
- 3225 4. The oversight panel may request information and/or records related to the  
3226 foster child's health care history, including psychotropic medication history and  
3227 mental and behavioral health history, from the foster child's current or past  
3228 caseworker; the foster child; the foster parents; the natural parents, and/or the  
3229 foster child's current or past health care provider. The caseworker and/or nurse  
3230 shall assist in obtaining the information and records requested by the oversight

- 3231 panel and provide it to the oversight panel within 15 working days of the  
3232 request.
- 3233 5. The caseworker may also provide any additional information regarding the child  
3234 that may provide insight or inform the oversight panel in making a determination  
3235 regarding whether the psychotropic medication is consistent with the child's  
3236 needs.
- 3237 6. The oversight panel may make recommendations to the foster child's health  
3238 care providers concerning the foster child's psychotropic medication or the  
3239 foster child's mental or behavioral health.
- 3240 7. After discussing the recommendations with the current health care provider, the  
3241 oversight panel shall provide a copy of the written recommendations to the  
3242 nurse, who will inform the foster child's caseworker, out-of-home caregiver, and  
3243 other relevant team members of the recommendations.
- 3244 8. The oversight panel will also establish a procedure, such as a "help" telephone  
3245 number, that a current health care provider may access when they need  
3246 assistance for prescribing medication to children in foster care.

3247

3248 **[M-]N.** Working with Youth: When working with youth and when appropriate, encourage them  
3249 to make their own health care appointments and become active participants in learning  
3250 about their health care services and needs.

3251

3252 **[N-]O.** Including parents/guardians in child's health treatment:

- 3253 1. Caseworkers will make reasonable measures to notify a parent/guardian of any  
3254 non-emergency health treatment or care scheduled for a child. Reasonable  
3255 measures include notifying the parent/guardian of scheduled health care  
3256 appointments a minimum of 24 hours prior to the health care appointment  
3257 through phone call, text message, email, written letter, or face-to-face contact.  
3258 Out-of-home caregivers may also assist the caseworker in providing notification  
3259 to the parent/guardian of medical appointments. If there are no legal  
3260 restrictions regarding contact between the parent/guardian and the child due to  
3261 safety issues, the parent/guardian will be invited to attend all health care  
3262 appointments for the child.
- 3263 2. The caseworker will document in the SAFE activity logs the method that was  
3264 used to inform the parent/guardian of the health care appointments.
- 3265 3. Health care decisions will be discussed with the parent during health care  
3266 appointments and/or in Child and Family Team Meetings, in order for the  
3267 caseworker to include the parent/guardian as fully as possible in making health  
3268 care decisions for the child.
- 3269 a. The caseworker will defer to the parent/guardian's reasonable and  
3270 informed decisions regarding the child's health care to the extent that the  
3271 child's health and well-being are not unreasonably compromised by the  
3272 parent/guardian's decision.

- 3273  
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- b. If a caseworker feels that the decision made by the parent/guardian compromises the child's health or well-being, the caseworker will provide the information to the court, along with the recommendation from the child's health care provider, and ask that the court make a decision regarding how to proceed with the child's health care.
  4. The caseworker will notify the parent/guardian of a child within five business days after a child in the custody of Child and Family Services receives emergency health care or treatment. This includes when the child is sick or injured.

### 3282 **303.5.1 Signing Consent For Medical Procedures**

#### 3283 Major objectives:

3284 The purpose of this section is to describe who can sign consent on medical forms for children  
3285 placed in out-of-home care. The individual designated to sign consent depends on whether Child  
3286 and Family Services has custody only or has custody and guardianship of the child. In all cases,  
3287 parents who retain parental rights should be included in medical decisions for a child in out-of-  
3288 home care unless doing so would constitute a threat of harm to the child or a court order that  
3289 indicates otherwise. When possible, caseworkers should share information regarding the  
3290 medical, dental, and mental health needs of the child with the parents and members of the Child  
3291 and Family Team prior to any procedures being completed.

3292  
3293 A. When a child is placed in out-of-home care, the court either grants Child and Family  
3294 Services both legal custody and guardianship of a child, or grants Child and Family Services  
3295 legal custody while the parent retains guardianship. Legal custody includes the right to  
3296 consent to ordinary medical care and the right, in an emergency, to authorize surgery or  
3297 other extraordinary care. If Child and Family Services is granted legal custody while the  
3298 parent retains guardianship, guardianship entitles parents to consent to major medical,  
3299 surgical, or psychiatric treatment.

3300  
3301 B. At times the court grants Child and Family Services custody and guardianship of a child,  
3302 which means a parent does not retain the right to consent to major medical, surgical, or  
3303 psychiatric treatment while their child is placed in out-of-home care. That authority is  
3304 vested in Child and Family Services as guardian of the child.

3305  
3306 C. If there has been a termination of parental rights (TPR), the parent does not retain any  
3307 parental rights.

3308  
3309 For further information regarding parental rights, refer to the definitions found in Utah Code Ann.  
3310 [§78A-6-105](#).

#### 3311 3312 3313 Practice Guidelines

3314 A. Regular medical/dental/mental health procedures: A caseworker or out-of-home  
3315 caregiver can sign consent forms giving permission for a child in out-of-home care to be  
3316 seen by a medical provider for regular medical, dental, mental health assessments,  
3317 screenings, check-ups, testing, or follow-ups.

3318  
3319  
3320 B. Major Medical, Surgical, or Psychiatric Treatment: Some medical procedures carry risks  
3321 of complications and even death. The following are considered to be major medical,  
3322 surgical, or psychiatric treatment: administration of general anesthesia; IV sedation

- 3323 with any type of treatment; Electroconvulsive therapy (ECT); inpatient hospitalization  
3324 for any reason; or an involuntary commitment of a child. Caseworkers should consult  
3325 with the child's medical, dental, or mental health provider recommending the  
3326 treatment, as well as the Fostering Healthy Children nurse team member for  
3327 clarification of whether a recommended treatment meets these criteria.  
3328
- 3329 C. For questions regarding the guardianship status of a child placed in out-of-home care,  
3330 caseworkers will refer to the court order that places the child in Child and Family  
3331 Services custody or consult the Assistant Attorney General assigned to the case.
- 3332 1. A parent that retains guardianship: If a parent retains guardianship, the parent  
3333 must consent to major medical, surgical, and psychiatric treatment. The parent  
3334 should be asked to sign consent if the child requires any of the major medical,  
3335 surgical, or psychiatric treatments defined above.
- 3336 2. If custody and guardianship has been granted to Child and Family Services: It is  
3337 not legally required for the parent to give consent for major medical, surgical, or  
3338 psychiatric treatment (even in instances when parental rights have not been  
3339 terminated). For these types of situations, a Child and Family Services  
3340 caseworker is the most appropriate person to sign consent. However, it is an  
3341 expectation and best practice that caseworkers will discuss necessary medical  
3342 procedures with the parents prior to treatment, when possible. In most cases  
3343 this should be done within the context of a Child and Family Team Meeting. If a  
3344 parent objects to the proposed medical treatment, the caseworker should  
3345 consult with the Assistant Attorney General.
- 3346 3. If a parent's rights have been terminated: Child and Family Services is not  
3347 required to gain parental consent for major medical, surgical, or psychiatric  
3348 treatment. The caseworker may sign the consent form OR they may consult with  
3349 the Assistant Attorney General and have the procedure court ordered.
- 3350 4. Parent refuses to sign: If it is recommended that the child needs a major medical,  
3351 surgical, or psychiatric treatment, and the parent refuses to sign the consent  
3352 form, the caseworker is to consult the Assistant Attorney General. Depending on  
3353 the type of treatment required, it may be determined that there is a need to  
3354 have the major medical, surgical, or psychiatric treatment court ordered.
- 3355 5. Emergency situations: In emergency type situations, Child and Family Services is  
3356 not required to gain parental consent for major medical, surgical, or psychiatric  
3357 procedures. Utah state statute clarifies that whoever has legal custody has the  
3358 right, in an emergency, to authorize surgery or other extraordinary care.  
3359 However, when parental rights remain in place and time permits, it is best  
3360 practice for Child and Family Services to attempt to inform the parent prior to  
3361 the procedure regardless of who has guardianship.
- 3362 a. During regular business hours, when a child requires medical attention  
3363 which includes a major medical, surgical, or psychiatric treatment, and a  
3364 parent retains guardianship, the Child and Family Services caseworker or

- 3365 other appropriate Child and Family Services staff member should be  
3366 contacted and should attempt to locate the parents to sign consent. If  
3367 the child's parents cannot be located in time to sign and give consent, the  
3368 caseworker will attempt to contact the Assistant Attorney General and  
3369 request that the procedure be court ordered.
- 3370 b. If time does not allow for the parent to sign or for the procedure to be  
3371 court ordered due to the urgency of the child's medical needs, the  
3372 caseworker will need to sign consent and inform the child's parents,  
3373 Assistant Attorney General, Guardian ad Litem, and judge as soon as  
3374 possible.
- 3375 c. Although very rare, if time does not allow for the caseworker or other  
3376 Child and Family Services staff to appear to sign consent for the major  
3377 medical, surgical, or psychiatric treatment due to the seriousness of the  
3378 emergency, Child and Family Services may give verbal consent for the  
3379 treatment and permission for the out-of-home caregiver to sign consent.
- 3380 d. In regards to an emergency during after-hours, weekends, or holidays, if  
3381 the Child and Family Services caseworker is not able to be contacted by  
3382 the out-of-home caregiver to sign consent, the out-of-home caregiver will  
3383 contact Intake to locate the primary caseworker or the on-call worker for  
3384 their area. If unable to locate the primary caseworker, the Child and  
3385 Family Services on-call worker will be asked to appear and sign consent  
3386 for the major medical, surgical, or psychiatric treatment. If time does not  
3387 allow for the Child and Family Services on-call worker to sign consent, the  
3388 Child and Family Services on-call worker may give verbal consent and  
3389 permission for the out-of-home caregiver to sign consent. The out-of-  
3390 home caregiver is to inform the caseworker of the emergency as well as  
3391 who signed consent (Child and Family Services on-call worker or out-of-  
3392 home caregiver), as soon as possible. The caseworker will inform the  
3393 child's parents, Assistant Attorney General, Guardian ad Litem, and judge  
3394 about the emergency as soon as possible.
- 3395 e. In all cases, if it is necessary in an emergency for the out-of-home  
3396 caregiver to sign consent for major medical, surgical, or psychiatric  
3397 treatment, the out-of-home caregiver will only sign consent after  
3398 receiving verbal consent from the primary caseworker or the Child and  
3399 Family Services on-call worker. The primary caseworker will then have  
3400 the responsibility to inform the child's parents, the Assistant Attorney  
3401 General, Guardian ad Litem, and judge as soon as possible.
- 3402 6. If a child in out-of-home care has been recommended to participate in any  
3403 research trials or protocols, the caseworker will refer to Administrative  
3404 Guidelines [Section 080.7](#) for the correct protocol.  
3405

## 3406 303.6 Specific Medical Services

### 3407 Major objectives:

3408 When children in foster care have specific medical needs such as substance abuse, HIV (Human  
3409 Immunodeficiency Virus) or STI (Sexually Transmitted Infections) testing, family planning  
3410 including birth control methods, sex education, prenatal care, pregnancy, education on caring  
3411 for a child, abortion, and life sustaining medical treatment, Child and Family Services will ensure  
3412 that these needs are met.  
3413

### 3414 **Applicable Law**

3415 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
3416  
3417

### 3418 Practice Guidelines

#### 3419 A. Substance Abuse Interventions:

- 3420 1. The Child and Family Services caseworker may refer the child for a one-time drug  
3421 test if there is "reasonable belief" that the foster child is using inappropriate or  
3422 illegal substances. The Child and Family Services caseworker will refer the child  
3423 for a substance abuse treatment assessment if the child is not already involved in  
3424 substance abuse treatment.
- 3425 2. When referring the child for a substance abuse assessment or drug test, the  
3426 caseworker should consult with the child's health care provider to ensure that  
3427 the cause for concern is not being caused by another medical or mental health  
3428 diagnosis.
- 3429 3. If substance abuse treatment is recommended, the caseworker will ensure that  
3430 treatment recommendations are followed and will amend the Child and Family  
3431 Plan to include this treatment.
- 3432 4. The drug testing may not be continued on a regular or random basis without a  
3433 court order.
- 3434 5. A drug test should never be used as punishment.
- 3435 6. An out-of-home caregiver must request the caseworker's permission prior to  
3436 taking a child for drug testing.
- 3437 7. The results of all substance abuse assessments and drug tests will be kept  
3438 confidential.

#### 3439 B. HIV, STIs, and other Communicable Diseases: When the caseworker has "reasonable 3440 belief" that a foster child may be infected with HIV, STI, or another communicable 3441 disease, the caseworker will immediately consult with the child's health care provider 3442 and seek the necessary medical testing and medical treatment.

- 3443 1. The Child and Family Services caseworker will ensure the confidentiality of the  
3444 medical testing results. Random HIV or STI testing is prohibited.  
3445

- 
- 3446 2. Standards for consultation with a health care provider to determine for HIV or  
3447 STI testing:
- 3448 a. An infant born to a mother with unknown risk and serological status.  
3449 b. The child has a history of risky behaviors, symptoms, or physical findings  
3450 that suggest HIV, STI, or another communicable disease such as:  
3451 (1) Unprotected sexual contact;  
3452 (2) Multiple sexual partners;  
3453 (3) IV drug use .
- 3454 c. The child has symptoms or physical findings as determined by health care  
3455 providers that may suggest HIV, STI, or another communicable disease.  
3456 d. The child has a parent or sibling who is HIV-infected or has a STI or  
3457 communicable disease and is at an increased risk of HIV, STI, or another  
3458 communicable disease infection.  
3459 e. The child has a current or past sexual partner who is HIV-infected, has an  
3460 STI or another communicable disease, or is at increased risk for HIV, STI,  
3461 or other communicable disease infection.  
3462 f. The child has a history of sexual abuse or a history of STI.
- 3463 3. Standards for minors taken into custody for committing a sexual offense:
- 3464 a. HIV testing may be conducted on a minor who is taken into custody after  
3465 having been adjudicated to have violated state law prohibiting a sexual  
3466 offense under Title 76, Chapter 5, Part 4, Sexual Offenses, upon the  
3467 request of the victim or the parent or guardian of a minor victim.  
3468 b. HIV tests may not be performed on a sexual offender younger than 14  
3469 years of age without the consent of the court. [See: Utah Code Ann.  
3470 [§78A-6-1104.](#)]
- 3471 4. If testing is indicated or recommended by a health care professional, the Child  
3472 and Family Services caseworker will consent and sign for the testing. An out-of-  
3473 home caregiver is not allowed to sign for HIV testing unless recommended by a  
3474 health care provider.
- 3475 5. If the out-of-home caseworker cannot provide written consent, consent will be  
3476 given by the caseworker's supervisor or other Child and Family Services  
3477 administrator that has knowledge of the child's medical history.
- 3478 6. When the caseworker becomes aware of an HIV, STI, or other communicable  
3479 disease infected foster child, the out-of-home caregiver will be informed. It will  
3480 be the caregiver's responsibility to receive appropriate education from a health  
3481 care provider or the local health department. The Child and Family Services  
3482 caseworker should amend the Child and Family Plan to include the following:
- 3483 a. Measures needed to protect the child, siblings, foster family, and other  
3484 contacts they may have.  
3485 b. Education for the out-of-home caregiver on care of a child with HIV, STI,  
3486 or another communicable disease.

- 3487 7. The Child and Family Services caseworker and out-of-home caregiver will not  
3488 disclose information regarding the child's HIV, STI, or other communicable  
3489 disease testing or treatment to any third party other than the child's medical or  
3490 dental provider if the HIV test is positive.  
3491
- 3492 C. Family Planning [see: Utah Code Ann. [§76-7-325](#), [§76-7-324](#), [§76-7-323](#), and [§76-7-322](#)]:  
3493 1. All persons caring for children in the custody of Child and Family Services will  
3494 follow the general Practice Guidelines and established Utah Codes when dealing  
3495 with issues of family planning. These codes state that, "no agency of the state or  
3496 its political subdivisions will approve any application for funds of the state or its  
3497 political subdivisions to support, directly or indirectly, any organization or health  
3498 care provider that provides contraceptive or abortion services to an unmarried  
3499 minor without the prior written consent of the minor's parent or guardian."  
3500 2. Utah Code also states that in the area of sex education, "instruction will stress  
3501 importance of abstinence from all sexual activity before marriage and fidelity  
3502 after marriage as methods for preventing certain communicable diseases." This  
3503 education is applicable to grades 8 through 12. Child and Family Services  
3504 provides sex education through its Independent Living, Basic Life Skills Class.  
3505 3. Where the issues of prenatal care and caring for a child is concerned, the Child  
3506 and Family Services caseworker has many community resources to link the client  
3507 with in order to receive this education. [See: [Section 306.1](#), Foster Youth  
3508 Pregnancy.]  
3509 4. Caseworkers will not offer personal information or opinions to the client on  
3510 family planning, birth control, sexual activity, or personal choice where any of  
3511 these matters are concerned. The caseworker will refer the client to the  
3512 appropriate community agency to receive education and information on family  
3513 planning.  
3514 5. For certain types of birth control, Medicaid will cover the costs.  
3515 6. An out-of-home caregiver or caseworker cannot force a child to get on birth  
3516 control, but should encourage a youth who is sexually active to receive the  
3517 proper education about their choices.  
3518
- 3519 D. Pregnancy of Youth in Out-of-Home Care:  
3520 1. Verify the pregnancy.  
3521 2. Notify the parents/legal guardian, supervisor, and Guardian ad Litem.  
3522 3. Coordinate a Child and Family Team Meeting to develop a plan to support and  
3523 counsel the youth in all possible options. The Child and Family Team will:  
3524 a. Develop a plan regarding prenatal appointments and the birth of the  
3525 baby.  
3526 b. Collect and provide a list of community programs (such as "Baby Your  
3527 Baby") for information and resources.

- 3528 c. Arrange for the youth to seek counseling to allow her the opportunity to  
3529 explore options such as adoption, parenting the child herself, or other  
3530 alternatives.
- 3531 d. Encourage the youth to remain in school. If the youth is unable to remain  
3532 in a regular school program, assist her in enrolling in an alternative school  
3533 program.
- 3534 e. If appropriate, contact a teen home/teen mom program as a potential  
3535 placement or for resources, review placement needs for possible teen  
3536 mother programs (refer to services to child, placement requirements,  
3537 youth in Out-of-Home Care with children).
- 3538 4. Notify the region eligibility caseworker of the pregnancy so that the unborn child  
3539 can be added to the youth's Medicaid card, if eligible.  
3540
- 3541 E. Abortion: If the youth is pregnant and requests an abortion, the caseworker will do the  
3542 following:
- 3543 1. Convene a Child and Family Team Meeting to discuss the youth's request with  
3544 the youth's health care provider, Guardian ad Litem, and therapist.
- 3545 2. If the child's parents cannot attend the Child and Family Team Meeting, provide  
3546 notification to the parents of the youth.
- 3547 3. The caseworker will not provide counseling or health information, or give  
3548 consent to an abortion without a court order. However, the caseworker will  
3549 assist in arranging these services.
- 3550 4. The caseworker will be aware and abide by the abortion standards in Utah Code  
3551 Ann. [§76-7-301](#), [§76-7-301.1](#), [§76-7-302](#), [§76-7-303](#), [§76-7-304](#), [§76-7-305](#), and  
3552 [§76-7-305.5](#).
- 3553 5. The out-of-home caregivers are not authorized to make any decisions or provide  
3554 consent to an abortion procedure for a child in out-of-home care.
- 3555 6. If the abortion meets the standards of state law, the procedure can only be  
3556 reimbursed by Medicaid. It is the responsibility of the health care provider to  
3557 counsel the youth concerning all aspects of pregnancy and the decision to have  
3558 or not to have abortion.
- 3559 7. Child and Family Services will not make any payments for an abortion.  
3560
- 3561 F. Forgoing Life Sustaining Medical Treatment (LSMT) When a Child in Out-of-Home Care is  
3562 Terminally Ill: Upon the recommendations of the primary care provider and/or health  
3563 care professional, and after a Child and Family Team meeting, a caseworker may only  
3564 consent to withholding or withdrawing any LSMT interventions with consent from the  
3565 child's parent(s), with residual rights, and consent from the Guardian ad Litem, or when  
3566 a court order has been issued for withholding or withdrawing medical interventions.  
3567 LSMT includes all medical interventions that can be utilized to prolong the life of the  
3568 patient: Removal from life support, do not resuscitate orders, CPR, mechanical  
3569 ventilation, and therapeutic drugs.

- 3570 1. When a child has been diagnosed by the child's physician and documented in the  
3571 child's medical records, and the child's physician or health care provider has  
3572 recommended or is recommending forgoing LSMT, the caseworker will  
3573 coordinate a Child and Family Team Meeting to devise a plan of action.
- 3574 2. The parent(s) or immediate family members should make any decision regarding  
3575 whether or not to donate organs. Child and Family Services will not make  
3576 decisions regarding organ donation.
- 3577 3. Foregoing LSMT can occur even when homicide charges are pending, if there is  
3578 sufficient medical evidence that the child is brain dead. The child's caseworker  
3579 should inform the police of the decision to forego LSMT.
- 3580 4. The decision to forego LSMT can be changed by the legal guardian of the child  
3581 and should be reviewed when medical assessments suggest an improved  
3582 prognosis for the child.
- 3583 5. If the child has two legal parents both must agree to forgo LSMT.
- 3584 6. The Guardian ad Litem may not make the final decision to forgo LSMT unless: (a)  
3585 the child has no other legal guardian; and (b) the Guardian ad Litem has specific  
3586 authorization from the court to forgo LSMT.
- 3587 7. The child's caseworker will formulate or amend the child's service plan to include  
3588 the following, if needed:
- 3589 a. Education for the family in regards to grief and loss issues.  
3590 b. Arrangements for funeral service.  
3591 c. Autopsy, medical evaluation, or fatality review as needed.  
3592 d. Out-of-home caregivers, legal parent, sibling, and religious support.
- 3593 8. The caseworker should request a copy of the child's medical records including  
3594 the documented decision reached to forgo LSMT for the child.  
3595

### 303.7 Transition To Adult Living

Major objectives:

"Youth who exit out-of-home care will live successfully as adults" is the vision of Child and Family Services. Youth will be able to build and maintain healthy relationships. Permanent relationships are paramount in achieving success for youth. Transition to Adult Living (TAL) services will be provided to youth 14 years and older to meet the challenges of transitioning to adulthood in accordance with Federal Chafee Foster Care Independence Program requirements [42 USC 677 (b)(2)].

TAL services are to be provided to all youth in Child and Family Services custody who are 14 years and older in accordance to an assessment of their individual strengths and needs. Youth will be offered TAL services regardless of permanency goal.

3610 **Applicable Law**

3611 TAL services, which includes the Education and Training Voucher Program (ETV), is authorized  
3612 by the John H. Chafee Foster Care Independence Program, 42 USC 677 (1999), incorporated by  
3613 reference.

3614  
3615 The National Youth in Transition Database (NYTD) is authorized by Public Law 106-16 9 section  
3616 477 of the John H. Chafee Foster Care Independence Program. The NYTD law requires states to  
3617 collection information on transition to adult living services paid for or provided by the state  
3618 agency. Additionally it requires states to survey a sample of youth in foster care at age 17  
3619 regarding their status and then to survey them again at 19 and 21 regarding their outcomes at  
3620 those ages. The data collected is then de-identified and transmitted to the Children's Bureau  
3621 twice per year.

3622  
3623 Utah Administrative [Rule 512-305](#), Out of Home Services, Transition to Adult Living Services  
3624 provides a detailed overview.

3625  
3626 Utah Administrative [Rule 512-306](#), Transition to Adult Living Services, education and Training  
3627 Voucher Program provides a detailed overview.

3628  
3629 Practice Guidelines

3630 TAL services are implemented with all youth age 14 years and older in the custody of Child and  
3631 Family Services as a way to prepare the youth with the skills necessary to transition to  
3632 adulthood. It is also possible to provide TAL services to other youth that are involved with Child  
3633 and Family Services but may not be in custody. This includes youth being served through In-  
3634 Home Services. However, youth receiving In-Home Services are not eligible to receive funds  
3635 through the John H. Chafee Foster Care Independence Program. TAL services build on the  
3636 youth's individual strengths and assists the youth to develop personal assets in order to help  
3637 them acquire the motivation and the means to be successful throughout their lives.

3638  
3639 TAL services are not to be used as a substitute for Permanency Planning (see Practice  
3640 Guidelines [Section 301.2](#) Identifying Permanency Goals and Concurrent Planning, and Practice  
3641 Guidelines [Section 302.1](#) Child and Family Plan). Child and Family Services has an obligation to  
3642 focus on attaining permanency for youth through reunification with their family, adoption, or  
3643 guardianship while also assisting in the youth's development of age appropriate skills that will  
3644 facilitate the transition from adolescence to adulthood. Permanency planning, which includes  
3645 helping the youth find and make enduring connections, should be a primary concern of the  
3646 caseworker.

3647  
3648 TAL services are provided in addition to permanency planning, and are meant to help expand  
3649 the youth's supports and services to include the Child and Family Team's innovative approaches  
3650 that help prepare youth for adult responsibilities. TAL services help the youth gain the  
3651 knowledge they need to become invested in their future and help the youth to understand the

3652 array of supports and services available to assist them in making a smooth transition to  
3653 adulthood.

3654  
3655 TAL is a continuum of services that generally begin while youth are in care and continue after  
3656 the youth exit care through the Young Adult Resource Network (YARN). While in care youth  
3657 prepare for self-sufficiency and begin to operationalize the skills they have been learning. The  
3658 YARN provides resources that support youth in the areas of information and referral, personal  
3659 support during transition, help establishing and maintaining personal living arrangements,  
3660 providing peer-support opportunities, and temporary financial assistance.

3661  
3662 Each region will provide leadership opportunities for youth participating in the TAL program.  
3663 Regional Youth Advisory Councils will be an avenue that provides training and skills  
3664 development for youth in care to ensure that they learn self-determination and self-advocacy  
3665 skills. The regional councils will provide an opportunity for youth to evaluate and examine the  
3666 implementation and impact of its regional programs and services. The regional councils will  
3667 provide youth representation for the State Youth Advisory Council. As representatives, youth  
3668 can be the voice between the system and foster care youth by educating, supporting, and  
3669 advocating for change. Councils are an avenue that should empower youth in providing input  
3670 into the policies and procedures for out-of-home care; to provide meaningful leadership  
3671 training and experiences for Council members; and to empower Council members who, in turn,  
3672 can empower children who have experienced out-of-home care.

3673  
3674 Child and Family Team/Caseworker Responsibility – Caseworkers will follow the guidelines  
3675 found in [Section 301.1](#) when developing the Child and Family Team. Preparing youth for a  
3676 successful transition to adulthood is a team effort. The Child and Family Team must consider  
3677 the youth's goals and the youth must be a contributing member of the Child and Family Team.  
3678 Working with the Child and Family Team to develop resources and promote the youth's  
3679 successes is critical. For all youth being offered TAL services, the Child and Family Plan must  
3680 reflect the focus areas that are being targeted for youth.

3681  
3682 303.7.1 Transition To Adult Living Services

3683 TAL services are provided to youth ages 14 years and older until the youth is released from  
3684 custody. These services are for youth who are currently in an out-of-home placement and are  
3685 also sometimes offered to other youth who are involved with Child and Family Services but are  
3686 not in out-of-home care. Chafee-funded services are only available to youth who have been in  
3687 out-of-home care after the age of 14 years.

3688  
3689 The TAL portion of the Child and Family Plan must be finalized in SAFE for all youth age 14 years  
3690 and over in Child and Family Services custody. The Casey Life Skills Assessment (CLSA) is an  
3691 assessment that is completed by the youth as well as members of the Child and Family Team.  
3692 The CLSA helps identify the domains the youth needs to concentrate on as the youth transitions  
3693 to adulthood. The results of the CLSA are used to assist the caseworker and the Child and

3694 Family Team in planning for the services the youth needs and are incorporated into the TAL  
3695 focus areas of the Child and Family Plan. These TAL focus areas are:

3696

3697 A. Work/Career Planning and Education:

3698 Casey Life Skills Domains: Work & Study life; Career and Planning NYTD

3699 Service Areas: Academic Support, Post Secondary Educational Supports, Career  
3700 Preparation

3701

3702 Includes the following skills and services: making short and long term employment,  
3703 vocational, and/or educational goals including goals for post-secondary education);  
3704 decision making skills; study habits and skills; searching for and maintaining  
3705 employment; applying for a job; creating a resume; completing a job application;  
3706 interviewing for a job and following-up; job  
3707 shadowing and/or coaching; receiving job referrals; using career resource libraries;  
3708 understanding basic workplace technology; understanding employee wages, benefits,  
3709 and rights; knowing how to change jobs; knowing the rights and  
3710 protections in place for employees; appropriate communication skills and other  
3711 workplace values (timeliness and appearance, etc); understanding authority and  
3712 customer relationships; academic supports and counseling; preparation for a  
3713 GED, including assistance in applying for or studying for a GED exam; test preparation  
3714 for SAT or ACT; tutoring; help with homework; literacy training; help accessing  
3715 educational resources; counseling about college; information about financial aid and  
3716 scholarships; help completing college or loan applications; or tutoring while in college.

3717

3718 B. Housing & Money Management:

3719 Casey Life Skills Domain: Housing & Money Management

3720 NYTD Service Areas: Budget & Financial Management, Housing Education / Home  
3721 Management Training

3722

3723 Includes the following skills and services: finding and maintaining appropriate housing;  
3724 filling out a rental application and acquiring a lease; handling security deposits and  
3725 utilities; understanding tenants' rights and responsibilities; handling landlord  
3726 complaints; transportation issues; accessing community resources; healthy beliefs about  
3727 money; understanding the benefits of saving; understanding income tax and preparing  
3728 tax forms; understanding banking and credit; how to create a budgeting/spending plan;  
3729 opening and using a checking and savings account; balancing a checkbook; developing  
3730 consumer awareness  
3731 and smart shopping skills; accessing information about credit, loans and taxes; and how  
3732 income effects spending.

3733

3734 C. Home Life/Daily Living:

3735 Casey Life Skills Domains: Daily Living

- 3736 NYTD Service Areas: Housing Education / Home Management Training  
3737  
3738 Includes the following skills and services: meal and menu planning; grocery shopping;  
3739 home clean up and storage; home management; home safety; legal issues; properly  
3740 using kitchen equipment and other home appliances; proper clothing care; basic home  
3741 maintenance and repairs; how to handle emergency situations; keeping a healthy and  
3742 safe home; safe and proper food preparation; laundry; housekeeping; and living  
3743 cooperatively.  
3744
- 3745 D. Self Care/Health Education:  
3746 Casey Life Skills Domain: Self Care  
3747 NYTD Service Areas: Health Education / Risk Prevention  
3748
- 3749 Includes the following skills and services: personal hygiene; nutrition; health, dental, and  
3750 mental health issues; understanding the effects and consequences of alcohol, drug, and  
3751 tobacco use; substance avoidance and intervention; understanding issues regarding  
3752 sexuality; pregnancy prevention and family planning; education regarding HIV, AIDS, and  
3753 other sexually transmitted diseases, including their prevention; fitness and exercise;  
3754 basic first aid; and medical and dental care benefits and insurance.  
3755
- 3756 E. Communication/Social Relationships/Family & Marriage:  
3757 Casey Life Skills Domains: Communication and Relationships; Permanency  
3758 NYTD Service Areas: Family Support / Health Marriage Education  
3759
- 3760 Includes the following skills and services: developing self-esteem; knowing and  
3761 understanding personal strengths and needs; understanding the benefits of ethical,  
3762 caring, respectful behavior; clearly communicating in different settings; safely using  
3763 electronic communication; being appropriately assertive; anger management; conflict  
3764 management and resolution; developing and using a support system; maintaining  
3765 appropriate and healthy friendships and relationships; having cultural awareness;  
3766 appropriate etiquette; parenting and marriage issues; childcare skills; teen parenting;  
3767 responsible fatherhood; domestic and family violence prevention; and proper social  
3768 communication.  
3769
- 3770 303.7.2 Process for Providing TAL Services  
3771 A. TAL Assessment and Plan:  
3772 1. The caseworker ensures that the youth and caregiver will complete an  
3773 assessment, utilizing the Casey Assessment Tool, to identify the strengths and  
3774 needs of youth who reach the age for TAL services. This assessment should be  
3775 incorporated into the youth's plan and is part of the Child and Family  
3776 Assessment. This assessment will be reviewed and updated in the Child and  
3777 Family Team Meeting. The caseworker may invite a TAL caseworker or the

- 3778 regional TAL coordinator to be part of the assessment process and Child and  
3779 Family Team.
- 3780 2. Foster youth need opportunities to participate in decisions about their lives and  
3781 to be active members of the team of caring adults who help develop the youth's  
3782 TAL plan. The Child and Family Team works in collaboration with the youth at  
3783 age 14 following [Section 301.1](#). Once a youth turns 16 years old and when  
3784 developmentally appropriate, the Child and Family Team is led and facilitated by  
3785 the youth with support and guidance of the Child and Family Team.
- 3786 3. The Child and Family Team uses the results of the CLSA to develop with the  
3787 youth a plan for skills development that will be incorporated on the TAL portion  
3788 of the Child and Family Plan. The plan will be specific and individualized for the  
3789 youth according to their age and developmental level. Services will also  
3790 incorporate normal activities appropriate to the youth's age.
- 3791
- 3792 The TAL services identified for the youth will be incorporated into the Child and  
3793 Family Plan within 30 days of the youth's 14th birthday. When a youth 14 years  
3794 of age or older enters out-of-home care, the CLSA will be completed by the  
3795 youth and the caregiver within 90 days.
- 3796 4. The caregiver and the youth will complete the CLSA 45 days before or after the  
3797 youth's birthday, beginning at age 14 and completed annually.
- 3798 5. The Child and Family Team will place emphasis on completing educational goals  
3799 and discuss the availability of ETV funding when the youth meets eligibility  
3800 requirements.
- 3801 6. To prepare youth for their transition from out-of-home care, all youth will  
3802 receive a continuum of training and services as identified through the Child and  
3803 Family Team. These services will include classroom work, work in the foster  
3804 home, work in the school system, work with the therapist and in the mental  
3805 health area, building of supports, and connections to community-based  
3806 resources and programs.
- 3807 7. Any youth who turns 17 years old while in out-of-home care or enters care  
3808 within 45 days following their 17th birthday will complete a survey for the  
3809 National Youth in Transition Database (NYTD).
- 3810 a. Thirty days prior to the youth's 17th birthday, the caseworker will receive  
3811 a prompt in SAFE notifying them that the survey will need to be  
3812 completed between the youth's 17th birthday and within 45 days  
3813 following the youth's 17th birthday.
- 3814 b. The caseworker must ensure that the youth completes the survey. The  
3815 caseworker must enter the survey into SAFE within 45 days following the  
3816 youth's 17th birthday. At this time the caseworker should inform the  
3817 youth that they will be surveyed at 19 and 21 years of age to gather  
3818 information regarding how they are doing and to keep Child and Family  
3819 Services informed of their contact information.

- 3820 c. The NYTD survey can be found on the Person tab in SAFE.
- 3821 8. The caseworker will ensure that contact information for the youth is kept
- 3822 updated in SAFE while the youth is still in care. Contact information is necessary
- 3823 as follow-up surveys will be administered to these youth at the age of 19 and 21
- 3824 years. If the caseworker obtains updated contact information after the youth
- 3825 leaves care this must also be updated in SAFE.
- 3826 9. The Child and Family Plan will include all TAL services identified for the youth age
- 3827 14 years and older in custody. If a youth enters out-of-home care after their
- 3828 14th birthday, services should be built upon annually as the team continues to
- 3829 work toward permanency through reunification, guardianship, or adoption. The
- 3830 continuum of training and services are identified by the Child and Family Team,
- 3831 based upon the needs of the youth, and should include additional services. The
- 3832 following services, dependent upon age and developmental level, will be offered,
- 3833 but not limited to:
- 3834
- 3835 **Age 14:**
- 3836 a. Re-visit family search for family connections.
- 3837 b. Explore significant safe and healthy relationships for youth such as family,
- 3838 school counselor, family friend, neighbors, mentors, and others as
- 3839 identified by the youth. This can be completed by using the “Permanency
- 3840 Pact” with the youth. The Permanency Pact can be found here:
- 3841 [http://www.nrcyd.ou.edu/publication-db/documents/permanency-](http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf)
- 3842 [pact.pdf](http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf).
- 3843 c. Initial completion of the Casey Life Skills Assessment.
- 3844 d. Obtain birth certificate.
- 3845 e. TAL plan will focus on skills needed based on results from the Casey Life
- 3846 Skills Assessment that are developmentally appropriate for the youth.
- 3847 f. If the youth is more than one year behind academically, make a referral
- 3848 to the Department of Workforce Services (DWS) Workforce Investment
- 3849 Act (WIA) program for services. Referral forms can be found here:
- 3850 [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).
- 3851 e. Review credit report received from Credit Reporting Agency with the
- 3852 youth to determine accuracy of report. If inaccurate, contact the State
- 3853 Office to resolve any discrepancy.
- 3854
- 3855 **Age 15:**
- 3856 a. Re-visit family search for family connections.
- 3857 b. Explore significant safe and healthy relationships for youth such as family,
- 3858 school counselor, family friend, neighbors, mentors, and others as
- 3859 identified by the youth. This can be completed by using the “Permanency
- 3860 Pact” with the youth. The Permanency Pact can be found here:

- 3861 [http://www.nrcyd.ou.edu/publication-db/documents/permanency-](http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf)  
3862 [pact.pdf](http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf).  
3863 c. Annual Casey Life Skills Assessment.  
3864 d. TAL plan will focus on skills needed based on results from the Casey Life  
3865 Skills Assessment that are developmentally appropriate for the youth.  
3866 i. Develop a plan for earning and saving money. Consider opening a  
3867 savings account if there is an appropriate co-signer identified.  
3868 ii. If the youth is more than one year behind academically, make  
3869 referral to the DWS WIA program for services. Referral forms can  
3870 be found here: [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).  
3871 e. Review credit report received from Credit Reporting Agency with the  
3872 youth to determine accuracy of report. If inaccurate, contact the  
3873 State Office to resolve any discrepancy.  
3874

**Age 16:**

- 3875 a. Re-visit family search for family connections.  
3876 b. Explore significant safe and healthy relationships for youth such as family,  
3877 school counselor, family friend, neighbors, mentors, and others as  
3878 identified by youth. This can be completed by using the “Permanency  
3879 Pact” with the youth. The Permanency Pact can be found here:  
3880 [http://www.nrcyd.ou.edu/publication-db/documents/permanency-](http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf)  
3881 [pact.pdf](http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf) . At least five personal connections will be identified.  
3882 c. Be current with school credits and prepare for high school graduation, or  
3883 have an alternate plan in place for GED or vocational training.  
3884 d. Youth planning post-secondary education should be preparing for and  
3885 completing testing such as ACT, SAT, ASVAB, etc.  
3886 e. Annual Casey Life Skills Assessment.  
3887 f. Make a referral to the DWS WIA for services for education and  
3888 employment supports. Youth may access job search resources available  
3889 through DWS. DWS WIA referral forms can be found here:  
3890 [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).  
3891 g. Explore employment opportunities and get a part-time job, if  
3892 appropriate.  
3893 h. Sign up for and complete drivers’ education and receive driver license as  
3894 per [Section 303.14](#).  
3895 i. Obtain a state identification card if youth cannot get a driver license.  
3896 j. Begin Life Skills workshops.  
3897 k. Youth begin to facilitate Child and Family Team Meetings per [Section](#)  
3898 [301.1](#).  
3899 l. Put name on waiting list at Housing Authority, if appropriate.  
3900

- 3901 m. Review credit report received from Credit Reporting Agency with the  
3902 youth to determine accuracy of report. If inaccurate, contact the State  
3903 Office to resolve any discrepancy.  
3904

3905 **Age 17:**

- 3906 a. Re-visit family search for family connections.  
3907 b. Explore significant safe and healthy relationships for youth such as family,  
3908 school counselor, family friend, neighbors, mentors, and others as  
3909 identified by the youth.  
3910 c. Continue to be current with school credits and prepare to graduate or  
3911 have an alternate plan in place for GED or vocational training.  
3912 d. Annual Casey Life Skills Assessment.  
3913 e. Six months prior to 18th birthday, if a youth has not completed drivers'  
3914 education classes, they will receive the opportunity to enroll in a course.  
3915 It is the youth's responsibility to complete the course requirements  
3916 successfully. Youth must have the opportunity to obtain their driver  
3917 license prior to exiting care if it is developmentally appropriate.  
3918 f. Youth should begin making applications for school, training, Pell grants,  
3919 and ETV.  
3920 g. Refer youth to DWS for enrollment in WIA during the semester they are  
3921 expected to complete their high school graduation requirements or GED.  
3922 This will pave the way for the youth to receive ETV to support their post-  
3923 secondary education goals or access WIA Youth services for employment  
3924 supports. Referral for DWS WIA/ETV can be found here:  
3925 <https://jobs.utah.gov/services/360-etv.pdf>, with instructions on how to  
3926 complete the WIA form here: [https://jobs.utah.gov/services/360-](https://jobs.utah.gov/services/360-etvi.pdf)  
3927 [etvi.pdf](https://jobs.utah.gov/services/360-etvi.pdf).  
3928 h. Enroll youth with mental illness diagnosis in NAMI Bridges for Youth  
3929 groups.  
3930 i. Review credit report received from Credit Reporting Agency with the  
3931 youth to determine accuracy of report. If inaccurate, contact the State  
3932 Office to resolve any discrepancy.  
3933

3934 **Prior to Exiting:**

- 3935 a. The caseworker and the youth will convene a Child and Family Team  
3936 Meeting to develop a plan for transitioning the youth from state custody  
3937 at least 90 days prior to exiting care. The Child and Family Team will  
3938 update this plan at least every 90 days until the youth is released from  
3939 state custody.  
3940 (1) Refer youth to DWS for enrollment in WIA Youth during the  
3941 semester they are expected to complete their high school  
3942 graduation requirements or GED. This will pave the way for the

- 3943 youth to receive ETV to support their post secondary education  
3944 goals or access WIA Youth services for employment supports.
- 3945 b. The Child and Family Team will develop a specific exit plan that includes  
3946 personal connections, continuing support services, housing, health  
3947 insurance, vocational and educational goals, workforce supports, and  
3948 employment.
- 3949 c. The Child and Family Assessment and Plan will be updated in SAFE to  
3950 reflect the long-term view with specific timeframes, objectives, and steps  
3951 to be taken to successfully transition the youth out of state custody.
- 3952 d. Caseworkers are responsible for carrying out the following tasks to help  
3953 the youth prepare to exit out of foster care:
- 3954 (1) Ensure that each youth meets with a nurse to learn skills of self-  
3955 management regarding their individualized health care needs,  
3956 medication management, and use of the Medicaid card and how  
3957 to access medical, dental, and mental health services. In addition,  
3958 the nurse will provide information and education about the  
3959 importance of having a health care power of attorney or health  
3960 care proxy. If desired, the nurse can provide the youth with  
3961 assistance in executing the document.
- 3962 (2) Assist a youth who turns 18 years old while in foster care who is  
3963 receiving Medicaid to complete the Medicaid review and provide  
3964 necessary supporting documentation to the regional eligibility  
3965 caseworker so that Medicaid coverage can continue  
3966 uninterrupted.
- 3967 (3) Ensure that each youth has important documents such as birth  
3968 certificate, Social Security card, and identification.
- 3969 (4) If the youth is existing foster care by reason of having attained the  
3970 age of majority, give the youth a copy of the youth's health and  
3971 education records at no cost.
- 3972 (5) Explain YARN services to the youth and help ensure that the youth  
3973 understands how to access these services after leaving care. Each  
3974 youth should know about the Just for Youth website  
3975 ([www.justforyouth.utah.gov](http://www.justforyouth.utah.gov)) and how to find contact information  
3976 for the TAL Youth Liaison.
- 3977 (6) Provide information to the youth on the National Youth in  
3978 Transition Data Base and incentives available to youth for  
3979 completing surveys after leaving care. This includes that we will  
3980 be surveying them at 19 and 21 years of age for the purposes of  
3981 seeing how they are doing and gathering information that may  
3982 assist us in improving outcomes for future foster children  
3983 transitioning to adulthood.

- 3984 (7) Gather information from the youth on the best ways to keep in  
3985 touch with them. This could be through keeping their address  
3986 and phone number updated with Child and Family Services,  
3987 identifying social network sites used by the youth, and obtaining  
3988 email addresses. Update contact information in SAFE.
- 3989 (8) If a youth has not completed the survey for NYTD, complete an  
3990 Exit Interview with the youth using Form OH40 from SAFE.
- 3991 e. If a youth is in care past their 18<sup>th</sup> birthday, caseworkers will assist the  
3992 youth in obtaining his or her free credit report by visiting the website  
3993 <https://www.annualcreditreport.com/cra/index.jsp>.
- 3994 f. Caseworkers will assist youth in filling out all needed information  
3995 required by the Credit Reporting Agency (CRA) to obtain the credit  
3996 report.
- 3997 g. If the returned credit report has fraudulent activity the following steps  
3998 are necessary to resolve the discrepancy:
- 3999 (1) Assist the youth in contacting the CRA that issued the report.  
4000 Inform the CRA the accounts were created when the youth was a  
4001 minor.
- 4002 (2) Assist the youth in contacting every company where an account is  
4003 fraudulently opened or misused. Explain the accounts were  
4004 established when the youth was a minor. Assist the youth in  
4005 asking the company to close the account. Assist the youth in  
4006 asking for a letter from the company stating the account is closed.
- 4007 (3) If necessary, assist the youth in filing a report with the Federal  
4008 Trade Commission (FTC) by visiting [www.ftc.gov](http://www.ftc.gov) or calling 1-877-  
4009 IDTHEFT (1-877-438-4338). Print a copy of the report. This is  
4010 called an Identify Theft Affidavit.
- 4011 (4) If necessary, assist the youth in filing a police report. Be sure to  
4012 include the Identity Theft Affidavit.
- 4013 (5) Assist the youth in submitting copies of all of the information to  
4014 the CRA if necessary to resolve the discrepancy.
- 4015 (6) Document in the SAFE activity logs that the report was requested  
4016 and received. Also document any steps that were taken to clear  
4017 the youth's credit if needed.
- 4018 h. Any youth 18 years of age or older can refuse to participate in the  
4019 process of getting their credit report. This must be documented in the  
4020 activity logs.
- 4021
- 4022 B. Basic Life Skills Training: Each youth who turns 16 years old is eligible for the Basic Life  
4023 Skills Class offered through Child and Family Services. Individual caseworkers refer  
4024 these youth to regional TAL coordinators. The youth will be screened by the TAL  
4025 coordinator, upon the approval of the Child and Family Team, to assess for admission to

- 4026 the Basic Life Skills Classes. TAL coordinators or region designees may use Chafee funds  
4027 to pay for dinner and/or refreshments for the youth if the class is held for two or more  
4028 hours.
- 4029 1. The training that a youth can receive and that will be taught in the Basic Life  
4030 Skills Classes must include training in daily living skills, training in budgeting and  
4031 financial management skills, substance abuse prevention, and preventive health  
4032 activities (including smoking avoidance, nutrition education, and pregnancy  
4033 prevention). Based on the results from the Casey Life Skills Assessment Tool, the  
4034 following standards may be included, but not be limited to:
- 4035 a. Participate in activities that help increase their self-awareness and values,  
4036 and use rational decision-making or problem-solving process to set and  
4037 implement goals.
  - 4038 b. Understand sources of income and the relationship between income and  
4039 career preparation and career decisions to reach financial goals.
  - 4040 c. Identify effective social skills including communication in interpersonal  
4041 relationships and ways to develop meaningful relationships for support,  
4042 resiliency, in the family unit, and for effective crisis planning.
  - 4043 d. Identify consumer rights and responsibilities, and identify effective  
4044 practices for purchasing consumer goods and services.
  - 4045 e. Understand the functions and purposes of responsible dating.
  - 4046 f. Discuss the purposes, uses, and costs of credit, insurance, and risk  
4047 management.
  - 4048 g. Identify the aspects and importance of marriage preparation, and identify  
4049 behaviors that strengthen marital and family relationships.
  - 4050 h. Understand taxes, saving, investing, and retirement planning.
  - 4051 i. Identify the various skills and responsibilities of parenting.
  - 4052 j. Understand rights and responsibilities associated with community living  
4053 as well as resources available in the community.
  - 4054 k. Understand and demonstrate skills needed for independent living. When  
4055 the class involves teaching meal preparation, the TAL coordinator or  
4056 region designee may use Chafee funds to purchase the food to be cooked  
4057 in class.
  - 4058 l. Understand proper health and mental health awareness and  
4059 maintenance. Ensure that youth receiving TAL services and/or ETVs and  
4060 those who are aging out of out-of-home care have information and  
4061 education about the importance of having a health care power of  
4062 attorney or health care proxy and to provide the youth with the option to  
4063 execute such a document.
  - 4064 m. Demonstrate basic technology skills and explain educational resources  
4065 available.
- 4066 2. Youth in out-of-home care who complete the Basic Life Skills Class will be  
4067 entitled to receive a completion payment of up to \$700. This is Code SIL.

4068  
4069 C. Transitional Living Needs: Transitional Living Needs may be supported through  
4070 transitional support funds (TLN) and will be individualized to cover unique needs and  
4071 focus on short and long-term needs that will assist a youth to become a successful adult.  
4072 Funds will assist eligible youth in the following four areas: 1) Education, Training, Career  
4073 Exploration; 2) Physical, Mental Health, and Emotional Support; 3) Transportation; and  
4074 4) Housing. These funds are designed to work in conjunction with the youth's TAL plan.  
4075 The definition of how these funds are used is broad in scope, and is meant to assist  
4076 youth in becoming successful adults. Examples of appropriate use of these funds  
4077 include, but are not limited to:

- 4078 1. Education, Training, Career Exploration – field trips, college visits, job uniforms,  
4079 work tools, incentives, graduation expenses, clothing for jobs, trainings, job  
4080 coaching, tutors, and ACT/SAT testing.
- 4081 2. Physical, Mental Health, and Emotional Support – Pregnancy prevention  
4082 (excluding abortion), nutrition education, extracurricular classes, mentoring  
4083 expenses, preventative health activities, smoking cessation, physical fitness, and  
4084 family visits.
- 4085 3. Transportation – drivers' education, driver license fees, bus passes, taxi fees,  
4086 reasonable automotive repairs, matching funds for car insurance paid for by a  
4087 youth, or participation with a youth in their purchase of a car up to \$1,000 based  
4088 on the region budget.
- 4089 4. Housing – risk sharing with landlords, deposits, household furnishings such as  
4090 linens, dishes, appliances, or supplies, and household repairs.

4091  
4092 **TLN funds may not be used for any costs that would normally be paid for as part of the**  
4093 **foster care maintenance payment, including room and board. This includes costs for**  
4094 **shelter and food such as rent, groceries, utilities, etc.** If emergency rent payments are  
4095 needed, process them using special needs funds.

4096  
4097 Youth who are in custody and over 14 years of age are eligible for these funds. Needs  
4098 are identified by the youth, caseworker, family team meetings, or the TAL coordinator.  
4099 A "Request for TLN Funds" is completed and turned in to the TAL coordinator for  
4100 approval. Transitional living needs are met through the TLN payment code.

- 4101  
4102 D. TAL Placement:
- 4103 1. A TAL placement may be used as an alternative to out-of-home care when it is  
4104 determined that such a placement is in the best interest of the youth. This  
4105 recommendation will be presented to the Child and Family Team, who will work  
4106 to ensure that this type of placement is appropriate and that the following are  
4107 met:
    - 4108 a. The youth is at least 16 years of age.
    - 4109 b. The placement has been approved by the region director or designee.

- 4110 c. An assessment has been completed by the caseworker and reviewed in  
4111 the Child and Family Team addressing the appropriateness of the  
4112 placement, taking into consideration the youth's:  
4113 (1) Community and informal supports, including family and out-of-  
4114 home caregiver.  
4115 (2) Progress in educational and vocational pursuits.  
4116 (3) Medical condition.  
4117 (4) Demonstrated progress in TAL skills.  
4118 (5) History of substance abuse and risk of future use.  
4119 (6) Criminal record and risks posed to society.  
4120 (7) Mental health stability.  
4121 d. The youth should demonstrate an ability to maintain stable employment.  
4122 e. A referral to DWS has been made to begin preparation for employment  
4123 or educational services provided through the ETV program once eligible.  
4124 f. SAFE will need to be updated to identify the ILP placement.  
4125 2. The appropriate types of living arrangements for youth in this situation include:  
4126 a. Living with kin.  
4127 b. Living with former out-of-home caregivers while paying rent.  
4128 c. Living in the community with roommates of the same sex.  
4129 d. Living alone.  
4130 e. Living in a group facility, YWCA, boarding house, or dorm.  
4131 f. Living with an adult who has passed a background check or the  
4132 placement was assessed and approved by the region director or  
4133 designee.  
4134 3. The caseworker and the youth will complete a contract outlining the  
4135 responsibilities and expectations of such a placement, which may include:  
4136 a. Contact with the caseworker.  
4137 b. An emergency and safety plan.  
4138 c. Plan for education and employment that includes follow-up with DWS.  
4139 d. Plan for use of state funding and payments.  
4140 e. Progress toward self-sufficiency.  
4141 f. Staying within a budget.  
4142 4. While in a TAL placement, the Child and Family Service caseworker will visit with  
4143 the child a minimum of two times a month or otherwise as deemed appropriate  
4144 by the Child and Family Team. The Child and Family Services caseworker will  
4145 make arrangements for the TAL stipends to be paid to the youth and will mentor  
4146 the youth to ensure that an account is established at a credit union or bank and  
4147 that these funds are being used as required.  
4148 5. In order for youth to receive payments, they must be opened as a provider. Fill  
4149 out the PR519a-DCFS (top section) and PR519b to have the youth opened as a  
4150 provider in USSDS. Submit this form to the provider entry tech, who will then  
4151 open the child as a provider. One-Time Payment (OTP) forms are used when

4152 paying for SIL, ILP (N), and TLP services. 520's will print and be sent on the 28th  
4153 of every month for youth who are open as providers and who have an ILP  
4154 placement open to them in SAFE.  
4155

- 4156 E. Codes: The codes that are used for youth under age 18 in the TAL program are as  
4157 follows:
- 4158 1. The case will remain open in SAFE as SCF.
  - 4159 2. The ILP "D" payment code will be used when a youth is the same as the basic  
4160 transitional living apartment. This payment is the same as the basic foster care  
4161 rate relevant to the child's age. Funds are from the foster care budget. Eligibility  
4162 code for this payment is FB.
  - 4163 3. ILP "N" (need) is used to set up an apartment (i.e., gas/electric deposits, buying  
4164 items to furnish apartment, etc.).
  - 4165 4. The SIL payment code is used to pay for incentives for completing the Basic Life  
4166 Skills Class and is a non-maintenance code. SIL may be used with any placement  
4167 code. Eligibility code for this payment will be IL.
  - 4168 5. The TLN payment code is used to pay for transitional support funds that will  
4169 assist eligible youth in the following four areas: 1) Education, Training, Career  
4170 Exploration; 2) Physical, Mental Health, and Emotional Support; 3)  
4171 Transportation; and 4) Housing. These transitional support funds will be  
4172 individualized to cover unique needs and will focus on short and long-term needs  
4173 that will assist a youth to become a successful adult.

4174  
4175 303.7.4 Outline For Youth Who Exit Care (YARN)

4176 Upon leaving state's custody, many youth struggle to make the transition to adulthood. The  
4177 purpose of the YARN is to provide time-limited support to youth who meet the eligibility  
4178 requirements and need temporary assistance. This assistance can be provided through  
4179 support, financial aid, or Basic Life Skills Classes and is for housing, counseling, employment,  
4180 education, and other appropriate support and services to youth who exit care to complement  
4181 their own efforts to achieve self-sufficiency and to assure that participants recognize and  
4182 accept their personal responsibility for preparing for and then making the transition from  
4183 adolescence to adulthood.

4184  
4185 Youth may receive services through the YARN if they have exited care and are not yet 21 years  
4186 old, and the youth:

- 4187 1. Exited foster care at age 18, or
- 4188 2. While in foster care, after the age of 14, the youth received 12 months of TAL  
4189 services **and** the court terminated reunification.

4190  
4191 Payments can be made directly to the youth or to providers as needed. A CIS case will be  
4192 opened in SAFE, which requires a minimal service plan and periodic case notes to track the  
4193 progress of youth receiving these services. In order for youth to receive payments, they must

4194 be opened as a provider. Fill out the PR519a-DCFS (top section) and PR519b to have the youth  
4195 opened as a provider in USSDS. Submit this form to the provider entry tech, who will then open  
4196 the child as a provider. OTP forms are used when paying for SIL, ILP (N), and TLP services. 520's  
4197 will print and be sent on the 28th day of every month for youth who are open as providers and  
4198 have an ILP placement open to them in SAFE.  
4199

4200 Codes: The codes that are used for youth in the YARN are as follows:

- 4201 1. The case will be opened in SAFE as CIS.
- 4202 2. When a youth is participating in the YARN, the payment code that will be used to  
4203 make payments to this youth is TLP.
- 4204 3. Use of any Chafee funds for rent or housing assistance will be tracked using a TLR  
4205 payment code.
- 4206 4. All other means of support have been explored and are utilized in concert with  
4207 YARN payments and services.
- 4208 5. There is a yearly maximum payment of \$2,000.

4209  
4210 A. ETVs: The purpose of ETVs is to assist foster individuals in making the transition to self-  
4211 sufficiency in adulthood. ETVs provide financial resources for postsecondary education  
4212 and vocational training necessary to obtain employment or to support the individual's  
4213 employment goals. The ETV program is authorized by Public Law 107-133, which is  
4214 incorporated by reference. 20 USC 1087kk and 20 USC 108711 are also incorporated by  
4215 reference.

- 4216 1. A referral to DWS to enroll the youth in WIA Youth, made within the semester  
4217 that the youth will graduation from high school or complete the a GED, allows  
4218 ETV funding to be available once the youth becomes eligible. Caseworkers and  
4219 TAL coordinators, through Basic Life Skills Classes and the use of the TAL plan,  
4220 will work with the youth to develop a viable plan for the youth to transition into  
4221 adulthood through educational or employment goals. Administrative Rule R512-  
4222 306 gives a detailed description of the scope of the ETV program.
- 4223 2. Eligibility for ETV funding is:
  - 4224 a. Age requirements:
    - 4225 (1) An individual in foster care who has not yet attained 21 years of  
4226 age, or
    - 4227 (2) An individual who exited foster care, but while in foster care, after  
4228 the age of 14, received 12 months of TAL services **and** the court  
4229 terminated reunification, or
    - 4230 (3) An individual who reached 18 years of age while in foster care,  
4231 but has exited foster care and who has not yet attained 21 years  
4232 of age, or
    - 4233 (4) An individual adopted from foster care after attaining 16 years of  
4234 age and who has not yet attained 21 years of age;

- 4235 b. Have an individual educational assessment and individual education plan
- 4236 completed by Child and Family Services or their designee;
- 4237 c. Submit a completed application for the ETV program;
- 4238 d. Be accepted to a qualified college, university, or vocational program;
- 4239 e. Apply for and accept available financial aid from other sources before
- 4240 obtaining funding from the ETV program;
- 4241 f. Enrollment as a student in the college, university, or vocational program;
- 4242 and
- 4243 g. Maintain a 2.0 cumulative grade point average on a 4.0 scale or
- 4244 equivalent as determined by the educational institution.
- 4245

### 4246 **303.7a Youth Access To Technology**

4247 Major objectives:

- 4248 A. Youth in Child and Family Services' custody will be provided the opportunity to have access
- 4249 to technology. This includes access to the internet, and Wi-Fi. This can also include
- 4250 appropriate use of smart phones, tablets, and other wireless devices. For youth who do
- 4251 not have access to technology in their placement, they will be offered opportunities to use
- 4252 technology through use of publicly accessible computers in a public library, school, or other
- 4253 locations.
- 4254
- 4255 B. Youth in Child and Family Services' custody will not be restricted access to technology for
- 4256 educational use such as accessing school postings of assignments, research, news,
- 4257 information, and knowledge sources that may be related to homework assignments.
- 4258
- 4259 C. Use of technology is a privilege. Violations of this privilege may result in consequences
- 4260 approved by the Child and Family Team and could include a loss of or limits to technology.
- 4261
- 4262
- 4263

4264

4265 Practice Guidelines

- 4266 A. Roles and Responsibilities:
- 4267 1. Youth in the custody of Child and Family Services will be allowed (with
- 4268 appropriate supervision) access to technology and will be taught to use it
- 4269 responsibly.
- 4270 2. Youth must be responsible for his or her own actions, online and otherwise, if
- 4271 the youth is provided access to technology. This includes following all state and
- 4272 federal laws governing the sharing of information.
- 4273 3. The Child and Family Team will develop, at a minimum, an understanding of the
- 4274 benefits and challenges of technology most used by youth, including social

- 4275 networks, email, and texting. This also includes internet safety and protecting  
4276 personal information.
- 4277 4. The Child and Family Team will designate a responsible and knowledgeable adult  
4278 to discuss internet safety with the youth and assess the youth's ability to use  
4279 technology in a responsible manner.
- 4280 5. The level of supervision for using technology is based on a youth's age, maturity,  
4281 and trustworthiness. Supervision of a youth's online use may fall to many  
4282 members of the Child and Family Team including teachers and caseworkers, and  
4283 primary responsibility rests with the out-of-home caregiver.
- 4284 6. Rules for a particular youth will not be based on the actions of another youth or  
4285 group of youth. Each youth is to be viewed as an individual and not barred from  
4286 technology based on the inappropriate actions of others.
- 4287 7. Caseworkers will check in with out-of-home caregivers and refer them to training  
4288 on internet safety if needed. Below are links to well-known authoritative guides  
4289 with advice for safety on the Internet:
- 4290 a. <http://www.microsoft.com/protect/parents/childsafety/age.aspx>  
4291 b. <http://www.safetynet.aap.org>  
4292 c. <http://www.wiredsafety.org>  
4293
- 4294 B. Internet Usage Agreement for Out-of-Home Caregivers:
- 4295 1. Out-of-home caregivers are encouraged to use a written technology usage  
4296 agreement with youth to establish safe boundaries for the use of the Internet. A  
4297 sample agreement is available at  
4298 <http://www.protectkids.com/parentsafety/pledge.htm>.
- 4299 2. A copy of the usage agreement will be kept in the Home-to-Home Book and be  
4300 accessible to the caseworker.  
4301
- 4302 C. Electronic Communication:
- 4303 1. Youth 14 years of age and older will be permitted to have an email address. This  
4304 will allow for completion of the Casey Life Skills Assessment and NYTD surveys by  
4305 the youth but is not limited to this purpose. If there is ever a concern about  
4306 safety, appropriate supervision needs to be implemented.
- 4307 2. Electronic communication sent to and received from a caseworker, TAL service  
4308 provider, GAL, CASA, or therapist is private and will only be read by the youth.
- 4309 3. An adult approved to screen the youth's private electronic communication needs  
4310 to be decided by the Child and Family Team. Youth in custody have a reasonable  
4311 expectation of privacy. In instances where there is reasonable cause to suspect  
4312 misuse or inappropriate activity, a youth's electronic communication will be  
4313 checked by the designated adult.
- 4314 4. Caseworkers will encourage youth who have a likelihood of being in care on their  
4315 17<sup>th</sup> birthday to share their email address with the caseworker so the caseworker

4316 can post it in SAFE. This will allow for direct access to the youth for the NYTD  
4317 surveys.

4318

4319 D. Social Networks:

4320 1. Youth who are involved in social networking sites (SNS) such as Facebook,  
4321 Twitter, MySpace, etc. will be advised to set privacy settings to private or semi-  
4322 private to protect against interaction with strangers.

4323 2. If there is ever a concern about safety, appropriate supervision needs to be  
4324 implemented. Caregivers and caseworkers may make a condition of use of a  
4325 social networking site to have the youth provide access to them, allowing access  
4326 to view photos, messages, videos, and other activities.

4327 3. Caseworkers who connect with a youth through a social networking site must  
4328 maintain professional boundaries.

4329

### 4330 **303.8 Placement Prevention/Disruption Fund (Special 4331 Needs Funding)**

4332 Major objectives:

4333 Child and Family Services will maintain a placement prevention/disruption fund for the purpose  
4334 of assisting families in meeting immediate financial needs, when meeting those needs will  
4335 directly contribute to the goal of maintaining children in their homes.

4336

4337

#### 4338 **Applicable Law**

4339 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

4340

#### 4341 Practice Guidelines

4342 Request for and approval of funding

4343

4344 These processes apply in both emergency and non-emergency situations. The nature of a need  
4345 and the urgency of a request should be specified when a request is made.

4346

4347 A. The caseworker identifies the need of an out-of-home caregiver and determines if it is  
4348 an eligible service for the program.

4349

4350 B. The case manager completes the payment authorization form prescribed by Child and  
4351 Family Services and obtains the supervisory approval.

4352

4353 C. The supervisor obtains approval from the program manager.

4354

4355 D. The program manager obtains approval from the region director or designee.

4356

- 4357 E. The program manager may issue a check directly to the vendor of services. Checks will  
4358 not be issued to the family.  
4359  
4360 F. The program manager forwards a copy of the payment authorization to the Child and  
4361 Family Services Finance Office.  
4362  
4363 G. The program manager will conduct a monthly reconciliation of the fund according to the  
4364 fiscal Practice Guidelines approved by the Child and Family Services Finance Office.  
4365

4366 Identifying need and eligibility for funding:  
4367

- 4368 A. Caseworkers may intervene when necessary to prevent removal or placement  
4369 disruption to provide "allowable" services when the cost does not exceed \$500.  
4370  
4371 B. Child and Family Services will consider requests for fund expenditures defined as  
4372 "allowable." Other expenses will be considered on an individual basis.  
4373  
4374 C. "Allowable services" include the following:  
4375 1. Rent.  
4376 2. Housing deposit.  
4377 3. Utility deposit.  
4378 4. Utility bills.  
4379 5. Automobile repairs.  
4380 6. Gasoline.  
4381 7. Food.  
4382 8. Clothing.  
4383 9. Child care supplies.  
4384 10. Household supplies.  
4385 11. Child day care.  
4386 12. Homemaker services.  
4387 13. Language interpreters.  
4388 14. Psychotherapy for child and parents.  
4389 15. Psychological testing/drug screening for child/parents.  
4390 16. Educational fees.  
4391 17. Doctor visits and/or prescription drugs.  
4392 18. Transportation for educational or medical services.  
4393 19. Special short-term counseling or treatment not otherwise available through  
4394 current contracts.  
4395

4396 Payment for other services must be approved by the region director prior to the  
4397 expenditure.  
4398

4399 Service Delivery Guidelines

4400 Generally, caseworkers will be expected to access current contracted sources for child and  
4401 family needs. When it is determined a need exists for a continuing service that is not available  
4402 on current Child and Family Services contracts, the caseworker and their supervisor will consult  
4403 with the regional contract specialist to develop the resource.

4404

4405 A. Immediate need for supplies or services can be obtained by accessing the funding  
4406 available to the regions for the appropriations or activities listed below.

4407

4408 B. When a contract is available for continuing needs, the source of funding for the contract  
4409 will be determined by the region director and the Administrative Services manager.

4410

4411 C. Funding is available to regions for special needs payments from the identified funding  
4412 sources for the identified needs and activities:

4413 1. **KHD -- In home services**

4414 **PIHS – In home services**

4415 Can be used for any special need determined by the caseworker and/or the  
4416 region director to stabilize a family in their home or to eliminate the need for a  
4417 child to be brought into Child and Family Services custody.

4418 2. **KHH – Minor grants**

4419 **PFPR – Family Reunification**

4420 Can be used for special needs to assist in reunification of a child with parents and  
4421 to provide for child and/or family treatment needs.

4422 3. **PFPP – Family Preservation**

4423 Can be used for special needs required to maintain the family structure and to  
4424 keep a child with their family.

4425 4. **KHL – Special Needs**

4426 Can be used for funding for transportation, medical services not covered by  
4427 Medicaid, or any other needs not otherwise available through established  
4428 contracted sources for children in the custody of Child and Family Services.

4429

4430 Data Collection and Fund Accounting Processes

4431 A. Each region is responsible for obtaining service data and submitting monthly fiscal  
4432 information to the Child and Family Services Director of Finance. Service and financial  
4433 data must be submitted in the standard format approved by the Child and Family  
4434 Services Director of Finance.

4435

4436 B. Each region will submit a plan for the system delivery of placement  
4437 prevention/disruption funds. The plan must be approved by the Child and Family  
4438 Services Director of Finance. The funds will be distributed through a special account  
4439 based on a local population-served formula. The funds will be disbursed through a  
4440 special account with local warrant capability.

4441

4442

4443

4444

- C. The Child and Family Services Director of Finance will oversee disbursement of the funds.

### 303.9 Federal Benefits And Eligibility

Major objectives:

The caseworker will be responsible to identify and secure financial resources or benefits for which a child in the custody of Child and Family Services may qualify. This includes, but is not limited to, Title IV-E, Medicaid, Supplemental Security Income (SSI), Social Security (SSA), private health insurance, and tribal or private trust funds. These resources will be used to help support the child's care before state general funds are used, to the extent allowable by law.

Child and Family Services will be responsible to determine Title IV-E eligibility for foster children in accordance with federal law and regulations and the state's Title IV-A plan that was in effect on July 16, 1996, as specified in the Child and Family Services' Title IV-E Eligibility Manual. The Department of Health delegates responsibility to Child and Family Services to determine Medicaid eligibility for most foster children in accordance with established Medicaid major objectives.

The caseworker will be responsible to become payee for a foster child who receives SSI benefits as a result of the child's own disability or SSA benefits from the death or disability of the child's parent and to perform payee duties in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.

The regional trust account custodian will be responsible to process and maintain client trust account records in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.

**Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

Practice Guidelines

A. Title IV-E and Medicaid Eligibility Determination.

1. An initial Title IV-E and Medicaid eligibility determination must be completed for every child in foster care by a Child and Family Services eligibility caseworker, and must be reviewed annually. An eligibility determination should also be completed for children removed from home for which medical services were provided while in protective custody, even if the child does not remain in custody after the shelter hearing.
2. Within 30 days of removal, the caseworker is responsible for completion of the Title IV-E and Medicaid Eligibility Application. Extension of the application time frame may be justified by circumstances outside of the caseworker's control

- 4486 (such as delay in verification of citizenship from the INS, inability to locate  
4487 parents to obtain income and asset information, or need for out-of-state birth  
4488 certificate).
- 4489 3. The caseworker is responsible to ensure that the eligibility caseworker receives  
4490 necessary supporting documentation required to complete the application and  
4491 review process, such as warrant for removal, petition for removal, initial removal  
4492 court order and subsequent orders with "reasonable efforts to prevent removal"  
4493 or "reasonable efforts to finalize the permanency plan language," verification of  
4494 parent income and assets, deprivation in removal home, and completed annual  
4495 review forms.
- 4496 4. The caseworker is responsible to notify the eligibility caseworker of changes that  
4497 may affect a child's ongoing eligibility for Title IV-E or Medicaid benefits, such as  
4498 changes in placement, change in parental marital status or household  
4499 composition in the removal home, incarceration of a parent, increase in child  
4500 income or assets including amount in the child's trust account for which the  
4501 caseworker is payee, runaway, return home, or trial home placement, and  
4502 custody end.
- 4503
- 4504 B. Title IV-E Benefits.
- 4505 1. When a child is determined "Title IV-E eligible," the federal government will  
4506 reimburse a portion of the agency's administrative and training costs applicable  
4507 to that child. When a child is also "Title IV-E reimbursable," the federal  
4508 government will reimburse a portion of costs for foster care maintenance  
4509 payments while the child is placed in a qualified, licensed foster family home,  
4510 group home, or residential facility.
- 4511 2. Foster care maintenance payments for a child in foster care may cover the costs  
4512 of food, clothing, shelter, daily supervision, school supplies, a child's personal  
4513 incidentals, liability insurance with respect to the child, and reasonable travel to  
4514 the child's home for visitation with family or other caretakers. In the case of  
4515 group homes or residential facilities, it may also include the reasonable costs of  
4516 administration and operation required to provide for the normal maintenance  
4517 needs for the child.
- 4518 3. Foster care maintenance payments made on behalf of a youth placed in foster  
4519 care, who is the parent of a child in the same foster home or facility, may also  
4520 include supplemental funding to cover costs incurred on behalf of the foster  
4521 youth's child who resides in the same placement. If the foster youth is Title IV-E  
4522 eligible and reimbursable, the child's supplemental payment will come from Title  
4523 IV-E. If the foster youth is not Title IV-E eligible and reimbursable, the child's  
4524 supplemental payment will come from state general funds or another allowable  
4525 funding source. The Child and Family Team must determine if it is in the best  
4526 interests of the foster youth to cover the child's expenses with supplemental  
4527 maintenance payments and whether payments will be paid to the foster youth

- 4528 or foster care provider. Supplemental funding for costs for the foster youth's  
4529 child are paid for through the daily reimbursement code of BAB, which pays at  
4530 the basic foster care rate. This code is opened under the name of the foster  
4531 youth (mother). Any special needs costs required for the foster youth's child are  
4532 also paid under the foster youth.
- 4533 4. Title IV-E funds will be utilized for allowable expenses for an eligible and  
4534 reimbursable foster child prior to state general funds or funds from other federal  
4535 grants when the child is placed in a qualified, licensed foster home, group home,  
4536 or residential facility. Title IV-E claims will be reduced by revenue collected from  
4537 cost of care payments from a child's trust account or from child support  
4538 collections.
- 4539
- 4540 C. Medicaid Benefits and Coverage for Health Care Needs Through MI706 Authorization.
- 4541 1. The caseworker is responsible to notify the eligibility caseworker as soon as a  
4542 child is placed in protective custody so that the eligibility caseworker can ensure  
4543 that the child's health care needs can be covered immediately.
- 4544 2. The eligibility caseworker will first determine if the child entered care with  
4545 Medicaid coverage. If so, documentation of Medicaid eligibility will be provided  
4546 to the caseworker and foster care provider to be taken with the foster child to  
4547 any medical, dental, or mental health appointments. If the child is not Medicaid  
4548 eligible, the eligibility caseworker will generate an MI706 authorization to  
4549 establish a payment process for medical expenses through the Department of  
4550 Health until Medicaid eligibility can be determined. Normally, the initial MI706 is  
4551 authorized for 30 days. The MI706 form must also be taken with the foster child  
4552 to any medical, dental, or mental health appointments.
- 4553 3. The Medicaid State Plan specifies covered medical, dental, and mental health  
4554 services for children in foster care. In most areas of Utah, medical needs of a  
4555 foster child must be provided through a designated Health Maintenance  
4556 Organization (HMO). The caseworker must ensure that the foster care provider  
4557 understands the need to have the child's medical services addressed by a  
4558 provider within the designated HMO and of the importance of taking the child's  
4559 health history information to all health care appointments.
- 4560 4. If a Medicaid eligible child needs health care services not normally covered  
4561 through Medicaid, the foster care provider or caseworker should coordinate  
4562 with the regional fostering healthy children nurse to request a review through  
4563 the health care provider and Department of Health to see if the service can be  
4564 covered through Medicaid under CHEC (Utah's version of the EPSDT program).  
4565 Through CHEC, medical service needs for children under the age of 21 years that  
4566 have been diagnosed by a qualified provider should be able to be covered by  
4567 Medicaid.
- 4568 5. If it is not possible to get the needed non-Medicaid service covered under CHEC,  
4569 the regional fostering health children nurse will prepare an MI706 authorization

- 4570 for the needed service. If the costs for the service will exceed \$500, the region  
4571 director must approve the MI706.
- 4572 6. If a foster child receives medical services that are not covered by Medicaid, or  
4573 that are provided outside of an HMO or without required pre-authorization, and  
4574 there is no prior MI706 authorization from the regional fostering health children  
4575 nurse, the caseworker is responsible to complete the MI706 form and obtain  
4576 region director authorization for the expense. Either the eligibility caseworker or  
4577 nurse may submit the completed MI706 form to the Department of Health after  
4578 completion.
- 4579 7. If a foster child cannot qualify for Medicaid upon entry into foster care, such as a  
4580 child not meeting citizenship requirements, the eligibility caseworker will  
4581 continue to issue MI706 authorization periodically throughout the custody  
4582 episode to ensure continuous health care coverage. If a child loses Medicaid  
4583 eligibility after entering foster care, such as a child on a trial home placement,  
4584 the regional fostering healthy children nurse staff will prepare an MI706  
4585 authorization for specific medical needs if the child does not have another  
4586 resource to cover the costs, such as a client trust account or private health  
4587 insurance.
- 4588 8. A child leaving a placement that receives a foster care maintenance payment,  
4589 such as a trial home placement, no longer qualifies for Foster Care Medicaid, but  
4590 may qualify for another Medicaid program. The Child and Family Team should  
4591 plan for coverage for the child's health care needs prior to placement changes  
4592 that affect Medicaid eligibility, including communicating with the eligibility  
4593 caseworker early so that necessary information may be obtained from the  
4594 parents to determine ongoing eligibility for Medicaid and so that the case may  
4595 be transferred to eligibility staff in the Bureau of Eligibility Services if the child's  
4596 eligibility can continue.
- 4597
- 4598 D. Foster Children with SSI or SSA Income
- 4599 1. When a child enters foster care, the caseworker must ask the child's parent or  
4600 caregiver if the child is receiving SSI or SSA benefits. (SSI is received as a result of  
4601 the child's own disability. SSA may be received due to the death or disability of  
4602 the child's parent.)
- 4603 2. The caseworker should also ask the parents about other sources of support  
4604 designated for the child that could assist with the child's care such as Veteran's  
4605 benefits, Railroad benefits, Indian Trust funds, insurance funds including health  
4606 insurance coverage, or other private trust funds.
- 4607 3. The caseworker is responsible to apply for benefits for a child who may qualify  
4608 but is not receiving them. If a child is disabled, application should be made for  
4609 SSI benefits. If a child's parent is deceased, application should be made for SSA  
4610 benefits. Application is made through the Social Security Administration.

- 
- 4611 4. The caseworker is responsible to apply for the Department of Human Services to  
4612 become protective payee for a foster child receiving SSI or SSA benefits. Payee  
4613 application forms are available through the local Social Security Office and may  
4614 also be available in the local Child and Family Services office. The caseworker  
4615 should also apply for the Department to become payee for other regular benefit  
4616 payments.
- 4617 5. If a foster child is receiving services from both DSPD and Child and Family  
4618 Services, the Child and Family Services caseworker will apply for the Department  
4619 of Human Services to be the protective payee for the child. The DSPD provider  
4620 will not be the payee (even though that is normal DSPD practice). In  
4621 circumstances in which DSPD is paying for the treatment portion of the  
4622 placement through Medicaid, such as under a Medicaid waiver, Child and Family  
4623 Services must establish a process to pay for room, board, and special needs costs  
4624 to the DSPD provider. The standard practice will be for the out-of-home  
4625 caseworker to authorize the full SSI payment to go to the DSPD provider. The  
4626 DSPD provider will be required to use the child's SSI funds in accordance with  
4627 DSPD major objectives for use of child's SSI. The provider will document use of  
4628 all funds in the Home-to-Home record, which the caseworker will review  
4629 quarterly. When the annual report to the Social Security Administration is  
4630 required to document use of the child's SSI, the caseworker will obtain the  
4631 information for the report from the DSPD provider. If circumstances in which  
4632 the out-of-home caseworker determines that it is not appropriate to forward SSI  
4633 funding to the DSPD provider, an individual provider contract will be established  
4634 to pay for room, board, and special needs. The caseworker will then authorize  
4635 Child and Family Services to be reimbursed for cost of care payments from the  
4636 child's trust account on a monthly basis.
- 4637
- 4638 E. Caseworker Responsibility when Protective Payee for SSI or SSA Recipient
- 4639 1. The caseworker is responsible to provide the regional trust account custodian  
4640 with a written request to establish a new client trust account, on a form  
4641 provided by the custodian, and a copy of the letter of approval of benefits from  
4642 the granting agency, such as the Social Security Administration.
- 4643 2. The caseworker is responsible to oversee use of funds in the child's client trust  
4644 account and to request and authorize any payments made from the account on a  
4645 form provided by the custodian. Caseworkers may not request payments from a  
4646 child's client trust account exceeding the amount of funds available in the  
4647 account.
- 4648 3. The caseworker will follow Department client trust account major objectives and  
4649 Practice Guidelines and Child and Family Services fiscal client trust account  
4650 Practice Guidelines in requesting and authorizing payments from the trust  
4651 account.

- 4652 4. Funds from the account may be used only for the child's support while in Child  
4653 and Family Services custody and for the child's personal needs and incidentals.  
4654 The caseworker is responsible to request and authorize payments each month  
4655 using the following precedence: (1) SSI payment to DSPD provider, when  
4656 required; (2) payment for spend-down for Medicaid, if regional eligibility  
4657 caseworker had indicated it is required and the child's medical expenses are in  
4658 excess of the spend-down amount; or if spend-down is not justified and child is  
4659 not Medicaid eligible, payment for the child's medical expenses; (3) personal  
4660 needs funds of \$35, maintained in the account until needed; (4) payment for cost  
4661 of care for costs specified in fiscal client trust account Practice Guidelines; and  
4662 (5) any remaining funds to be maintained in the account for additional client  
4663 needs allowable by the funding source and recommended by the Child and  
4664 Family Team. The region director or designee will approve in advance any  
4665 expense from a client trust account exceeding \$500, other than payment for a  
4666 DSPD provider, medical bill, Medicaid spend-down, or cost of care payment.  
4667 5. The caseworker is responsible to review the client's trust account monthly to  
4668 ensure that the balance stays within limits for federal benefits. The child loses  
4669 Medicaid eligibility for any month in which the balance exceeds \$2,000. When  
4670 Medicaid eligibility is lost, in addition to cost of care, any medical costs or other  
4671 special needs or incidentals for the child must be paid from the client trust  
4672 account until the balance is below \$2,000.  
4673 6. If casework responsibility or court jurisdiction is being transferred for the foster  
4674 child, it is the responsibility of the sending office to ensure that the benefits are  
4675 transferred. A change of address for payee must be submitted to the  
4676 appropriate agency (e.g., Social Security Administration, Veteran's  
4677 Administration) notifying the agency of the address to which future checks  
4678 should be mailed. In addition, funds and records from the existing account must  
4679 be sent to the new region as specified in fiscal client trust account Practice  
4680 Guidelines.  
4681  
4682 F. Trust Account Custodian Responsibility.  
4683 1. The regional trust account custodian will open a new client trust account in the  
4684 Department Trust Accounting System when necessary documentation is received  
4685 from the caseworker.  
4686 2. The custodian will maintain all trust account records and issue checks in  
4687 accordance with Department client trust account major objectives and Practice  
4688 Guidelines and Child and Family Services client trust account fiscal Practice  
4689 Guidelines.  
4690 3. The custodian will provide a monthly report on each foster child's client trust  
4691 account to the caseworker that is protective payee and to the eligibility  
4692 caseworker.  
4693

### 303.10 Children In Foster Care Who Are Not U.S. Citizens

**Major objectives:**

Child and Family Services will seek to meet the support and health care needs of children in foster care and state custody regardless of their citizenship status.

**Applicable Law**

- A. The citizenship status of a child in foster care may affect the child's eligibility for federal benefits such as Title IV-E foster care or adoption, Medicaid, and SSI.
- B. A child who is born outside of the United States (U.S.) to parents who are not U.S. citizens must have entered the U.S. prior to August 22, 1996 or meet qualified alien requirements in order to receive federal benefits.
- C. For certain immigration categories, a child must have lived in the U.S. for five years before qualifying for Medicaid. Health care needs for a child with a five-year waiting period for Medicaid must be covered through MI706 authorization until the five-year requirement is met.
- D. A child who is born outside of the U.S. to parents who are not U.S. citizens, and who entered the U.S. under an immigration category that does not meet qualified alien requirements, or who entered this country as an undocumented immigrant cannot qualify for federal benefits, including Medicaid, while in foster care or upon adoption, unless lawfully admitted to this country under a qualified alien, lawful permanent resident category.
- E. A child is a citizen if:
  - 1. Born in the U.S., the District of Columbia, Puerto Rico, Guam, Virgin Islands, Northern Mariana Islands, American Samoa, or Swain's Islands.
  - 2. The child is also a citizen if born outside of the U.S. to a parent who is a U.S. citizen.
  - 3. A child is naturalized through the INS after an adoption, or who met qualified alien (lawful, permanent resident) criteria when adopted by a U.S. citizen parent after February 27, 2001.
- F. U.S. citizenship can be verified by such records as a birth certificate, hospital records, church records, or tribal records.

**Practice Guidelines**

- A. Citizenship of the child is a factor that must be considered in the eligibility determination process.

- 4735  
4736 B. The caseworker is responsible to verify a foster child's citizenship upon entry into foster  
4737 care.  
4738  
4739 C. The regional eligibility caseworker will verify if the child meets qualified alien  
4740 requirements based upon immigration documentation from Immigration and  
4741 Naturalization Services provided by the caseworker.  
4742  
4743 D. Health care needs must be covered through MI706 authorization for these children  
4744 while in foster care.  
4745  
4746 E. For a child born outside the U.S., the caseworker is responsible to obtain a copy of  
4747 immigration documentation from the child's parents or caretakers and to provide it to  
4748 the regional eligibility caseworker. The following information is needed:  
4749 1. Copy of both sides of INS Form I-94 (often called green card).  
4750 2. Documentation of date of entry into the U.S.  
4751  
4752 F. For issues pertaining to immigration other than verification of qualified alien status by  
4753 regional eligibility caseworkers, contact the Immigration and Naturalization Service.  
4754

### 303.11 Facilitating Out-Of-State Travel For A Foster Child

Major objectives:

During the time the child is in the custody of the state, Child and Family Services has limited authority to act for the child. Under some circumstances, Child and Family Services must obtain approval from others with authority over the child before authorizing action by the child or their out-of-home care provider.

Out-of-state travel is one such instance. Parents retain limited rights regarding the child's travel, and the court has authority to grant or deny travel regardless of the parents' position. The authority of Child and Family Services with regard to this decision is restricted by the court's and the parent's authority.

Child and Family Services will facilitate appropriate out-of-state travel for children in out-of-home placements with out-of-home caregivers for vacation, visiting relatives, or other group sponsored activities.

Child and Family Services will obtain approval from the child's parents, the Department of Human Services (DHS), and the juvenile court prior to authorizing out-of-state travel.

**Applicable Law**

Utah Code Ann. [§78A-6-105](#). Definitions.

Utah Code Ann. [§78A-6-118](#). Period of operation of judgment, decree, or order -- Rights and responsibilities of agency or individual granted legal custody.

Practice Guidelines

A. The caseworker will request that the child's parent sign the Authorization for Out-of-State Travel form (DCFS03, available in SAFE). If the parent refuses to sign, then approval must be obtained from the juvenile court. The caseworker must also fill out the Request for Out of State Travel form (FI5) on behalf of the youth and submit for approval with the Child and Family Services director and the DHS director.

B. If travel is approved by the parent, the Assistant Attorney General, Guardian ad Litem, and juvenile court will be given written notice of the out-of-state travel, which will include the location where the child is traveling and that the parent has been consulted about the child's out-of-state travel.

C. The out-of-home caregiver will take the child's Medicaid card when taking the child out of state to ensure that any urgent medical needs can be met. The out-of-home

- 4795 caregiver should also take an adequate supply of any medications the child needs and  
4796 the phone numbers for the child's regular or primary care physician.  
4797
- 4798 D. The caseworker will inform the out-of-home caregiver that if the child has an emergency  
4799 medical need while outside of Utah, the out-of-home caregiver will obtain treatment  
4800 immediately from a qualified health care provider. Follow Medicaid and HMO rules to  
4801 notify the HMO, and/or Medicaid, as soon as possible, but no later than one week after  
4802 the child received the treatment.  
4803
- 4804 E. The caseworker will inform the out-of-home caregiver that if the child has a  
4805 non-emergency medical need while outside of Utah, the out-of-home caregiver will  
4806 follow Medicaid and HMO rules to obtain prior authorization for the service from the  
4807 HMO and/or Medicaid and identify a qualified provider willing to accept Utah Medicaid  
4808 in order for Medicaid to cover the costs.  
4809
- 4810 F. The out-of-home caregiver may request assistance from the Fostering Healthy Children  
4811 nurse to complete the prior authorization process and identify an appropriate health  
4812 care provider.  
4813
- 4814 G. The caseworker will inform the out-of-home caregiver that the child will not be taken  
4815 outside of Utah for medical treatment unless the specific treatment has been approved  
4816 by Medicaid and arranged for by the Fostering Healthy Children nurse.  
4817
- 4818 H. For children who travel outside of the country, the caseworker will follow the same  
4819 procedure for youth who are only traveling outside of the state, including obtaining  
4820 parental approval, DCFS03 form approval, FI5 form approval, and juvenile court  
4821 approval. The caseworker will also follow the same processes to ensure the child has  
4822 medical coverage while traveling abroad.  
4823
- 4824 I. If a child travels outside of the country, the caseworker or caregiver will also determine  
4825 if a passport, additional immunizations, or other documentation (e.g., Travel Visa) is  
4826 needed for the child to travel safely. This can be done by visiting  
4827 <http://travel.state.gov/content/travel/english.html> for all up-to-date information  
4828 regarding travel requirements to foreign countries.  
4829

## 4830 303.12 Transportation

### 4831 Major objectives:

4832 Children in Child and Family Services custody will be transported in safe, insured vehicles with  
4833 seat belts and car seats.  
4834

### 4835 **Applicable Law**

4836 Utah Code Ann. [§41-6a-1802](#). Definitions.

4837 Utah Code Ann. [§41-6a-1803](#). Driver and passengers -- Seat belt or child restraint device  
4838 required.  
4839

### 4840 Practice Guidelines

4841 If an out-of-home care provider does not have an appropriate restraint device for a child given  
4842 their age, one may be loaned to them. They may not be allowed to transport a child in the  
4843 custody of Child and Family Services without an appropriate restraint device.  
4844

4845 Before a Child and Family Services caseworker transports a child in a vehicle, they must ensure  
4846 that the proper restraint device is in the vehicle and is installed correctly.  
4847  
4848

## 4849 303.12a Transporting Youth – Safety Of Caseworker And Youth

### 4850 Major objectives:

4851 To provide guidelines to employees who need to arrange transportation for youth that may  
4852 display behavior that could result in injury to the caseworker or the youth.  
4853  
4854

### 4855 Background Information

4856 Caseworkers may be called upon to transport youth for a variety of reasons. Some episodes of  
4857 transportation may require more caution than other episodes. Transportation has been divided  
4858 into three categories to assist caseworkers in determining when it might be appropriate to  
4859 utilize the support of another caseworker or a professional transport agency for the transport  
4860 of a youth. The Child and Family Team will assist with making these decisions.  
4861

### 4862 Practice Guidelines

4863 A. STANDARD TRANSPORTATION – A situation in which a caseworker transports a youth to  
4864 visits, medical appointments, or other routine occurrences.  
4865

4866 There will be many situations in which a caseworker feels comfortable and appropriate  
4867 in transporting a youth. When doing so, a caseworker will assure the following:

- 4868 1. That the vehicle is insured and safe to drive (use a state vehicle and avoid the  
4869 use of personal vehicles if possible).

- 4870 2. That the youth is properly restrained in a safety device appropriate for the age of  
4871 the youth. In addition, appropriate child locks will be utilized.  
4872 3. That the youth is not allowed to sit behind the caseworker who is driving the  
4873 vehicle.  
4874 4. That a supervisor or colleague knows where you are going and when you will  
4875 return as a safety precaution.  
4876 5. That you take another caseworker with you if you feel it is appropriate or  
4877 necessary for any reason.  
4878

4879 B. TRANSPORTATION TO A PROGRAM – A situation in which a youth is being transported  
4880 to a facility or program.

4881  
4882 The caseworker should first contact the program to request the program transport the  
4883 youth if this service/resource is available.  
4884

4885 If a caseworker must transport the youth, it is best practice for two  
4886 caseworkers/employees to transport the youth when the youth is going to a facility;  
4887 however, the caseworker should use their discretion. Assuming a caseworker has ruled  
4888 out the need for a professional transportation service and the youth does not display  
4889 behaviors associated with a high risk transportation need, the caseworker will consider  
4890 utilizing another person to complete the transport.

- 4891 1. The caseworker will review the case thoroughly prior to the transport and be  
4892 aware of any potential triggers that may cause the youth to display volatile or  
4893 aggressive behavior toward him or herself or others.  
4894 2. The caseworker will assure that the vehicle is insured and safe to drive (use a  
4895 state vehicle and avoid the use of personal vehicles if possible).  
4896 3. Two caseworkers will transport the child; one caseworker will drive and one  
4897 caseworker will sit in the backseat with the youth. The youth will not be allowed  
4898 to sit behind the caseworker who is driving the vehicle.  
4899 4. The youth will be properly restrained in a safety device appropriate for the age  
4900 of the youth. In addition, appropriate child locks will be utilized.  
4901 5. Neither the youth nor the caseworkers will use a cell phone to make phone calls  
4902 or texts while driving unless an emergency situation arises.  
4903

4904 C. HIGH RISK TRANSPORTATION – A situation in which a caseworker or youth may be at  
4905 risk of injury if the caseworker were to transport the youth.  
4906

4907 A situation for high risk transportation may be identified if the youth exhibits any of the  
4908 following behaviors:

- 4909 1. Current assaultive behavior, assaultive history, serious aggression toward self or  
4910 others, past history of jumping from a vehicle in motion, a suicide attempt,  
4911 serious and current self-mutilization, homicidal thoughts or behavior, current

4912 psychosis, serious inability to regulate emotions, serious anti-social behavior,  
4913 current verbal or physical threats of harm to self or caseworker, or other similar  
4914 and serious behaviors.

4915  
4916 Hint: If the youth rates a 3 on the CANS on any of the following items, the youth  
4917 most likely meets the criteria to utilize a professional transport:

- 4918 a. Suicide risk;
- 4919 b. Self-mutilization;
- 4920 c. Other self-harm;
- 4921 d. Danger to others;
- 4922 e. Judgment decision-making (make decisions that put them in dangerous  
4923 situations);
- 4924 f. Psychosis;
- 4925 g. Oppositional (threat of physical harm to others);
- 4926 h. Conduct (serious crime, aggression, anti-social child, or community at  
4927 risk);
- 4928 i. Anger control.

4929  
4930 The process for requesting a professional transport for a high risk transportation is as  
4931 follows:

- 4932 1. Call and ask the facility that you are taking the youth to and ask if they can  
4933 transport the youth for you. If they are unable to do so, move to step 2.
- 4934 2. Contact your local Division of Juvenile Justice Services Office to see if they can  
4935 assist you with the transport. If they are unable to do so, move to step 3.
- 4936 3. Staff the situation with a supervisor and your child welfare (CWA) or clinical  
4937 consultant. Review the criteria listed above to assure that the situation meets  
4938 the criteria to utilize a professional transportation service via a DHS contract.
  - 4939 a. Once this case has been staffed with the supervisor and child welfare  
4940 administrator (CWA) or clinical consultant, the caseworker will take the  
4941 recommendation for professional transportation to the region director or  
4942 designee who will contact the liaison at Juvenile Justice Services for use  
4943 of their transportation contract.
  - 4944 b. The local contract team will complete the Purchase Services  
4945 Authorization (PSA). Juvenile Justice Services will bill the local office and  
4946 the contract team will work with the finance person to complete an  
4947 interdepartmental transfer payment.
  - 4948 c. The caseworker will notify the child, current placement, receiving  
4949 placement, and therapist (as needed) in order to inform and prepare the  
4950 youth for the transport. Because law enforcement will be utilized for  
4951 professional transportation, the youth will most likely be transported in  
4952 handcuffs in the backseat of the police vehicle as per police guidelines.

4953

- 4954 D. If a caseworker is unable to utilize the DHS contract for a professional transport, contact  
4955 the region director for potential use of further professional transport services.  
4956

### 4957 **303.13 Courtesy Worker And Region-To-Region Case Transfers**

4958 Major objectives:

4959 Region-to-region placements will be planned to minimize transition difficulties and prevent a  
4960 disruption of services.  
4961

#### 4962 **Applicable Law**

4963 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
4964  
4965

#### 4966 Practice Guidelines

##### 4967 A. Courtesy Supervision:

- 4968 1. To request courtesy supervision, the caseworker will email the initial request to  
4969 the sending region's associate region director.  
4970 2. Attach the completed Courtesy Supervision Request Form. Include a brief  
4971 description of history on the case and the current situation along with other  
4972 information requested on the form.  
4973 3. The sending region's associate region director will forward the request to the  
4974 appropriate associate region director in the prospective receiving region for  
4975 approval.  
4976 4. The receiving region's associate region director will notify the sending region's  
4977 associate region director of the decision to accept the request for courtesy  
4978 supervision and provide the name of the courtesy caseworker and supervisor.  
4979 5. The primary caseworker will contact the courtesy caseworker within five working  
4980 days to provide case information. If the courtesy caseworker needs additional  
4981 information, the courtesy caseworker may contact the primary caseworker.  
4982 6. The primary caseworker will add the courtesy caseworker to the case on SAFE.  
4983 7. As soon as the case has been assigned to the courtesy caseworker, the primary  
4984 caseworker will arrange for a Child and Family Team Meeting. Both the primary  
4985 caseworker and courtesy caseworker will be present at the Child and Family  
4986 Team Meeting. At this meeting the primary and courtesy caseworker's visitation  
4987 plan with the child will be arranged. The roles of the primary and courtesy  
4988 caseworker will also be discussed. [See: [Section 303.2](#), Caseworker Visitation  
4989 With The Child.]  
4990 8. Throughout the duration of the case, the primary and courtesy caseworker will  
4991 be present at all Child and Family Team Meetings that may be held.  
4992 9. The primary caseworker is responsible for contacting on a monthly basis the  
4993 courtesy caseworker and out-of-home caregiver as well as other professional

- 
- 4994 members of the Child and Family Team, such as the child's mental health  
4995 therapist and educators.  
4996
- 4997 B. Region-to-Region Case Transfers:
- 4998 1. The caseworker will email the initial request to the sending region's associate  
4999 region director.
- 5000 2. Attach the completed Case Transfer Request Form. Include a brief description of  
5001 history on the case and the current situation along with other information  
5002 requested on the form.
- 5003 3. The sending region's associate region director will forward the request to the  
5004 appropriate associate region director in the prospective receiving region for  
5005 approval.
- 5006 4. The receiving region's associate region director will notify the sending region's  
5007 associate region director of the decision to accept the request for case transfer  
5008 and provide the name of the caseworker and supervisor.
- 5009 5. A face-to-face transfer meeting between the two caseworkers and their  
5010 supervisors will be conducted on all case transfers
- 5011 6. To assist with a smooth transition from region to region, a Child and Family Team  
5012 meeting will be conducted on all case transfers. The sending caseworker is  
5013 responsible for arranging this meeting.
- 5014 7. If possible, the new caseworker will attend the last Child and Family Team  
5015 Meeting in the sending region to become acquainted with the existing team.
- 5016 8. The caseworker will notify the eligibility caseworker of the transfer in advance to  
5017 ensure continuous Medicaid coverage of the child, if eligible.
- 5018 9. Within 30 days of the case being transferred to the new region, the new  
5019 caseworker will arrange for a Child and Family Team Meeting, including any new  
5020 team members.
- 5021 10. The case will be reviewed via the qualitative assurance process (QA) on the  
5022 Internet just before the transfer meeting and a printed copy of the QA form  
5023 included with the case file. The hard file will be ready to hand off at the transfer  
5024 meeting. The sending caseworker is responsible for all case activities until the  
5025 transfer is completed and all signatures are in place.
- 5026 11. The sending region is responsible for ensuring that all work is completed and up-  
5027 to-date prior to the case transfer.  
5028

## 5029 303.14 Youth Obtaining A Driver License

### 5030 Major objectives:

- 5031 A. Youth in Child and Family Services' custody should be provided the opportunity to  
5032 complete driver education and obtain a driver license.  
5033
- 5034 B. Foster parents who are willing to sign a youth's application for a learner permit and  
5035 driver license may be reimbursed for the additional cost incurred on their automobile  
5036 insurance when they provide insurance coverage for the youth.  
5037

### 5038 **Applicable Law**

5039 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

5041 Utah Code Ann. [§62A-4a-121](#). Reimbursement of motor vehicle insurance coverage for foster  
5042 child.

### 5043 Practice Guidelines

#### 5044 A. Overview and Preparation

- 5046 1. Youth in the custody of Child and Family Services should have an opportunity to  
5047 complete driver education training while in foster care.
- 5048 2. Obtaining a driver license may be an objective of the Child and Family Plan that  
5049 has been developed for the youth with Transition to Adult Living (TAL) Services.
- 5050 a. Youth may be enrolled in driver education at their local high school when  
5051 they have reached 15 years of age or older. A parent's signature is not  
5052 required for a youth to participate in a driver education course.
- 5053 b. Youth, after the age of 17 years and 6 months, should be encouraged to  
5054 take driver education whether or not they have an adult willing to  
5055 authorize a learner permit or driver license or have appropriate insurance  
5056 coverage.
- 5057 c. Youth who attend a driver education course in public high schools are  
5058 eligible for a school fee waiver.
- 5059 d. A private driving school may be used for youth who are unable to attend  
5060 driver education at the local high school due to scheduling conflicts, lack  
5061 of availability of classes, or other reasons. Special Needs Funds or Chafee  
5062 Funds (TLN or TLP) can be used to pay for the driver education course  
5063 (\$250.00 maximum).  
5064

#### 5065 B. Learner Permit

- 5066 1. Caseworkers are **not** authorized to sign for a learner permit.
- 5067 2. To obtain a learner permit, a parent, foster parent, or responsible adult's  
5068 signature is required for a youth to obtain a driver license. A parent, foster  
5069 parent, or responsible adult who is willing to assume the liability of a minor

- 5070 driver and provide for motor vehicle insurance for the youth may sign the  
5071 minor's application for a driver license. Foster parents need to provide Form  
5072 Letter TR01: Placement Verification and Medical Authorization Letter when  
5073 signing for the driver license.
- 5074 3. A learner permit allows the youth to drive with a licensed adult and receive the  
5075 40 hours of practice driving required for a license. When a parent or responsible  
5076 adult signs the application for the learner permit, they are assuming joint liability  
5077 with the youth for damages resulting from the youth driving a motor vehicle.  
5078 Those under 18 years of age will be limited to driving with a licensed parent,  
5079 legal guardian, driving instructor, or the adult who signed the application for the  
5080 learner permit sitting in the passenger seat.
- 5081 4. When applying for the learner permit, the youth will need to have their Social  
5082 Security card plus two acceptable types of proof of residency. A \$15.00 fee is  
5083 required to obtain the learner permit from the Department of Motor Vehicle  
5084 (DMV), and the learner permit is only valid for one year.
- 5085 5. Utah requires an applicant 17 years of age or younger to have the learner permit  
5086 for six months before applying for a driver license. The six-month learner permit  
5087 holding requirement does not apply to an applicant who is age 18 years or older  
5088 at the time of application for the learner permit.
- 5089
- 5090 C. Driver License
- 5091 1. Caseworkers are **not** authorized to sign for a driver license.
- 5092 2. To obtain a driver license, a parent, foster parent, or responsible adult's  
5093 signature is required for a youth to obtain a driver license. A parent or  
5094 responsible adult who is willing to assume the liability of a minor driver and  
5095 provide for motor vehicle insurance for the youth may sign the minor's  
5096 application for a driver license. Foster parents need to provide Form Letter  
5097 TR01: Placement Verification and Medical Authorization Letter when signing for  
5098 the driver license.
- 5099 3. Youth, after the age of 17 years and 6 months, and after completion of a driver  
5100 education course, may obtain a driver license without a parent's signature when  
5101 they turn age 18 years old. They will need to provide their own auto insurance.
- 5102 4. Youth can practice taking the driver license test on the Internet. The 22  
5103 questions are typical of the questions asked when obtaining a driver license. The  
5104 practice test can be found on the following website:  
5105 <http://www.dmv.org/practice-permit-test.php>.
- 5106 5. The caseworker will coordinate with the foster parent or responsible adult to  
5107 develop a parent-teen driving contract. The contract can help outline key driving  
5108 responsibilities, decide on the consequences associated when those  
5109 responsibilities are not met, and define the Child and Family Team's role in  
5110 helping the youth succeed. There are several insurance websites that have  
5111 driving contracts; examples can be found on the following websites:

- 5112 a. Allstate Parent-Teen Contract at: [www.allstateteendriver.com/contract](http://www.allstateteendriver.com/contract)  
5113 b. AAA Parent-Teen Driving Agreement at:  
5114 [www.aaaexchange.com/assets/files/2007214956500.parent\\_teencontract.pdf](http://www.aaaexchange.com/assets/files/2007214956500.parent_teencontract.pdf)  
5115  
5116 c. Safer Child Driving Contract at: [www.saferchild.org/driving.htm](http://www.saferchild.org/driving.htm)  
5117 d. Lowest Price Teen Driving School Teen Driving Contract at:  
5118 [www.lowestpricetrafficschool.com/driver-education/teen-driving-](http://www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/)  
5119 [contract/](http://www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/)  
5120
- 5121 D. Insurance Requirements
- 5122 1. Foster parents who provide automobile insurance for youth in foster care will be  
5123 required to carry at the minimum requirement of Utah's No-Fault Law insurance  
5124 liability limits.  
5125
- 5126 E. Reimbursement Process
- 5127 1. Reimbursement applies only to Resource Families that are licensed to provide  
5128 care for children in Child and Family custody.
- 5129 2. Foster parents who are willing to sign and authorize a youth's application for a  
5130 learner permit and driver license may be reimbursed *only* for the additional cost  
5131 at the minimum requirement of Utah's No-Fault Law insurance liability limits.
- 5132 3. Foster parents may choose to carry additional automobile insurance at their own  
5133 expense, such as liability coverage that exceeds the minimum of Utah's No-Fault  
5134 insurance liability limits, collision insurance, or comprehensive insurance.
- 5135 4. Foster parents will not be reimbursed for any deductibles associated with  
5136 collision or comprehensive insurance in the event of an accident or other  
5137 damage to their vehicle.
- 5138 5. All reimbursements will be coordinated through the Child and Family Services  
5139 Administration Office, Financial Analyst II.
- 5140 6. The caseworker will confirm that the foster parent is willing to exercise their  
5141 option to provide youth in their care an opportunity to obtain a learner permit  
5142 and driver license, and that the foster parent understands their responsibility of  
5143 providing automobile insurance coverage for the youth.
- 5144 7. The foster parent will obtain a quote from their automobile insurance provider  
5145 for the additional costs of adding a youth to their personal insurance policy.  
5146 Reimbursement will **only** be for additional costs to the foster parent's current  
5147 liability insurance coverage. The foster parent must provide acceptable  
5148 documentation from the insurance agent or agency of increased costs.
- 5149 8. In order to assist the foster parent in obtaining reimbursement for insurance  
5150 costs, the caseworker will contact the Child and Family Services State Financial  
5151 Analyst II and inform them of the foster parent's intention to sign for the driver  
5152 license.

- 5153 9. The caseworker will provide the insurance quote from the foster parent to the  
5154 Child and Family Services Administration Office, State Financial Analyst II.
- 5155 10. Caseworkers will provide the foster parent with the following:
- 5156 a. Information informing them of their option to provide youth in their care  
5157 an opportunity to obtain a learner permit and driver license by assuming  
5158 the responsibility of providing automobile insurance coverage for the  
5159 youth.
- 5160 b. Information regarding the liability they assume in authorizing a youth to  
5161 obtain a learner permit and driver license.
- 5162 c. Information how they may qualify for reimbursement for their additional  
5163 expenses incurred by providing automobile insurance coverage for a  
5164 youth in their care.
- 5165 d. An informed consent, waiver and release for foster parents who provide  
5166 automobile insurance for youth in foster care.
- 5167 11. The foster parent will sign the informed consent and waiver document. The  
5168 caseworker will give a copy to the foster parent, place a copy in the youth's file  
5169 under "correspondence," and send a copy to the Child and Family Services State  
5170 Financial Analyst II.
- 5171 12. The foster parent must provide acceptable insurance documentation every three  
5172 months in order to receive reimbursement.
- 5173
- 5174 F. Cancellation or Termination of Driver License
- 5175 1. A parent, foster parent, or responsible adult who has signed and authorization  
5176 for a learner permit or driver license will notify the Department of Motor  
5177 Vehicles (DMV) **in writing** and send a copy to Child and Family Service if they  
5178 decide that they are no longer willing to assume responsibility and insurance  
5179 coverage for the youth. The written request will be placed in the youth's case  
5180 file under "correspondence".
- 5181 2. The parent, foster parent, or responsible adult will receive **in writing** notification  
5182 from the DMV that the youth learner permit or driver license has been cancelled  
5183 and send a copy of the official cancellation to the Child and Family Services  
5184 caseworker. The letter will be placed in the youth's case file under  
5185 "correspondence."
- 5186 3. The caseworker will verify **in writing** to the parent, foster parent, or responsible  
5187 adult that they have received verification of the cancellation of the learner  
5188 permit or driver license for the youth and that they are aware that the parent,  
5189 foster parent, or responsible adult are relieved from liability for that youth  
5190 operating a motor vehicle subsequent to the cancellation.
- 5191

### 5192 **303.15 Casey Life Skills Assessment**

#### 5193 Major objectives:

5194 All youth over age 14 years and their caregiver will complete a Casey Life Skills Assessment  
5195 (CLSA) annually to measure the skills and knowledge needed to prepare the youth to transition  
5196 to adulthood.  
5197

#### 5198 **Applicable Law**

5199 Administrative Rule [R512-305](#). Out of Home Services, Transition to Adult Living Services.  
5200

#### 5201 Purpose

5202 The purpose of Transition to Adult Living (TAL) services is to help youth, age 14 years and older,  
5203 who are receiving services acquire the skills needed to successfully transition to adulthood.  
5204

#### 5205 Practice Guidelines

- 5206
- 5207 A. The CLSA tool is intended to assist in the planning of services for youth as they transition  
5208 from childhood to adulthood.  
5209
- 5210 B. Results from the CLSA tool will be used to evaluate the youth's strengths, needs, and  
5211 current functioning in areas of life skills. After the CLSA is completed by a youth, the  
5212 areas identified on the CLSA where the youth may need instruction and personal growth  
5213 will be used to focus and guide the Child and Family Team in the case planning process  
5214 with the youth. The case planning decisions developed by the team will then be  
5215 included in the Child and Family Plan.  
5216
- 5217 C. The caseworker will ensure that the following is accomplished:
- 5218 1. The CLSA is completed by the youth and the caregiver, at a minimum. The CLSA  
5219 may also be completed by additional individuals who are familiar with the youth.
  - 5220 2. Meet with the youth to review the youth and caregiver's assessments, choose  
5221 the areas to work on, identify individualized goals, and outline strategies for the  
5222 growth and improvement of the youth.
  - 5223 3. Convene the Child and Family Team to review the CLSA results, update the Child  
5224 and Family Assessment, and develop or update the TAL section of the youth's  
5225 Child and Family Plan.  
5226
- 5227 D. The caseworker will assist the youth and the caregiver(s) in completing the CLSA:
- 5228 1. When a youth 14 years of age and older enters out-of-home care, the CLSA will  
5229 be completed by the youth and the caregiver within 45 days, in conjunction with  
5230 the development of the Child and Family Plan.
  - 5231 2. When a youth turns 14 years old in foster care, the first CLSA must be completed  
5232 when the next Child and Family Plan is due. If the next plan is due in less than 90

- 5233 days after the youth's 14<sup>th</sup> birthdate, the CLSA will not be required until the  
5234 following plan.
- 5235 3. An annual CLSA is due within a year of the previous one. The caseworker will be  
5236 prompted 90 days prior to the due date to give the youth and caregiver ample  
5237 time to complete the assessment.
- 5238 4. The caregiver's assessment and youth's assessment must be completed and  
5239 entered on the CLSA website within 30 days of each other. The CLSA can be  
5240 completed electronically via the Internet at: <http://www.caseylifeskills.org>.
- 5241 5. The caseworker has the following options for assisting the youth in taking the  
5242 CLSA:
- 5243 a. The youth can take the assessment on the caseworker's computer.
- 5244 b. The caseworker can send a link to the youth via the youth's email address  
5245 inviting them to take the assessment.
- 5246 c. The caseworker can give the youth a printed assessment. The  
5247 caseworker will need to enter the answers of the assessment into the  
5248 website.
- 5249 d. The youth can create his or her own profile on the website. This option  
5250 will only work if the youth has already taken an assessment using option  
5251 a or b.
- 5252 6. The caseworker has the following options to assist the caregiver in taking the  
5253 assessment:
- 5254 a. The caregiver can take the assessment on the caseworker's computer.
- 5255 b. The caseworker can send a link to the caregiver via email inviting them to  
5256 take to the assessment.
- 5257 c. The caseworker can give the caregiver a printed assessment. The  
5258 caseworker will need to enter the answers of the assessment into the  
5259 website.
- 5260 7. The caseworker will provide the youth and the caregiver with a copy of both the  
5261 youth and caregiver's reports from the CLSA.
- 5262 8. The original CLSA assessment will be placed in the assessment section of each  
5263 youth's case file.
- 5264
- 5265 E. Each caseworker will convene the Child and Family Team to review the youth and  
5266 caregiver(s) assessments, identify areas of strengths and opportunities for  
5267 improvement, share feedback on the youth's chosen areas on which to work, and look  
5268 for ways to support the individualized goals of the youth. The team will then outline  
5269 strategies to implement the plan.
- 5270
- 5271 F. The goals, services, and needs identified by the youth, caregiver, and Child and Family  
5272 Team will be used to develop and update the TAL portion of the youth's Child and  
5273 Family Plan. The TAL portion of the plan requires each youth to have at least one area  
5274 of focus determined by the CLSA and Child and Family Team to enhance their life skills.

5275 The regional TAL coordinator or a TAL supervisor will attend the Child and Family Team  
5276 Meeting when possible. If the regional TAL coordinator or a TAL supervisor is not able  
5277 to attend the Child Family Team Meeting, they should attempt to be available for  
5278 consultation with members of the Child and Family Team prior to or following the  
5279 meeting.  
5280

### 5281 **303.16 Foster Child Representative Payee Accounts**

#### 5282 Major objectives:

- 5283 A. The Department of Human Services (DHS)/Division of Child and Family Services will act  
5284 as representative payee for each foster child receiving unearned income, such as Social  
5285 Security Dependent (SSD) Benefits, Supplemental Security Income (SSI), and other  
5286 income sources while the child is in agency custody.
- 5287 B. Unearned income from a foster child will be used to offset costs of care and for the  
5288 child's personal needs, as allowable.
- 5289 C. Representative payee functions and use of a child's income will comply with established  
5290 policies, procedures, and guidelines pertaining to the unearned income source,  
5291 Medicaid, and DHS and Child and Family Services representative payee account  
5292 requirements.  
5293

#### 5294

#### 5295 **1. Child and Family Services Philosophy on Use of Unearned Income for a Foster Child**

- 5296 A. When a child is in the custody of Child and Family Services or in the custody of the DHS  
5297 with Child and Family Services acting as primary case manager, responsibility for  
5298 payment for the costs for the child's care in priority order belongs to:
  - 5299 (1) Parents through child support paid to the Office of Recovery Services (OSR), as  
5300 required by state and federal law.
  - 5301 (2) The child's unearned income, designated for the child's care, maintenance,  
5302 and/or medical needs, within the allowable framework of the income source.
  - 5303 (3) Other source of funds designated for the child's care, maintenance, and/or  
5304 medical needs, within the allowable framework of the funding source.
  - 5305 (4) Federal revenue available to Child and Family Services for foster care services.
  - 5306 (5) State revenue available to Child and Family Services for foster care services.
- 5307
- 5308 B. Any child entering foster care is entitled to services and goods necessary to meet the  
5309 child's basic needs. A child entering state custody with unearned income should  
5310 generally not receive any goods or services that a child without unearned income would  
5311 not also receive while in foster care.  
5312

#### 5313 **2. What is a Foster Child Representative Payee Account?**

5314 A foster child representative payee account is a financial account established on behalf of a  
5315 child in Child and Family Services custody or in DHS custody when Child and Family Services is

5316 designated as the primary case manager. Child and Family Services must receive authorization  
5317 from the funding agency, such as the Social Security Administration, to serve as representative  
5318 payee. The Child and Family Services caseworker acts as representative payee for the client.  
5319

### 5320 **3. Sources of Unearned Income**

5321 The most common types of federal unearned income received by foster children are SSI and  
5322 SSD benefits. The Social Security Administration administers both of these income sources, and  
5323 use of these funds for a foster child must be in accordance with Social Security Administration  
5324 requirements.  
5325

5326 A. SSI Benefits for Children. SSI benefits are payable to blind or disabled children under  
5327 age 18 who have limited or no income and resources or who come from homes with  
5328 limited or no income and resources. A review is conducted when an individual reaches  
5329 age 18 to determine if benefits may continue into adulthood. SSI checks are generally  
5330 distributed the first day of the month (or the preceding bank day if a weekend or  
5331 holiday) for benefits due for the current month.  
5332

5333 B. SSD Benefits (may also be referred to as SSA). SSD benefits may be paid to a dependent  
5334 child under age 18 through the Retirement, Survivors and Disability Insurance Program  
5335 based upon the work record of a child's parent. For example, a child may receive these  
5336 dependent benefits as a result of a parent's disability or death. Benefits may be  
5337 extended beyond age 18 for full-time students. SSD benefit checks are generally  
5338 distributed the third week of the month for benefits due for the prior month.  
5339

5340 C. Other Sources. Foster children may also receive other sources of unearned income,  
5341 such as Veteran's benefits, Railroad Retirement benefits, Tribal benefits, or insurance  
5342 settlement funds. All unearned income sources must be used in accordance with  
5343 purposes for which the funding is provided and in conjunction with established policies,  
5344 procedures, and guidelines pertaining to the unearned income source.  
5345

### 5346 **4. Roles and Responsibilities Pertaining To Representative Payee Accounts**

5347 A. General Region Responsibilities. Regional staff are responsible for oversight,  
5348 supervision, and implementation of the representative payee account process for foster  
5349 children under the jurisdiction of the region. Key regional responsibilities include:

- 5350 (1) Applying for unearned income benefits for children who may qualify.
- 5351 (2) Applying for DHS to be designated as representative payee.
- 5352 (3) Complying with funding agency requirements.
- 5353 (4) Managing fiscal accounts in accordance with DHS fiscal procedures.
- 5354 (5) Ensuring separation of duties as required by DHS for check receipting, deposits,  
5355 payment authorization, and check preparation.
- 5356 (6) Authorizing allowable payments and issuing checks.
- 5357 (7) Calculating cost of care.

- 
- 5358 (8) Maintaining required records and reporting.
- 5359 (9) Completing bi-annual internal representative payee account audit and other
- 5360 quality assurance processes.
- 5361 (10) Coordinating with other regions, divisions, and providers on representative
- 5362 payee process.
- 5363
- 5364 B. Child and Family Services State Office Responsibilities. Primary Child and Family
- 5365 Services state office staff responsibilities in the foster child representative payee process
- 5366 include:
- 5367 (1) Overseeing process statewide for consistency and compliance.
- 5368 (2) Maintaining written Practice Guidelines.
- 5369 (3) Providing resources, training, technical assistance, and support to regional staff.
- 5370 (4) Identifying services and costs to be included in cost of care calculation.
- 5371 (5) Assisting regions in developing and implementing internal quality assurance
- 5372 processes.
- 5373 (6) Coordinating and acting as liaison with DHS finance staff.
- 5374 (7) Assisting in doing research on requirements for funding agencies and
- 5375 incorporating requirements into Child and Family Services Practice Guidelines.
- 5376
- 5377 C. DHS Fiscal Operations Responsibilities. DHS finance staff responsibilities in the foster
- 5378 child representative payee process include:
- 5379 (1) Ensuring that state fiscal procedures are followed.
- 5380 (2) Reconciling payee accounts statewide and posting to financial system.
- 5381 (3) Providing software for financial tracking system.
- 5382 (4) Providing training and technical support on State Finance and DHS requirements
- 5383 and on use of fiscal tracking system.
- 5384 (5) Completing independent review of account records.
- 5385
- 5386 D. Initial Caseworker Responsibilities.
- 5387 (1) When a child enters foster care, the caseworker is responsible to ask the child's
- 5388 parent or caregiver if the child is receiving SSD or SSI benefits.
- 5389 (2) The caseworker should also ask the parents about other sources of support
- 5390 designated for the child that could assist with the child's care such as Veteran's
- 5391 benefits, Railroad benefits, Indian Trust funds, insurance funds including health
- 5392 insurance coverage, or other private trust funds.
- 5393 (3) The caseworker is responsible to apply for benefits for a child who may qualify
- 5394 but is not receiving them. For example, if a child is blind or disabled, application
- 5395 should be made for SSI benefits. If a child's parent is deceased, application
- 5396 should be made for SSD benefits. Application is made through the Social
- 5397 Security Administration.
- 5398 (4) The caseworker is responsible to apply for the DHS to become representative
- 5399 payee for a foster child receiving SSI or SSD benefits. Payee application forms

5400 are available through the local Social Security Office and may also be available in  
5401 the local Child and Family Services office. The caseworker should also apply for  
5402 DHS to become payee for other regular benefit payments.  
5403

5404 E. Caseworker Responsibility After Representative Payee Has Been Established.

- 5405 (1) The caseworker is responsible to provide the regional representative payee  
5406 account custodian with a written request to establish a new representative  
5407 payee account, on a form provided by the custodian, and a copy of the letter of  
5408 approval of benefits from the granting agency, such as the Social Security  
5409 Administration.
- 5410 (2) The caseworker is responsible to oversee use of funds in the child's  
5411 representative payee account and to request and authorize any payments made  
5412 from the account through the 'funds request' link located in the trust account list  
5413 within the SAFE Trust Account module. The caseworker's supervisor must  
5414 approve any fund requests over \$499.99. The caseworker is responsible to  
5415 obtain receipts for all expenditures from the child's payee account, excluding  
5416 Cost of Care.
- 5417 (3) The caseworker will follow DHS representative payee account policies and Child  
5418 and Family Services representative payee account Practice Guidelines in  
5419 requesting and authorizing payments from the representative payee account.
- 5420 (4) The caseworker is responsible to review an SSI client's representative payee  
5421 account monthly to ensure that the balance stays within limits for federal  
5422 benefits. The child becomes ineligible for SSI for any month in which the balance  
5423 exceeds \$2,000.
- 5424 (5) The caseworker may not request payments from a child's representative payee  
5425 account exceeding the amount of funds available in the account and will not  
5426 request the regional account custodian to issue a check for unallowable  
5427 expenses or to inappropriate recipients.
- 5428 (6) The caseworker is responsible to obtain the written approval of his or her  
5429 supervisor for any representative payee account expense that is \$500 or higher  
5430 and is responsible to obtain region director or designee approval for any expense  
5431 that is \$500 or higher from the client's personal needs allotment. (See Section  
5432 5.E.)
- 5433 (7) The caseworker is responsible to notify the regional account custodian in  
5434 advance when custody termination is being requested from the court for a foster  
5435 child.  
5436

5437 F. Representative Payee Account Custodian and Supervisor Responsibilities.

- 5438 (1) The regional account custodian will open a new representative payee account in  
5439 the SAFE Trust Accounting System when necessary documentation is received  
5440 from the caseworker and notify DHS Finance representative of the new account.

- 5441 (2) The account custodian will accurately maintain all account records and issue  
5442 checks in accordance with DHS representative payee account policies and Child  
5443 and Family Services representative payee account Practice Guidelines.  
5444 (3) The account custodian will assist the caseworker and eligibility worker in viewing  
5445 the monthly report in SAFE on each foster child's representative payee account  
5446 as needed  
5447 (4) The account custodian will alert the caseworker when the representative payee  
5448 account approaches \$2,000 to avoid loss of SSI eligibility.  
5449 (5) The account custodian's supervisor will review and sign monthly reconciliation  
5450 statements.  
5451 (6) The account custodian will not issue a check for unallowable expenses or to  
5452 inappropriate payees.  
5453 (7) The account custodian will maintain separate records on each child's  
5454 representative payee account.  
5455 (8) The representative payee is responsible to provide expenditure reports to the  
5456 responsible funding agency, as required by the funding agency.  
5457

#### **5. Use of a Foster Child's Unearned Income**

- 5459 A. Appropriate Use of Funds. A child's unearned income must be used as designated by  
5460 the funding agency and within the scope of what a "prudent person" would do. Social  
5461 Security Administration policies state that SSI and SSD benefits are provided first to  
5462 meet the child's day-to-day needs for food and housing. Benefits may also be used for  
5463 clothing, medical care not covered by Medicaid or personal insurance (such as  
5464 eyeglasses and hearing aids), recreation, personal incidentals, and comfort items. In  
5465 addition, funds may be used for training programs, school tuition, or daily school  
5466 expenses if other needs have been met. The Social Security Administration may require  
5467 treatment for a disabling condition for a child receiving SSI.  
5468
- 5469 B. Precedence for Use of Foster Child Unearned Income. The caseworker is responsible to  
5470 request and authorize payments each month using the following precedence:  
5471 (1) Payment for spenddown for Medicaid, when determined appropriate. (See  
5472 Section 5.C.)  
5473 (2) Personal needs funds of \$35, maintained in the account for current or future  
5474 needs.  
5475 (3) Cost of care payment to Child and Family Services for current maintenance costs  
5476 (food, housing, and personal needs). (See Section 5.D.)  
5477 (4) Reimbursement for medical costs paid by Child and Family Services for medical  
5478 costs not covered by Medicaid, when allowed by the funding source.  
5479 (5) Any remaining funds to be maintained in the account for additional child needs  
5480 as allowed by the funding agency and recommended by the Child and Family  
5481 Team.  
5482

5483 C. Medicaid Spenddown. When a regional eligibility caseworker determines that a foster  
5484 child's monthly unearned income exceeds the amount allowable for Medicaid eligibility,  
5485 the caseworker, nurse, eligibility caseworker, and others as appropriate will review the  
5486 child's anticipated medical costs to determine if a spenddown is appropriate. If the  
5487 child's medical expenses are expected to exceed the spenddown amount, the  
5488 spenddown amount will be paid prior to the cost of care calculation according to  
5489 eligibility team procedures and Medicaid requirements.

5490  
5491 The spenddown should be paid no later than the 20<sup>th</sup> of the month for which the  
5492 Medicaid card is being issued. In no event may the spenddown be made after the 10<sup>th</sup>  
5493 of the following month. Medicaid requires that any case requiring a spenddown be  
5494 closed if the spenddown has not been cleared by the 10<sup>th</sup> of the following month. If the  
5495 case is closed, a new Medicaid application is required to reopen Medicaid.

5496  
5497 SSD benefits from one month may be used to pay the spenddown for the following  
5498 month.

5499  
5500 D. Cost of Care. The amount of the child's unearned income that is allowable for food,  
5501 housing, and personal needs is considered cost of care. The amount of the cost of care  
5502 to be paid from a child's representative payee account is calculated and paid to Child  
5503 and Family Services at the regional level under the supervision of the regional finance  
5504 unit.

5505 (1) *Costs included in calculating costs of care.* The state office revenue team is  
5506 responsible to identify which services and what portion of costs is included in the  
5507 calculation of cost of care. Service code and applicable rate table identify these  
5508 services.

5509 (2) *When cost of care is processed.* Cost of care is processed for children for whom  
5510 Child and Family Services has received unearned income as the child's  
5511 representative payee. The cost of care amount should be calculated and paid as  
5512 soon as possible after costs have been incurred for a given month. If there is a  
5513 significant delay in receipt of a billing from a provider and a child is at risk of  
5514 losing benefits due to excess resources in the representative payee account, cost  
5515 of care may be estimated based upon the child's known placement. Cost of care  
5516 that was estimated must be reconciled and any adjustments made within 30  
5517 days after receipt of actual billing from provider. Regional finance staff must  
5518 review and approve all estimated costs of care prior to payment and verify  
5519 accuracy of reconciliations and payment adjustments.

5520 (3) *How Cost of Care is Calculated.* Cost of Care is determined in the SAFE Trust  
5521 Account Module by calculations specified by Department/Agency policy.

5522 a. SAFE will determine the unearned income applicable for a given month.  
5523 Regional rep payee account custodian will enter into SAFE the  
5524 spenddown paid from the monthly amount, if applicable.

- 5525                    b.        Compare cost of care total to unearned income received (or available  
5526                                   after spenddown) and document.
- 5527                    c.        If total cost of care is greater than unearned income received, authorize  
5528                                   preparation of check(s) to Child and Family Services for total unearned  
5529                                   income amount, minus personal needs allowance.
- 5530                    d.        If cost of care is less than unearned income amount, authorize  
5531                                   preparation of check(s) to Child and Family Services for cost of care,  
5532                                   leaving personal needs allotment and any additional remaining unearned  
5533                                   income in account to be used for current and future needs of the child.
- 5534                    e.        When applicable, adjust cost of care for prior months when there is  
5535                                   retroactive unearned income or when additional costs are incurred for  
5536                                   prior months that may not have already been included in cost of care  
5537                                   calculation.
- 5538                    (4)      *How Cost of Care is Deposited and Credited.* The following procedures apply  
5539                                   when depositing cost of care reimbursements and other funds from foster child  
5540                                   representative payee accounts.
- 5541                    a.        After cost of care reimbursements have been identified, identify costs  
5542                                   that were reimbursed by Title IV-E and non IV-E. (Note: Payments with  
5543                                   corresponding eligibility code of FT were reimbursed by Title IV-E.  
5544                                   Payments with corresponding eligibility code of FB were not reimbursed  
5545                                   by Title IV-E.) (See Service Code List.)
- 5546                    b.        Identify the Finet Activities that costs were originally charged to (for both  
5547                                   IV-E and non IV-E cost of care reimbursements).
- 5548                    c.        Deposit funds from client trust accounts (including special needs and cost  
5549                                   of care reimbursements) as a refund of expenditures. (These funds  
5550                                   should be credited to the Finet Activities identified in b. above.) This will  
5551                                   ensure claims for FFP are net of applicable credits.
- 5552
- 5553                    F.        Personal Needs. Funds set aside for a child's personal needs and any additional  
5554                                   unearned income remaining after payment of cost of care may be used for additional  
5555                                   needs of the child, as allowed by the funding agency.
- 5556
- 5557                    The caseworker will initiate a Personal Needs fund request from the Trust Account List  
5558                                   within the SAFE Trust Account module. When appropriate, the Child and Family Team  
5559                                   will be consulted about use of personal needs funds. The region director or designee  
5560                                   will approve in advance any expense from a representative payee account that is \$500  
5561                                   or over, other than payment for a medical bill, Medicaid spenddown, cost of care  
5562                                   payment, or reimbursement check to the funding agency when the account is being  
5563                                   closed.
- 5564
- 5565                    G.        Lump Sum Payments. The Social Security Administration or other funding agency may  
5566                                   make a lump sum payment for a child to cover benefit payments for multiple previous

5567 months. The lump sum may or may not be designated as requiring a dedicated account.  
5568 The representative payee is responsible to follow the instructions of the funding agency  
5569 for use of the lump sum payment. Child and Family Services should request approval to  
5570 apply the funds to cost of care for the months for which the funding was granted.

5571  
5572 When approved, the lump sum payment will be applied to costs of care for the months  
5573 for which the funding was granted.

5574  
5575 If the representative payee is instructed that the lump sum must be placed in a  
5576 dedicated account, the funds will be placed in an account separate from the child's  
5577 current representative payee account. These dedicated funds may only be used for  
5578 costs authorized by the Social Security Administration and may only be used for past  
5579 cost of care when approval is specifically granted by the Social Security Administration.

5580  
5581 **6. Foster Child Representative Payee Accounts Relationship to Other Federal Benefits**  
5582 Federal and state law and policies require a foster child's income and assets to be considered  
5583 when determining eligibility for Title IV-E and income only when determining Medicaid  
5584 benefits. Unearned income benefits are considered income in the month received. Any funds  
5585 remaining in the representative payee account carried over into the following month must be  
5586 counted as an asset.

5587  
5588 *(Note: Lump sum payments are addressed separately in Title IV-E and Medicaid eligibility*  
5589 *policies. Consult with eligibility caseworker for questions regarding lump sum payments and*  
5590 *impact on eligibility.)*

5591  
5592 For an SSI recipient, the balance in the account must remain below \$2,000 or the child is at risk  
5593 of losing SSI eligibility. If an SSI recipient's account exceeds \$2,000, the Social Security  
5594 Administration must be notified for review of continuing eligibility.

5595  
5596  
5597 The account custodian is responsible to provide monthly reports on account balances to  
5598 caseworkers and regional eligibility caseworkers to ensure children receive benefits only when  
5599 eligible.

5600  
5601 **7. Foster Child Placement or Living Arrangement and Payee Accounts**

5602 A. Services through Division of Services for People with Disabilities (DSPD) Providers.  
5603 When a foster child receiving unearned income is placed with a DSPD provider, Child  
5604 and Family Services will remain the representative payee as long and the child remains  
5605 in Child and Family Services custody (even though normal DSPD practice is to have the  
5606 provider become the representative payee).

5607  
5608 In circumstances in which DSPD is paying for the treatment portion of the placement

5609 through Medicaid, such as under a Medicaid waiver, Child and Family Services must pay  
5610 for food, housing, and special needs costs to the DSPD provider through a maintenance  
5611 payment contract using a designated, unique placement and service code. The  
5612 caseworker will then authorize Child and Family Services to be reimbursed for cost of  
5613 care payments from the child's account on a monthly basis.

5614  
5615 If the primary caseworker is a DSPD employee, that caseworker may request special  
5616 needs funds on behalf of the child following Child and Family Services procedures. The  
5617 regional account custodian will not issue a check for unallowable expenses or to  
5618 inappropriate payees if requested by the DSPD caseworker.

5619  
5620 B. Trial Home Placement. When a foster child receiving unearned income is placed at  
5621 home on a trial home placement, Child and Family Services will remain the  
5622 representative payee as long as the child remains in Child and Family Services custody.  
5623 As part of the transition plan home, the Child and Family Team should determine the  
5624 amount of the child's unearned income to be provided to the parent for the child's  
5625 current maintenance while in the trial home placement. Each time funds are provided  
5626 from the child's account, the parent is required to report to Child and Family Services  
5627 how funds were used so that expenditures may be reported to the Social Security  
5628 Administration, when required. The parent may apply to become representative payee  
5629 after the court has returned custody to them.

5630  
5631 C. Runaway. When a foster child receiving unearned income runs away, no cost of care  
5632 payment will be made to Child and Family Services or provider from the child's account.  
5633 The caseworker is responsible to notify the Social Security Administration that the  
5634 child's whereabouts are unknown, after a reasonable period of time, so that any  
5635 necessary action to defer payments may be made.

5636  
5637 D. Independent Living/Transition to Adult Living. A foster child preparing for the transition  
5638 to adult living should be made aware of unearned income being received on the child's  
5639 behalf and included in decisions about use of funds (in excess of cost of care) when  
5640 deemed appropriate by the Child and Family Team as part of mentoring for successful  
5641 adult living. In addition, the child's transition plan should include plans for use of the  
5642 funding to help prepare for moving to an independent living setting or consulting with  
5643 the funding agency regarding how to transition any balance in the account to the youth  
5644 after custody is terminated. When approved by regional administration, a portion of  
5645 the benefits for a youth age 17 or older may be saved to help with the transition to  
5646 adulthood; however, the representative payee account must be maintained at a level  
5647 that enables the child to continue to receive Medicaid and SSI benefits.

5648  
5649 For an older blind or disabled child receiving SSI, a disability review will be conducted by  
5650 the Social Security Administration to determine eligibility to continue receiving funds

5651 after age 18. The transition to adult living plan should include plans for the child to  
5652 become recipient of the funds after age 18 or transfer to an appropriate representative  
5653 payee after leaving Child and Family Services custody if funding will continue.

5654  
5655 For a child receiving SSD benefits, funding may continue after age 18 if the child is a full-  
5656 time student.

5657  
5658 When a child in custody reaches age 18, the Social Security Administration will begin  
5659 sending the benefit checks directly to the youth. If Child and Family Services believes it  
5660 is in the youth's best interest for Child and Family Services to continue as representative  
5661 payee, justification will need to be provided to the Social Security Administration.  
5662 Otherwise, the caseworker and Child and Family Team should work with the youth to  
5663 appropriately plan for the use of the funds to help prepare for the transition to  
5664 adulthood.

5665  
5666 *(Note: Funds paid to a youth transitioning to adult living (ILP payments) are NOT to be*  
5667 *managed through a representative payee account. Youth should be selected to receive*  
5668 *ILP payments only when they are ready to learn to maintain their own checking or*  
5669 *savings account, with the support of the caseworker, foster parent, or other appropriate*  
5670 *mentor, in preparation for successful adult living.)*

5671  
5672 E. Adoption. When a foster child receiving unearned income is placed for adoption, Child  
5673 and Family Services will remain the representative payee as long and the child remains  
5674 in Child and Family Services custody. As part of the transition plan, the child's unearned  
5675 income (remaining after any monthly cost of care payment) may be provided for the  
5676 child's needs in the pre-adoptive home. Each time funds are provided from the child's  
5677 account, the adoptive parent is required to report to Child and Family Services how  
5678 funds were used so that expenditures may be reported to the Social Security  
5679 Administration, when required.

5680  
5681 The funding agency must be notified of the adoption. If funding will continue after the  
5682 adoption, the child's unearned income is also considered when assessing need and  
5683 determining the amount for a monthly subsidy.

5684  
5685 When custody is terminated, representative payee account closure procedures will be  
5686 followed. Any funds remaining in the child's account at case closure will be returned to  
5687 the funding agency and not sent to the adoptive parents.

5688  
5689 The adoptive parent may apply to become representative payee after the adoption has  
5690 been finalized.

5691  
5692 *(Note: A child who is receiving SSD benefits will generally continue to receive those*

5693 *benefits after the adoption is finalized until age 18. Funding may extend beyond age 18*  
5694 *if the child is a full-time student. SSI benefits are based upon the child's disability and*  
5695 *also the income and assets of the child's family. In most cases, SSI benefits will be*  
5696 *discontinued after the adoption is finalized because the adoptive family's income and*  
5697 *assets will be too high.)*  
5698

5699 F. Guardianship. When Child and Family Services is requesting the court to grant custody  
5700 of a foster child receiving unearned income to a guardian, Child and Family Services will  
5701 remain the representative payee until custody is terminated. The funding agency must  
5702 be notified of the termination of foster care.  
5703

5704 If the unearned income will continue after custody is given to a guardian, the child's  
5705 unearned income must also be considered when assessing the appropriateness and  
5706 amount of a guardianship subsidy. In many cases, the availability of unearned income  
5707 may make a guardianship subsidy unnecessary or inappropriate.  
5708

5709 *(Note: A child who is receiving SSD benefits will generally continue to receive those*  
5710 *benefits while in a guardianship placement until age 18. Funding may extend beyond*  
5711 *age 18 if the child is a full-time student. SSI benefits will generally be reduced by the*  
5712 *amount of a guardianship subsidy provided for the child, because the guardianship*  
5713 *payment is considered income for the child. This may result in loss of the SSI funding,*  
5714 *which could have been available to the child into adulthood; therefore, a guardianship*  
5715 *subsidy is generally not recommended for a child receiving SSI.)*  
5716

5717 Representative payee account closure procedures will be followed when Child and  
5718 Family Services custody has been terminated. Any funds remaining in the child's  
5719 account will be returned to the funding agency and not sent to the guardian.  
5720

5721 The guardian may apply to become representative payee after custody has been  
5722 obtained.  
5723

## 5724 **8. Record-keeping and Reporting**

5725 A. Representative Payee Account Record. The regional account custodian must keep a  
5726 record of all actions taken with the representative payee account, including income  
5727 received, authorization for payments, checks issued, cost of care monthly records,  
5728 correspondence, reports, internal audits, and monthly and final account reconciliation.  
5729

5730 B. Reporting Use of Funds to Funding Agency. The representative payee is responsible to  
5731 provide expenditure reports to the responsible funding agency, as required by the  
5732 funding agency.  
5733

5734 For funds received from the Social Security Administration, an annual report must be

5735 submitted when requested. Child and Family Services will report funds received and  
5736 expenditures as requested by the Social Security Administration, traditionally in the  
5737 following three categories:

- 5738 (1) Food and housing.  
5739 (2) Needs. Clothing, education, medical/dental not covered by Medicaid, personal  
5740 items, recreation, and miscellaneous  
5741 (3) Savings.

5742  
5743 If the caseworker authorizes payment from the account for the child's current  
5744 maintenance needs directly to a foster parent, or parent or guardian during a trial home  
5745 placement, documentation must be obtained from the recipient detailing use of the  
5746 funds for inclusion in the report to the Social Security Administration.

5747  
5748 C. Reporting of Events or Changes in Circumstances to Funding Agency. The caseworker is  
5749 responsible to ensure that the funding agency is notified of any events or changes in  
5750 circumstances that may affect the child's receipt of funding or Child and Family Service'  
5751 ability to continue as representative payee, according to reporting requirements  
5752 provided by the funding agency. Notification may be made by telephone, mail, or in  
5753 person, as allowed by the funding agency.

5754  
5755 Examples of events or changes in circumstances that may need to be reported include:

- 5756 (1) Child leaves Child and Family Services or DHS custody.  
5757 (2) Change of address of representative payee (including transfer to another region).  
5758 (3) Change of address of the child, when required by funding agency.  
5759 (4) Death of a foster child.  
5760 (5) School attendance changes, if age 18 or over and entitled to child's benefits as a  
5761 full-time student.  
5762 (6) Child is confined to a public institution by court order in connection with a crime.  
5763 (7) Child is confined to jail, prison, penal institution, or correctional facility for  
5764 conviction of a crime or is in violation of a condition of probation or parole.  
5765 (8) A disabled child's medical condition improves.  
5766 (9) A disabled child starts working.  
5767 (10) A blind child's vision improves.  
5768 (11) Child is discharged from or enters a hospital, skilled nursing facility, nursing  
5769 home, intermediate care facility, or other institution.  
5770 (12) The income or assets of an SSI recipient changes.  
5771 (13) The representative payee account level of an SSI recipient is above \$2,000 after  
5772 all expenses have been paid at the end of a month.

5773  
5774 D. Record Retention. The representative payee account records are part of the child's  
5775 permanent record. After the account has been closed, representative payee account  
5776 records are placed in the child's family file under the SSI tab and will be archived with

5777 the full case record in accordance with the foster child file retention schedule. The  
5778 electronic account record will be maintained in accordance with DHS fiscal  
5779 requirements.  
5780

5781 **9. Account Transfer and Closure**

5782 A. Cross-Region Placement. If a foster child receiving unearned income is placed in  
5783 another region, but jurisdiction remains with the original region, no change is made in  
5784 the representative payee process. However, if jurisdiction is transferred, the  
5785 representative payee responsibilities are also transferred. *(Note: DHS continues as*  
5786 *payee, but the payment address changes.)*  
5787

5788 The new region caseworker is responsible to submit a representative payee change of  
5789 address form to the Social Security Administration or other funding agency. The  
5790 account will be closed in the originating region in accordance with DHS account closure  
5791 procedures, and any remaining funds sent by check to the new region. The entire  
5792 representative payee account record will also be sent to the new region along with the  
5793 family file.  
5794

5795 B. Transfer of Custody to Division of Juvenile Justice Services. If the court transfers custody  
5796 of a child between Child and Family Services and the Division of Juvenile Justice Services  
5797 (JJS), Child and Family Services will treat the representative payee case as with any other  
5798 foster care case. If the child is leaving Child and Family Services care, any funds  
5799 remaining in the account when the case is closed will be returned to the applicable  
5800 funding agency. The original account records will be filed under the SSI tab in the family  
5801 file. JJS will be responsible to apply for representative payee status.  
5802

5803 If the court transfers custody from JJS to Child and Family Services, treat the case the  
5804 same as any other new foster care case.  
5805

5806 C. Transfer of Benefits to Parent or Guardian. Child and Family Services will remain the  
5807 representative payee as long as the child remains in Child and Family Services custody.  
5808 Except as described in Section 7.B., Trial Home Placement, funds in the child's account  
5809 will not be transferred to the parent or guardian. The parent or guardian must apply  
5810 directly to the Social Security Administration to become representative payee after Child  
5811 and Family Services custody is terminated.  
5812

5813 D. Death of Foster Child. If a child receiving SSD or SSI benefits dies while in Child and  
5814 Family Services custody, any remaining funds in the child's account belong to his or her  
5815 estate. After any outstanding cost of care payments have been made, the remaining  
5816 funds should be given to the legal representative of the estate or otherwise handled  
5817 according to state law. (Probate court or an attorney may provide guidance about

- 5818 provisions of state law.) Funds from the child's account are not returned to the Social  
5819 Security Administration.
- 5820
- 5821 When a person who receives Social Security dies, no check is payable for the month of  
5822 death, even if he or she dies on the last day of the month. Return any check received  
5823 for the month of death or later to Social Security.
- 5824
- 5825 An SSI check is payable for the month of death. Return any SSI checks that come after  
5826 the month of death to the Social Security Administration.
- 5827
- 5828 If a child receiving other types of unearned income dies while in Child and Family  
5829 Services custody, contact the funding agency for guidance about use of any remaining  
5830 funds in the child's account.
- 5831
- 5832 E. Representative Payee Account Closure Process. The caseworker is responsible to notify  
5833 the regional account custodian in advance when custody termination is being requested  
5834 from the court for a foster child. A copy of the court order terminating custody must be  
5835 provided to the account custodian. (If the court is transferring custody of the child to  
5836 JJS, follow procedures described in Section 9.B.)
- 5837
- 5838 Outstanding cost of care payments should be processed as soon as possible following  
5839 cost of care procedures. The account must then be audited and reconciled according to  
5840 DHS procedures.
- 5841
- 5842 If the child's unearned income is SSD or SSI benefits, the Social Security Administration  
5843 must be notified that the child is no longer in DHS/Child and Family Services custody.  
5844 Any remaining funds in the child's account must be returned to the Social Security  
5845 Administration. The remaining funds may not be sent to a parent or guardian to whom  
5846 custody has been granted by the courts.
- 5847
- 5848 If the child is age 18 years or older, per SSA regulations [GN00603.055](#), the conserved  
5849 funds may be paid directly to the child to facilitate transition into adult life. Child and  
5850 Family Services will require the child to show picture verification and sign a receipt  
5851 when claiming the check from the agency.
- 5852
- 5853 If the child is mentally incapable then the funds must be returned to the Social Security  
5854 Administration. A child's incapacity will be determined by the Child and Family Team  
5855 with appropriate documentation and/or knowledge.
- 5856
- 5857 If the child is receiving other types of unearned income, contact the funding agency for  
5858 guidance for returning remaining funds in the child's account.

5859  
5860 After the representative payee account is closed and the final audit is completed,  
5861 account records must be filed in the child's family file under the SSI tab.  
5862

### 303.17 Permanency Round Table (PRT) Process

5863  
5864 Major objectives:

5865 A Permanency Round Table or PRT is a tool to work out-of-home care cases that are "stuck" in  
5866 regards to the achievement of enduring safety and permanency. These children have a greater  
5867 likelihood of emancipating from the system and not achieving legal permanency or permanent  
5868 connections.  
5869

5870 Preferred permanency outcomes for children are Reunification, Adoption, Guardianship  
5871 Relative, or Guardianship Non-Relative. Emancipation is the least preferred outcome but in the  
5872 event that it becomes inevitable, youth aging out of care should have an array of informal  
5873 permanent connections, healthy relationships, and access to formal resources.  
5874

5875  
5876 Practice Guidelines

- 5877 A. Selecting cases for PRT: Cases involving children who are likely to remain in out-of-  
5878 home care until the age of majority should be considered for a PRT. Characteristics of  
5879 cases that could be prioritized for PRTs might include cases open of longer duration,  
5880 cases with primary and concurrent goals of Independent Permanency, and cases with  
5881 older youth.  
5882
- 5883 B. Training: All participants in a PRT must complete both Permanency Values training and  
5884 Permanency Skills training.  
5885
- 5886 C. PRT documents to be used in the PRT process:  
5887 1. Case Summary Sheet.  
5888 2. Oral case presentation.  
5889 3. Action Plan, which concludes at 90 days.  
5890 4. Picture of youth.  
5891 5. Genogram (optional).  
5892 6. Timeline (optional).  
5893
- 5894 D. PRT participants and definition of roles: Limiting participation is intended to engender  
5895 an environment of openness without reprisal (applicable exceptions are allowed under  
5896 the role of Other).  
5897 1. Caseworker: The caseworker assigned to the case. The caseworker is  
5898 responsible to be prepared with the oral case presentation and answer questions  
5899 from the group.

- 
- 5900 2. Supervisor: The supervisor of the caseworker attends the PRT and may also be  
5901 asked to provide case history and information.
- 5902 3. Master practitioner: The master practitioner is an expert in permanency work  
5903 and/or an expert in navigating unique challenges that may exist in specific types  
5904 of cases. There can be more than one master practitioner involved in a PRT.
- 5905 4. Neutral facilitator: A person outside of the administrative chain of command for  
5906 the case selected for a PRT. The facilitator will not lead the discussion in a  
5907 particular direction but will take an active role in establishing an environment  
5908 that stimulates and promotes the free exchange of ideas. The facilitator is  
5909 responsible to make sure that all parties are focused on looking for solutions  
5910 rather than getting caught up in the past. The facilitator is also responsible for  
5911 keeping the PRT team on schedule, following the structure of the PRT process,  
5912 and ensuring that an Action Plan is developed. The facilitator may enlist another  
5913 member of the PRT team to be a time keeper.
- 5914 5. External permanency consultant: A person who is outside of the administrative  
5915 chain of command for the case selected. It is preferred that the consultant be  
5916 outside of the region where the case management is conducted. The consultant  
5917 is primarily responsible to provide suggestions during brainstorming and action  
5918 planning.
- 5919 6. Scribe: The scribe manages all the record keeping for the PRT process, which  
5920 includes completing the PRT Action Plan documents.
- 5921 7. Others: On rare occasions, the situation may require a specialist from outside of  
5922 the agency to provide specific knowledge, skills, and expertise, which will assist  
5923 the work of permanency. In these situations, the participant should have  
5924 completed the Values training. Others may also be Child and Family Services  
5925 staff not otherwise designated in any of the other PRT roles.
- 5926
- 5927 E. PRT process:
- 5928 1. Welcome, Overview of PRT, and Working Agreement (5 Minutes): Establishing  
5929 rules for the PRT. Some rules that should be considered include no electronics  
5930 and maintain permanency focus.
- 5931 2. Case Presentation (20 Minutes): Caseworker presents the case using the Oral  
5932 Case Presentation outline. The caseworker's presentation is uninterrupted. At  
5933 the conclusion, the supervisor may also be given an opportunity to add  
5934 information to the presentation. No questions from the group are allowed in  
5935 this portion of the PRT.
- 5936 3. Clarify and Explore (15 Minutes): This is the opportunity for the PRT team  
5937 members to ask questions that will add clarity to the presentation. No  
5938 brainstorming or solution finding is allowed in this portion of the PRT.
- 5939 4. Brainstorm Session (25 Minutes): Free-flowing generation of ideas.
- 5940 5. Action Planning (35 Minutes): Group brainstorm into key strategic themes,  
5941 develop measureable action steps, identify barriers and solutions for barriers,

- 5942 assign responsible parties, and establish deadlines. Responsibility of Action  
5943 Steps should be shared by all participants of the PRT team.
- 5944 6. Debrief (5 Minutes): Check-in with the caseworker and supervisor regarding the  
5945 implementation of the Action Plan, lessons learned, etc.
- 5946
- 5947 F. Accessing Casey Grant dollars for barrier busting: Casey Family Programs has provided  
5948 money to assist caseworkers in overcoming barriers to achieving permanency.
- 5949 1. All approved requests must comply with rules for procurement.
- 5950 2. Requests for money for services and resources should be accompanied by a  
5951 request form (TBD).
- 5952 3. All requests must include a rationale for how this will promote legal permanency  
5953 or permanent connections for the youth.
- 5954 4. All requests exceeding \$500 (excluding travel, lodging, or per diem) must be  
5955 screened by the Program and Practice Improvement Team (PPIT).  
5956

5957 **304 Services To Family**

5958 Major objectives:

5959 Child and Family Services provides services to parents or guardians to facilitate the child's return  
5960 home or placement with a permanent family. These services will be designed to maintain and  
5961 enhance parental functioning, care, and familial connections.  
5962

5963  
5964 **304.1 Initial Contact With Parents**

5965 Major objectives:

5966 During the initial contact with the parents, the out-of-home caseworker will explain the process  
5967 of working with the parent while the child is in out-of-home care. This includes explaining the  
5968 parent's residual rights, the rights of visitation or parent-time with the child, the Child and  
5969 Family Team, the functional assessment, the Child and Family Plan, the transition plan,  
5970 concurrent goals, long-term view, and non-negotiables. The out-of-home caseworker will also  
5971 explain to the parents the role of the agency, the caseworker, the out-of-home caregiver, the  
5972 team, and the court process.  
5973

5974  
5975 **Applicable Law**

5976 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
5977

5978 Practice Guidelines

5979 The caseworker will contact the parents within five working days of receiving the case.

5980 While the child is in Child and Family Services custody, beginning when the child first comes  
5981 into care, information will be provided to the child's parents which includes:

- 5982
- 5983 A. Orientation to the out-of-home service and the child's need for a permanent, stable  
5984 home.
  - 5985
  - 5986 B. The importance of parental involvement and contact with the child and Child and Family  
5987 Services.
  - 5988
  - 5989 C. Expectations and time lines associated with participation or non-participation in service.  
5990
  - 5991 D. Parental rights and responsibilities while the child is in care, including financial support.  
5992

5993 When applying the above major objectives and Practice Guidelines, the following definitions  
5994 should be kept in mind:  
5995

5996 **Child and Family Team Meeting:** A Child and Family Team Meeting is a gathering of family  
5997 members, friends, community specialists, agency staff, and other interested people who join  
5998 together to strengthen a family and protect its children.  
5999

6000 **Teaming:** The process of developing, having, and maintaining a Child and Family Team with  
6001 families, resource systems, and agencies to assist families in solving their problems and  
6002 addressing their challenges through a strengths-based program.  
6003

6004 **Functional Assessment:** The definition taken from the Qualitative Review Protocol is: Assess  
6005 current, obvious, and substantial strengths and needs of the child and family that are identified  
6006 through existing assessments, both formal and informal. This collection of information should  
6007 form a big picture understanding of the child and family and how to provide effective services  
6008 for them. A functional assessment also identifies critical underlying issues that must be  
6009 resolved for the child to live safely with his/her family independent of agency supervision or to  
6010 obtain an independent and enduring home.  
6011

6012 **Permanency Plan:** A permanency plan is a written guide to obtaining specific outcomes and  
6013 objectives for a child and family. A permanency plan assembles supports, services, and  
6014 interventions into a holistic and coherent service process that provides a mix of elements  
6015 uniquely matched to the child and family situation and preferences.  
6016

6017 **Transition Plan:** A transition plan documents the process to achieve the Child and Family Plan's  
6018 long-term view, anticipate transitions, and consider the necessary steps to achieve successful  
6019 change. Transitions are internal processes that a family experiences and must manage in order  
6020 to be successful as they move through the process of change. Examples of typical transitions  
6021 include: removal, change in placement, change in school, change in caseworker, change in  
6022 therapist, reunification, case closure, graduation, independent living, agency transfers, loss of  
6023 family, and adoption.  
6024

6025 **Concurrent Permanency Goal:** Utah statute requires a concurrent permanency goal for the  
6026 child, and the reason for selecting that goal in every "treatment plan" when the child enters the  
6027 temporary custody of Child and Family Services. Specifically, Utah Code Ann. [§78A-6-312](#) states  
6028 that the concurrent permanency goal "shall include a representative list of the conditions under  
6029 which the primary permanency goal will be abandoned in favor of the concurrent permanency  
6030 goal and an explanation of the effect of abandoning or modifying the primary permanency  
6031 goal."  
6032

6033 **Long-Term View:** Long-term view is looking at the current situation and seeing how it will  
6034 affect the whole picture now and in the future. It includes considering how the current picture  
6035 needs to be changed or altered to achieve the future circumstances that are needed or desired.  
6036

6037 **Non-negotiables:** Those issues dealing with the child's safety and well-being, orders from the  
6038 court or statutes that prescribe specific actions by Child and Family Services.  
6039

## 6040 **304.2 Child And Family Contact**

### 6041 Major objectives:

6042 Child and Family Services will make efforts to engage parents in continuing contacts with their  
6043 child, whether through visitation, phone, or written correspondence. This will include efforts to  
6044 engage the parents in appropriate parenting tasks such as attending school meetings, etc. Child  
6045 and Family Services staff will recognize child and family contact as a right for both the parent  
6046 and the child.  
6047

### 6048 **Applicable Law**

6049 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
6050

### 6051 Practice Guidelines

6052 A. Refer to [Section 303.1](#), Visitation With Familial Connections.  
6053

6054 B. Exceptions to contact are limited to:  
6055

- 6056 1. When contraindicated by the law, court finding, the child's safety, or the child's  
6057 best interests.
- 6058 2. When parental rights are terminated.
- 6059 3. When the biological parent's declining health precludes such efforts in the case  
6060 of a terminally ill, unresponsive parent. However, engagement of the parents is  
6061 to occur whenever possible and may still occur in some cases where the parents  
6062 are in declining health or when rights have been terminated.  
6063

## 6064 **304.3 Ongoing Contact Between Parents And caseworker**

6065 (This section has been replaced with [Section 302.2](#).)  
6066  
6067

## 6068 **304.4 Wrap-Around Services**

### 6069 Major objectives:

6070 Wrap-around services will be provided to the child and family and will be crafted by the Child  
6071 and Family Team based on the assessed needs and resources.  
6072

### 6073 **Applicable Law**

6074 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
6075  
6076

6077 **Practice Guidelines**

6078 The Child and Family Team will explore with the family different levels of support such as  
6079 informal, formal, and use of flexible funding to craft and meet the needs of the family.

6080 Examples of wrap-around services are:

6081

6082 A. Peer parenting. [See: [Section 309](#), Peer Parenting Services.]

6083

6084 B. Child care.

6085

6086 C. Home health aide services.

6087

6088 D. Parenting education.

6089

6090 E. Respite care.

6091

6092 F. Transportation services for visitation.

6093

6094 G. Vocational or educational assistance.

6095

6096 H. Mental health and/or substance abuse assessment and treatment.

6097

6098 I. Housing referral and assistance.

6099

6100 **304.5 Financial Support For Children In Out-Of-Home Care**

6101

**Major objectives:**

6102

To encourage parental responsibility and involvement, families are expected contribute financially to the support of their children while in out-of-home care as required by state and federal law [USC 671(a)(17)].

6103

6104

6105

6106

6107 **Applicable Law**

6108 Utah Code Ann. [§78A-6-1106](#). Child support obligation when custody of a minor is vested in an  
6109 individual or institution.

6110 Utah Code Ann. [§62A-4a-114](#). Financial reimbursement by parent or legal guardian.

6111

6112 **Practice Guidelines**

6113 A. Utah law mandates that all parents are responsible for the support of their minor  
6114 children.

6115

- 6116 B. The parent or guardian is to meet with the Office of Recovery Services within 10 days of  
6117 the shelter hearing to begin the process of providing financial support while their child is  
6118 in out-of-home care.  
6119
- 6120 C. The caseworker should verify that this occurs.  
6121
- 6122 D. In cases where the court has permanently terminated the parent's rights to their  
6123 children, the parents have no obligation to pay child support.  
6124

### 304.6 Good Cause Deferral/Waiver Process

6125  
6126 Major objectives:

6127 In situations in which the present family has been encumbered by an unpreventable loss of  
6128 income or extraordinary and necessary expenses not considered at the time the order of child  
6129 support was established, the caseworker may join with the family to request the Office of  
6130 Recovery Services to postpone or waive collection of current or past-due child support.  
6131  
6132

6133  
6134 **Applicable Law**

6135 Utah Code Ann. [§62A-11-404](#). Office procedures for income withholding for orders issued or  
6136 modified on or after October 13, 1990.

6137  
6138 Practice Guidelines

6139 Please refer to SAFE form OH63 for instructions on how to complete this process.  
6140

6141 **305 Child and Family Services Relationship With Out-Of-Home**  
6142 **Caregivers**

6143 Major objectives:

6144 Out-of-home caregivers have the responsibility of providing daily care, supervision, protection,  
6145 and experiences that enhance the child's development. Individuals approved and selected to  
6146 provide out-of-home care will have the experience, personal characteristics, and temperament  
6147 necessary to work with children and their biological families.  
6148

6150  
6151 **Applicable Law**

6152 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

6153  
6154 Practice Guidelines

- 6155 A. Out-of-home Caregiver Responsibilities. For all types of placement, to provide for the  
6156 health, well-being, and safety of children in their home, out-of-home caregivers will:
- 6157 1. Integrate children into their household as equal members by providing a  
6158 pleasant, safe, and nurturing family atmosphere.
  - 6159 2. Provide activities that enhance physical, cognitive, social, and emotional  
6160 development; teach problem solving skills; and act as positive role models.
  - 6161 3. Commit to keep the child without disruption until permanency has been  
6162 accomplished by using available supports to prevent disruption.
  - 6163 4. Use constructive discipline as approved by the Child and Family Team. Use of  
6164 corporal punishment, physical or chemical restraint, infliction of bodily harm or  
6165 discomfort, deprivation of meals, rest, or visits with family, or humiliating or  
6166 frightening methods to control the actions of children is never allowed.
  - 6167 5. Maintain confidential information that is disclosed within the Child and Family  
6168 Team. Out-of-home caregivers may share information with team members  
6169 providing services to the child such as medical professionals, therapists, school  
6170 personnel, etc.
  - 6171 6. Out-of-home care providers who participate in cluster support groups must also  
6172 abide by the cluster confidentiality agreement. Violation of confidentiality may  
6173 result in corrective action, suspension, or revocation of foster care licensure.
  - 6174 7. Furnish nutritious meals and snacks.
  - 6175 8. Plan orderly daily schedules that promote positive participation in appropriate  
6176 developmental, school, and community activities.
  - 6177 9. Provide the opportunity for religious observance in the faith of the child and  
6178 family's choice.
  - 6179 10. Arrange culturally responsive opportunities for participation in activities  
6180 consistent with the child's ethnic and cultural heritage.

- 
- 6181 11. Actively participate in the development and the implementation of the Child and  
6182 Family Plan.
- 6183 12. Make the child available for parent-child visits and/or sibling visits with the  
6184 schedule negotiated by the Child and Family Team. Visitation may not be  
6185 contingent upon the child's behavior.
- 6186 13. Encourage children to maintain and develop positive relationships and  
6187 connections with parents as determined by the permanency goal and help  
6188 prepare children for their court-ordered permanency goal.
- 6189 14. Keep informed of all pertinent information regarding the child's current medical  
6190 or dental status, mental health, educational progress, and social skills, and  
6191 observe and document information regarding the child's behavior, problems,  
6192 feelings, and adjustment in the foster home. All information will be kept in the  
6193 Home-to-Home Binder.
- 6194 15. Keep records of dates of placement, billings, payments, any receipts for items  
6195 and services purchased for the child, and other financial matters.
- 6196 16. Maintain and keep current the Home-to-Home Book and take medical records  
6197 from the book for medical appointments to assure continuity of health care.
- 6198 17. In conjunction with the caseworker and health care team, see that medical  
6199 treatment is properly provided, accompany the child to all medical examinations,  
6200 encourage the child's parent to attend health care visits, consult with health care  
6201 providers, and ensure that health care, treatment, and follow-up care are  
6202 provided according to the schedule recommended by the child's health care  
6203 providers.
- 6204 18. Secure, administer, and maintain medications for the child.
- 6205 19. Document the use of medication including when it is administered and by whom,  
6206 missed doses, and appointments related to medication management, including  
6207 missed or cancelled visits, in the Home-to-Home Book.
- 6208 20. Keep prescribed and over-the-counter medication locked and properly labeled  
6209 (name of person, dosage, name of medication, physician, expiration date, and  
6210 prescription number).
- 6211 21. Document the effects of medications and share with the child's doctor and  
6212 family team.
- 6213 22. Follow universal precautions when dealing with blood, urine, saliva, and feces  
6214 and follow written instructions for the disposal of medication, syringes, or  
6215 medical waste.
- 6216 23. Be involved in the planning and monitoring of the child's mental health  
6217 treatment.
- 6218 24. Be responsible for monitoring and assisting in children's educational process  
6219 including helping with homework, attending parent/teacher conferences,  
6220 participating in the development of Individual Education Plans (IEPs), and alert  
6221 the caseworker to any unmet educational needs.

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- 6222 25. Give input, attend and participate in the Child and Family Team, reviews and  
6223 other important meetings; *or* provide written comments prior to the review date  
6224 or participate by telephone if unable to attend reviews or meetings.
- 6225 26. Provide transportation to school and related activities, medical and dental  
6226 appointments, mental health therapy, visitations, court hearings, reviews,  
6227 religious activities, and other routine personal or family activities as negotiated  
6228 by the Child and Family Team.
- 6229 27. Use clothing allowance and monthly out-of-home payments as allocated for new  
6230 and gently used clothing or new diapers. It is acceptable for an out-of-home  
6231 caregiver to sew the child's clothing if there is no charge for the labor. A child's  
6232 wardrobe may be supplemented with previously worn clothing if in good repair  
6233 and it is purchased through a used clothing store and a receipt is provided.
- 6234 28. Be an advocate for children in their care.
- 6235 29. Alert the caseworker of any special or unmet needs of the child.
- 6236 30. Report any significant change in the child or parent's circumstances, or of any  
6237 serious or repeated behavioral problems of the child.
- 6238 31. Immediately report any accidents, injuries, criminal and delinquent activities, or  
6239 other emergency situations.
- 6240 32. Report substantial changes in the home composition to the caseworker and  
6241 Office of Licensing.
- 6242 33. Actively seek in-service training opportunities that promote the development of  
6243 parenting skills and keep a record of in-service training attended.
- 6244
- 6245 B. Out-of-Home Caregiver Training Requirements.
- 6246 1. An out-of-home caregiver will successfully complete:
- 6247 a. An initial consultation to orient out-of-home caregivers prior to  
6248 participation in the pre-service training program through the Contractor that  
6249 Child and Family Services utilizes for the Training, Recruitment, and Retention  
6250 Services of Foster Parents.
- 6251 b. For initial licensure, completion of the pre-service training required by  
6252 Child and Family Services for all prospective out-of-home caregivers prior  
6253 to licensure Any pre-service training hours completed within the previous 24  
6254 months of an individual seeking licensure may be accepted as long as there is no  
6255 documentation or evidence that there were concerns regarding the caregiver.  
6256 Child and Family Services reserves the right to require any caregiver to re-take  
6257 part or all of pre-service classes if deemed necessary. Special situations:
- 6258 (1) If a prospective caregiver applying for either a Licensed Foster  
6259 Care (LFC) or Licensed Specific Child (LSC) license has completed  
6260 comparable training (with another state or agency), a request for  
6261 an exception to complete the training will be submitted in writing  
6262 by the Resource Family Consultant (RFC) to the foster care  
6263 program administrator or other designated staff at the State

- 6264 Office. The foster care program administrator or other  
6265 designated staff will assess the training completed by the  
6266 prospective caregiver and the specific case information (if  
6267 applicable), and will provide a decision in writing to the RFC as to  
6268 whether or not the training can be accepted within 30 working  
6269 days of receiving the request.
- 6270 (2) If a caregiver applying for an LSC license is deemed unable to  
6271 complete the Child and Family Services approved pre-service  
6272 training within the required timeframe of the probationary  
6273 license, the RFC and the potential foster parent will work with the  
6274 current Child and Family Services Contractor for Training,  
6275 Recruitment, and Retention Services of Foster Parents on  
6276 alternative ways to complete the pre-service training. A request  
6277 for an exception will be submitted in writing by the RFC (or KFC)  
6278 to the foster care program administrator or other designated staff  
6279 at the Child and Family Services State Office. The request for  
6280 training exception must include the reason that the caregiver is  
6281 unable to complete the training in the required timeframe; what  
6282 attempts were made, if any, to complete the training; and what  
6283 the alternative plan (including timeframes) is for the caregiver to  
6284 complete the pre-service training. The foster care program  
6285 administrator or other designated staff will assess the information  
6286 and will provide a decision in writing to the RFC as to whether or  
6287 not the alternative plan is accepted within 30 working days of  
6288 receiving the request.
- 6289
- 6290 c. Pre-service classes include information about:
- 6291 (1) Orientation and Team Building; Child and Family Services Major  
6292 objectives and Procedure, Licensing Rules, and Medical  
6293 Requirements for Children in Out-of-Home Care; Abuse and Neglect,  
6294 Child Sexual Abuse; Impacts of Abuse on the Child Development;  
6295 Attachment, Separation, Grief, and Loss; Discipline & Effects of  
6296 Caregiving on the Family; Cultural Issues, Primary Families; and  
6297 Adoption Issues;
- 6298 (2) Rights and responsibilities as caregivers and the partnership role  
6299 with Child and Family Services in providing services to the child  
6300 and family;
- 6301 (3) Responding to the individual needs of children placed in their  
6302 home, including the needs of abused and neglected children and  
6303 the importance of the cultural and ethnic contexts for service;
- 6304 (4) Sensitive and responsive practices to use with the biological  
6305 parents, which address issues such as involving them in decisions

- 6306 about their children's lives, encouraging visits, and ways to  
6307 maintain the parent-child relationship (unless contraindicated by  
6308 the service plan);
- 6309 (5) The use of out-of-home care as a temporary intervention, except  
6310 when planned alternative living arrangements have been clearly  
6311 determined to be the appropriate plan for therapeutic reasons, or  
6312 when adoption or guardianship by the kin or out-of-home  
6313 caregivers has become the plan;
- 6314 (6) Circumstances that terminate the caregiving relationship and  
6315 informs them regarding appeal Practice Guidelines, which gives  
6316 them notice and opportunity to be heard in any review or hearing  
6317 regarding the child;
- 6318 (7) Accessing, via the Child and Family Services eligibility process and  
6319 staff, government payments on behalf of the child, including  
6320 Medicaid cards, social security, and other public assistance; and
- 6321 (8) The organization's major objectives on compensation for damages  
6322 done by children placed in their care.
- 6323 (9) Other training topics deemed appropriate by Child and Family Services.
- 6324 d. For on-going licensure, completion of 16 hours of in-service training  
6325 hours annually prior to re-licensure is required. If there are two  
6326 caregivers in the household, the 16 hours is the total number of in-  
6327 service training hours required for both caregivers combined, with  
6328 neither caregiver having less than four hours.
- 6329 (1) In-service training hours may be completed through the current  
6330 Child and Family Services Contractor for Training, Recruitment,  
6331 and Retention Services of Foster Parents. If a foster parent  
6332 repeats any amount of pre-service training, the full amount will  
6333 count towards the in-service training requirement. Training  
6334 completed through the Contractor will be entered into the SAFE  
6335 database by the Contractor. Foster parents should also maintain  
6336 copies of verification (attendance rolls, certificates, etc.) that they  
6337 have attended training through the Contractor.
- 6338 (2) Training hours may also be completed through foster parent  
6339 attendance and participation in any classes or trainings offered to  
6340 out-of-home caregivers by Child and Family Services.
- 6341 (3) Other in-service training hours may be completed by the out-of-  
6342 home caregiver through the following process:
- 6343 (a) Community-based trainings and conferences: The Child  
6344 and Family Services State Office will maintain a list of pre-  
6345 approved community-based trainings or conferences for  
6346 in-service training credit. Any other trainings or  
6347 conferences not on the pre-approved list must be pre-

- 6348 approved by the RFC or other designated Child and Family  
6349 Services staff in order for the caregiver to receive in-  
6350 service training hours. Community-based training and  
6351 conferences must be provided by well renowned  
6352 institutions or collaborations and/or should be based on  
6353 evidence-based practices that will increase the knowledge  
6354 and skills of the caregivers. The training/conference may  
6355 cover general topics that can be related to parenting  
6356 children in foster care, or it may be specific to the needs of  
6357 a particular child being cared for by the caregiver. The  
6358 caregiver must obtain verification of attendance in order  
6359 to receive credit for in-service training hours. The  
6360 caregiver will keep a copy of the verification of attendance  
6361 and will provide a copy to the RFC or other designated  
6362 staff.
- 6363 (b) The RFC will forward the verification of training to the  
6364 designated person with the Child and Family Services  
6365 Contractor for Training, Recruitment, and Retention  
6366 Services of Foster Parents for entry into the SAFE  
6367 database. The designated person will enter completed  
6368 trainings attended by out-of-home caregivers into the  
6369 SAFE database within 10 business days of receiving the  
6370 training documentation.
- 6371 (c) Training through on-line courses, parenting instructional  
6372 videos, or other publications (such as books): Out-of-  
6373 home caregivers may complete a portion of their in-  
6374 service training hours through pre-approved online  
6375 courses (not provided through the Child and Family  
6376 Services Contractor for Training, Recruitment, and  
6377 Retention Services of Foster Parents) parenting  
6378 instructional videos, or other publications. In-service  
6379 training through these methods may not comprise more  
6380 than 25 percent of the total in-service training hours for  
6381 each caregiver. The training may be general or it may be  
6382 specific to the needs of a particular child, and should be  
6383 based on evidence-based practices. The Child and Family  
6384 Services State Office will maintain a list of pre-approved  
6385 sources for in-service training credit through these  
6386 methods. The list of pre-approved resources will also  
6387 outline how many hours of training credit may be received  
6388 from each source.

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- (d) In order for out-of-home caregivers to receive in-service training credit from completion of an online course, parenting instructional video, or other publications, the caregiver must provide a typed summary of the training to the RFC or other designated Child and Family Services staff. A standardized form can be obtained from the RFC for the summary. The summary will include knowledge and skills that the caregiver gained from the training and how the caregiver will apply the knowledge and skills when parenting children in care. If an online course has a post-test component that tests the knowledge of the caregiver following course completion, the caregiver may provide verification of passing the post-test for training credit rather than the summary. The RFC or designated staff will review the summary or documentation provided by the caregiver and determine whether the information meets the requirements for in-service training. If it meets the requirements for in-service training, the information will be forwarded to the designated staff member at the current Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents for entry into SAFE.
  - (e) The designated staff member at the Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents will enter completed trainings into the SAFE database within 10 business days of receiving the training documentation.
  - (f) Any person wanting to add a source to the pre-approved list of in-service training sources will forward a request to the Child and Family Services foster care program administrator or other designated staff at the Child and Family Services State Office. The request will provide any relevant information regarding the source, including a summary of the information covered along with any indication that it is evidence-based practice (if known).
- (4) Tracking annual in-service training hours:
- (a) One hundred and twenty days prior to foster care licensure renewal for an out-of-home caregiver, the RFC assigned to the caregiver or other designated Child and Family Services staff will review the completed in-service training hours in SAFE and determine whether the

- 6430 caregiver has the required amount of in-service training  
6431 hours.  
6432 (b) If the caregiver has already received credit for the required  
6433 number of training hours, no further action is required.  
6434 (c) If the caregiver has a deficiency in the number of in-service  
6435 training hours needed for re-licensure, the RFC or staff will  
6436 contact the caregiver to determine if they will be renewing  
6437 their foster care licensure. If the caregiver will be  
6438 renewing, the RFC or staff will do the following:  
6439 i. Provide written notification to the caregiver  
6440 regarding the number of hours still needed prior to  
6441 re-licensure, including what will happen if they do  
6442 not obtain the required number of training hours.  
6443 ii. Coordinate with the caregiver to determine if there  
6444 are hours of in-service training that they have not  
6445 yet been credited and assist them in the process of  
6446 ensuring those hours are entered into SAFE.  
6447 iii. Assist the caregiver in identifying potential training  
6448 sources to help them obtain the required number  
6449 of training hours.  
6450 iv. Make monthly contact with the caregiver to  
6451 determine their progress on completing in-service  
6452 training. The RFC or designated staff will document  
6453 monthly contacts in the provider notes in SAFE.  
6454 v. If the caregiver is unable to obtain the required  
6455 number of hours needed for in-service training and  
6456 still desires to maintain licensure, the RFC or staff  
6457 will help them identify what steps they must take  
6458 in order to obtain re-licensure.  
6459 (d) If the caregiver informs the RFC or designated staff that  
6460 they will not be pursuing re-licensure, this information will  
6461 be documented in the provider notes in SAFE.  
6462 e. An affirmation of compliance with Administrative Rule [R512-302](#).  
6463 f. Child and Family Services may identify or require a specific training for all  
6464 foster parents. Child and Family Services may also require a specific training  
6465 for an individual foster parent to help them provide for the needs of a particular  
6466 child.  
6467  
6468 C. All other licensing requirements for the home must be met and maintained. Refer to  
6469 the Office of Licensing Rules, Child Foster Care [R501-12](#). Requirements for licensure  
6470 may include but are not limited to:

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- 6471 1. A BCI criminal records check and a check of the state's child abuse registry for all  
6472 adults, 18 years or older, residing in the home.
- 6473 2. A Resource Family Assessment and/or homestudy will be completed by the  
6474 Office of Licensing or other approved contractor using the standardized family  
6475 assessment format. This includes references, a medical reference letter  
6476 completed by a licensed health care professional, and a mental health evaluation  
6477 if needed.
- 6478
- 6479 D. Reimbursement for services commensurate with the cost of maintaining the child will  
6480 be provided to the out-of-home caregiver at the rate established by the Utah State  
6481 Legislature, and also based on the needs of the child.
- 6482
- 6483 E. Foster Care Agreement:
- 6484 1. The Foster Care Agreement (Form 638A) found in SAFE must be signed annually  
6485 by each licensed out-of-home caregiver. If there are two licensed out-of-home  
6486 caregivers in a home, they may sign on the same form. For kin caregivers, the  
6487 Foster Care Agreement will be signed at the time of licensure and will replace  
6488 the Kinship Caregiver Preliminary Placement Agreement (KBS04).
- 6489 2. The RFC assigned to the foster parent, or other assigned Child and Family  
6490 Services staff will review the Foster Care Agreement and address any concerns  
6491 with the out-of-home caregiver. The RFC will obtain a signed Foster Care  
6492 Agreement from the licensed out-of-home caregiver annually.
- 6493 a. Once signed, the Foster Care Agreement is effective until the end of the  
6494 licensure period or one year from the time of signing the agreement,  
6495 whichever is sooner.
- 6496 b. For newly licensed foster parents, the Foster Care Agreement should be  
6497 obtained within 30 days of receiving the home study, unless the Child and  
6498 Family Services region has made the determination that the home will  
6499 not be used for placements.
- 6500 c. For foster parents who have been licensed more than a year, a signed  
6501 copy of the Foster Care Agreement should be obtained within the 30 days  
6502 prior to expiration of the former Foster Care Agreement. This can be  
6503 done in person, through the mail, or through electronic methods (such as  
6504 a scanned version of the signed agreement sent through email).
- 6505 d. Copies of the signed Foster Care Agreement will be kept in the Out-of-  
6506 Home Caregiver's file.
- 6507
- 6508 F. Placement Agreement:
- 6509 1. The Placement Agreement (Form 638B) found in SAFE must be signed each time  
6510 a child is placed in the home of an out-of-home caregiver. If there are two  
6511 licensed out-of-home caregivers in a home, they may sign on the same form.

- 6512           2.       The caseworker or supervisor assigned to the child will review the Foster Care  
6513           Agreement and address any concerns with the out-of-home caregiver, and  
6514           obtain a signed copy from the caregiver. The RFC assigned to oversee the home  
6515           may assist in obtaining the signed Placement Agreement, if necessary.  
6516           3.       A signed copy of the Placement Agreement should be obtained within 30 days of  
6517           placing the child in the home. This can be done in person, through the mail, or  
6518           through electronic methods (such as a scanned version of the signed agreement  
6519           sent through email).  
6520           4.       Once signed, the Placement Agreement is effective for the duration of the child's  
6521           placement of the child with the out-of-home caregiver, or until Child and Family  
6522           Services custody of the child ends.  
6523

### 6524           **305.1                            Services To Out-Of-Home Caregivers**

6525           Major objectives:

6526           Child and Family Services will provide support to the out-of-home caregiver to ensure that the  
6527           child(s) needs are met, prevent unnecessary placement disruption, and address needs of the  
6528           out-of-home caregiver. The out-of-home caregiver is a member of the Child and Family Team.  
6529

6530

6531

6532           **Applicable Law**

6533           Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
6534

6535           Practice Guidelines

- 6536           A.       (This section has been replaced with [Section 302.2](#).)  
6537
- 6538           B.       Facilitating Caregiver/Family Contact. The caseworker will assist the out-of-home  
6539           caregiver in developing and maintaining a working relationship with the child(s) parents,  
6540           in accordance with the Child and Family Plan and permanency goals.  
6541           1.       Out-of-home caregivers, the caseworker, the child, and the family will engage in  
6542           a private face-to-face meeting within the first two weeks of placement and at  
6543           least once a month thereafter or as needed to build the relationship.  
6544           2.       The caseworker will encourage the out-of-home caregiver to initiate and  
6545           maintain contact with the child(s) parents to share information about the child  
6546           and facilitate familial connections.  
6547
- 6548           C.       Access to Major objectives and Practice Guidelines. Out-of-home caregivers will have  
6549           access to review the Child Welfare Manual and have any relevant major objectives  
6550           explained by agency personnel.  
6551           1.       During pre-service training, all families will receive a Resource Family Major  
6552           objectives and Practice Guidelines.

- 6553 2. Annually, to renew their license, all resource families will participate in a major  
6554 objectives “refresher” course and receive a current Resource Family Major  
6555 objectives and Practice Guidelines.
- 6556 3. Child and Family Services will make available, in any office, the Child Welfare  
6557 Manual, and offer an explanation of any major objectives requested.
- 6558 4. The Child and Family Services Child Welfare Manual will be available over the  
6559 Department of Human Services Internet web page.
- 6560
- 6561 D. Mileage Reimbursement. Licensed out-of-home caregivers will be reimbursed for the  
6562 mileage incurred for the following activities:
- 6563 1. Visitation: Mileage will be reimbursed to transport a child in out-of-home care  
6564 to and from visits with parents, siblings, or other relatives/ caregivers.
- 6565 2. Case-Related Activities: Mileage will be reimbursed to and from Child and Family  
6566 Team meetings, reviews, court activities, case planning, staffings, and placement  
6567 transitions.
- 6568 3. Routine trips are not reimbursable, i.e., travel to the store, shopping center, a  
6569 friend’s house, the school, or to recreational activities.
- 6570 4. If transporting more than one child at the same time, mileage will only be  
6571 submitted for one child.
- 6572 5. Medical and Other Essential Activities: Reimbursement is also available for  
6573 mileage to and from caseworker approved essential, extraordinary activities such  
6574 as school attendance outside of neighborhood boundaries, for youth bus pass,  
6575 and for agency payments to parents to visit their child in foster care. Mileage  
6576 will be reimbursed to transport the child to and from medical, dental, and  
6577 mental health appointments.
- 6578
- 6579 The out-of-home caregiver will document all reimbursable mileage claims on the  
6580 appropriate Child and Family Services form that includes odometer readings, purpose of  
6581 travel, and destination.

6582

6583 Mileage claims will be submitted monthly for reimbursement.

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## 6585 305.2 Respite, Child Care, And Babysitting For Children In 6586 Out-Of-Home Care

6587 Major objectives:

6588 Out-of-home caregivers will have temporary relief from the day-to-day parenting  
6589 responsibilities of the child placed in their care to prevent placement disruption and/or burnout.  
6590 Options for temporary relief include paid respite, non-paid respite, child care, and babysitting.  
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6592  
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6594 **Applicable Law**

6595 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

6596

6597 Definitions:

6598 A. Babysitting: Incidental care for a child for a few hours at a time, not on a regular basis,  
6599 that does not require an overnight stay. For example, babysitting would occur when the  
6600 out-of-home caregivers leave for the evening or for a few hours during the day.  
6601 Babysitting does not have to take place in the out-of-home caregiver's home.

6602

6603 B. Child care: Ongoing care to the child on a continual, regular basis, such as when the  
6604 out-of-home caregiver is at work.

6605

6606 C. Respite care: Any arrangement that requires the individual caring for the child to stay  
6607 with the child overnight. It may also be for multiple overnight stays. A person providing  
6608 respite care in their own home for a child in foster care must be a licensed foster care  
6609 provider and may not exceed the capacity they are licensed for. However, an  
6610 unlicensed person may provide respite care for a child in foster care in the home of the  
6611 out-of-home caregiver, as long as the requirements outlined below are met.

6612

6613 Practice Guidelines

6614 A. Respite care is used to provide short-term relief for the out-of-home caregiver from the  
6615 responsibilities of caring for a child in foster care. It may include multiple occurrences of  
6616 overnight care. Respite care may be paid or non-paid and may be provided for any child  
6617 who is in the custody of Child and Family Services.

6618 1. For children placed with contracted providers, the contract agency is responsible  
6619 for making arrangements for respite care and to comply with respite care  
6620 requirements outlined in their contract.

6621 2. Prior approval must be obtained from the caseworker or Resource Family  
6622 Consultant (RFC) when an out-of-home caregiver chooses to make arrangements  
6623 for respite care.

6624 3. The respite caregiver must meet the qualifications of a respite provider (outlined  
6625 below) in order to provide respite care for children in care.

6626

6627 B. Respite care may be provided in the following ways:

6628 1. The temporary placement of a foster child with another licensed out-of-home  
6629 provider that is not the primary out-of-home caregiver for the child. The  
6630 licensed home must be pre-approved by the RFC. A placement made for respite  
6631 purposes is meant to be short term (12 days or less) with the intent that the  
6632 child will return to the current foster home and does not count as a placement  
6633 change for the child.

6634 2. Temporary placement of a foster child in a licensed facility, with the intent that  
6635 the child will return to the current foster home.

- 
- 6636 3. Overnight care in the home of the out-of-home caregiver by an individual  
6637 certified by Child and Family Services as an In-home Respite caregiver (see  
6638 requirements in paragraph F below).
- 6639 4. Temporary care in the home of a state licensed child care provider. The licensed  
6640 daycare provider must be licensed through the Department of Health, Child Care  
6641 Licensing Program.
- 6642 5. Child and Family Services Paid Respite Care: Respite providers that will be paid  
6643 by Child and Family Services will be opened under the RE code that corresponds  
6644 with the level of care that the child is currently placed at for payment.
- 6645 6. If a licensed out-of-home caregiver will be used for respite care but is not  
6646 approved to provide the level of care that the child is placed at, then the case  
6647 must be staffed by the RFC or through another regionally approved process prior  
6648 to the respite occurring, in order to ensure that the provider has the skills  
6649 necessary to care for that child. If approved to provide respite, the staffing and  
6650 approval must be documented in the provider notes in SAFE and the required  
6651 payment approvals (under the corresponding RE codes) will be opened in order  
6652 to pay the respite provider the correct amount. The payment will be made using  
6653 the One Time Payment Form (Form 295).
- 6654 7. Respite care not paid by Child and Family Services: Licensed out-of-home  
6655 providers may make arrangements to exchange children with another licensed  
6656 out-of-home caregiver for short periods of time for respite purposes after  
6657 obtaining approval from the RFC or the child's caseworker. An out-of-home  
6658 caregiver may directly pay for those services if they desire.
- 6659
- 6660 C. Accrual of Child and Family Services Paid Respite Days:
- 6661 1. All licensed out-of-home caregivers will receive one paid respite day per calendar  
6662 month for every month they have a child placed in the home. Out-of-home  
6663 caregivers must have at least one foster child/youth in their home for a period of  
6664 15 days during a calendar month to accrue one respite day.
- 6665 2. Regardless of the number of children placed in the home, a maximum of 12  
6666 respite days can be accrued by a licensed out-of-home caregiver at any given  
6667 time. The accrued respite days do not expire and can be used at any time. After  
6668 accrued respite days have been used, the out-of-home caregiver must re-accrue  
6669 respite days through the process described in C.1.
- 6670 3. The RFC will document in the provider notes in SAFE the number of paid respite  
6671 days accrued and used by the out-of-home caregiver a minimum of once every  
6672 six months. The documentation will coincide with the required RFC face-to-face  
6673 home visits and at any other time the RFC deems necessary or appropriate.
- 6674
- 6675 D. Respite Extenuating Circumstances: The region director or designee may approve more  
6676 Child and Family Services paid respite days in extenuating circumstances. It is up to the

6677 region to staff these circumstances and ensure that the situation and approval of respite  
6678 are documented in the provider notes.

6679

6680 E. Qualifications of a Respite Caregiver:

6681 1. A licensed foster home with openings, or a licensed respite care home/facility.

6682 The licensed home is limited to the amount of children they are approved to

6683 provide care for on their foster care license. The total number of children in

6684 their home, including those they are providing respite for, may not exceed the

6685 amount of children they are licensed for unless the home is granted a variance.

6686 The licensed home must also be able to meet the child's needs.

6687 2. A state-licensed day care provider. The day care provider must be in compliance

6688 with the ratios specified on their child care license.

6689 3. In-Home Respite provider. A respite caregiver who is qualified by Child and

6690 Family Services to provide care in the out-of-home caregiver's home. An In-

6691 Home Respite provider must meet the following requirements:

6692 a. Will be at least 18 years of age or older.

6693 b. Will be approved by the RFC to provide respite in the home of the out-of-  
6694 home caregiver.

6695 c. Will not be on probation, parole, or under indictment for a criminal  
6696 offense and will have not have a history of crimes against children, which  
6697 will be verified by background checks as described below in F.

6698 4. A respite provider is subject to the same confidentiality requirements as other

6699 foster care providers and will keep verbal or written information shared with

6700 them confidential.

6701 5. The out-of-home caregiver will provide the respite caregiver with medical and

6702 other critical information about the child and specific instructions for the care

6703 and supervision of the child on a completed Respite Care Fact Sheet (SAFE form

6704 PR 21). If the child is going to be with a respite caregiver for more than one day,

6705 the out-of-home caregiver will also provide the respite caregiver with a copy of

6706 the Medicaid card.

6707

6708 F. Process for approving an In-Home Respite provider:

6709 1. The individual will complete an In-Home Respite provider packet (available in  
6710 SAFE) which includes the following:

6711 a. Office of Licensing Background screening application: The following  
6712 background screenings are required on an annual basis for all In-Home  
6713 Respite providers before being allowed unsupervised access to the child  
6714 in foster care:

6715 (1) Utah Criminal History Bureau of Criminal Identification (BCI): A  
6716 non- fingerprint-based Utah BCI criminal history check.

- 6717 (2) Child and Adult Abuse and Neglect History Checks through SAFE  
6718 (LIS): SAFE background checks for child and adult abuse and  
6719 neglect must be approved.  
6720 (3) Federal Bureau of Investigation (FBI) Fingerprint-Based Criminal  
6721 History: An FBI fingerprint-based criminal history check must also  
6722 be approved if the individual has resided outside of Utah at any  
6723 point in the previous five years or if they currently reside outside  
6724 of Utah.
- 6725 b. A Department of Human Services (DHS) Provider Code of Conduct must  
6726 be read and signed.  
6727 c. An Out-of-home Caregiver Confidentiality Form must be read and signed.  
6728 d. A Safety and Behavioral Intervention Fact Sheet must be read and signed.
- 6729 2. The RFC, out-of home caregiver, or the prospective In-Home Respite provider  
6730 will provide the respite packet to the licensor assigned to the out-of-home  
6731 caregiver. Copies of the forms must be kept by the RFC. The Office of Licensing  
6732 (OL) licensor will provide the BCI form to the background screening unit within  
6733 OL to complete the background screening.
- 6734 3. Once the licensor indicates that the In-Home Respite provider has an approved  
6735 background screening application, the following must also be completed for  
6736 each child in out-of-home care, prior to the individual providing respite care:
- 6737 a. The RFC will conduct a further check of SAFE to determine if there is any  
6738 history of child abuse or neglect. If information is found in SAFE, the RFC  
6739 must staff the circumstances with a supervisor to determine whether the  
6740 individual may be approved for In-Home Respite care.
- 6741 b. The out-of-home caregiver will fill out the Respite Care Fact Sheet (PR21)  
6742 and provide it to the In-Home Respite provider. The out-of-home  
6743 caregiver will inform the In-Home Respite provider where the Medicaid  
6744 card for each child is located.
- 6745 c. When possible and if appropriate, the respite arrangements and all  
6746 relevant issues will be discussed in a Child and Family Team Meeting so  
6747 that all parties are aware of the arrangement.  
6748
- 6749 G. Requesting Planned Respite:
- 6750 1. To facilitate continuity of care and minimize disruption for the child, whenever  
6751 possible respite care is to be planned in advance using providers known to the  
6752 child and family.
- 6753 2. Each out-of-home caregiver for Child and Family Services will identify at least  
6754 two individuals who agree to provide respite when needed. The names should  
6755 include at least one In-Home Respite provider. The names of the potential  
6756 respite providers will be provided to the RFC, who will then assist the out-of-  
6757 home caregiver in the process to obtain approval for any In-Home Respite

- 6758 provider. The RFC will document the names of the respite providers in the SAFE  
6759 provider module notes for the out-of-home caregiver.
- 6760 3. The out-of-home caregiver may not place a child in respite care without first  
6761 informing the RFC and the child's caseworker at least 72 hours in advance and  
6762 receiving approval.
- 6763 4. If the out-of-home caregiver is unable to find a respite provider, they may  
6764 contact the RFC for assistance in finding a respite provider. The out-of-home  
6765 caregiver will request assistance from the RFC at least 72 hours in advance unless  
6766 an emergency situation exists (as described below in L).  
6767
- 6768 H. Responsibilities of Respite Providers:
- 6769 1. The respite provider will ensure that the child attends all necessary  
6770 appointments while in respite care such as school, visitation with parents, court,  
6771 and medical and mental health appointments.
- 6772 2. The respite provider will inform the primary out-of-home caregiver and the  
6773 caseworker of any issues or concerns relating to the child. If the child has a  
6774 medical or other emergency, the respite provider will contact the out-of-home  
6775 caregiver and the caseworker immediately.
- 6776 3. The respite provider will ensure that they have a copy of and have reviewed the  
6777 Respite Care Fact Sheet.
- 6778 4. The skills of the respite provider will match the needs of the child that is in their  
6779 care, including medical, transportation, and behavioral needs.  
6780
- 6781 I. Responsibilities of Child and Family Services:
- 6782 1. In situations where out-of-home caregivers are unable to identify their own  
6783 respite provider, the RFC will assist in identifying an appropriate respite option  
6784 upon receipt of a written or verbal request.
- 6785 2. The RFC will ensure that the respite caregiver is licensed or meets standards and  
6786 requirements as outlined above.
- 6787 3. It is best practice for the respite caregivers to be introduced to the child prior to  
6788 placing the child in respite. If respite is to take place outside the child's current  
6789 placement, then the child should be given the opportunity to take a tour of the  
6790 respite home and ask questions prior to the respite experience.
- 6791 4. The RFC will verify that the out-of-home caregiver provides instruction and  
6792 information to the respite caregiver.  
6793
- 6794 J. Responsibilities of the Out-Of-Home Caregiver:
- 6795 1. Obtain approval from the RFC and caseworker to utilize respite and/or inform  
6796 them of the respite plans. The out-of-home caregiver will provide written or  
6797 verbal notification to the RFC at least 72 hours in advance. Notification not  
6798 given at least 72 hours in advance may result in respite not being approved.

- 
- 6799            2.        Provide the respite provider with the Respite Care Fact Sheet (PR21), including  
6800                    ensuring that the respite provider has emergency contact information for the  
6801                    out-of-home caregiver, caseworker, and any other relevant staff.  
6802            3.        Ensure that the caseworker has the contact information for the respite provider  
6803                    and emergency contact information for the out-of-home caregiver.  
6804            4.        If utilizing an In-Home Respite provider, ensure that they have an approved BCI  
6805                    prior to utilizing them for In-Home Respite.  
6806            5        Provide a copy of the Medicaid card to the respite provider.  
6807
- 6808    K.        Each Child and Family Services region is responsible to track the use of respite care and  
6809                    expenditures.  
6810
- 6811    L.        Emergency Care:
- 6812            1.        At times, it may be necessary for the out-of-home caregiver to utilize emergency  
6813                    care for a child placed in their home in order to enable the out-of-home  
6814                    caregiver to respond to an urgent situation. In these situations, it is preferable  
6815                    for the caregiver to utilize an identified and pre-approved respite or child care  
6816                    provider to care for the children; however, it may not always be possible.  
6817                    Emergency care may only be used in situations where there is a death,  
6818                    hospitalization, or serious illness of the out-of-home caregiver or anyone in the  
6819                    caregiver's immediate family; or when another child placed in the caregiver's  
6820                    home has attempted or succeeded in seriously harming themselves or others.
- 6821            2.        If one of the approved respite or child care providers is not available, emergency  
6822                    care can be provided by anyone with whom the out-of-home caregiver feels the  
6823                    child would be safe for a short period of time, until the emergency can be  
6824                    mediated and/or the caregiver, caseworker, or RFC has the ability to make  
6825                    another approved arrangement for the care of the child.
- 6826            3.        If an out-of-home caregiver has to utilize emergency care, the caregiver will  
6827                    contact the RFC and inform them of the situation as soon as possible and not  
6828                    longer than 24 hours after the child is placed in emergency care. Upon receiving  
6829                    information that the child is in emergency care, the RFC is responsible for  
6830                    ensuring that the caseworker is informed. The caseworker and RFC will work  
6831                    together to ensure that the child is placed in an approved respite placement.
- 6832            4.        If the emergency occurs after normal business hours and the out-of-home  
6833                    caregiver is not able to contact the RFC or caseworker, the out-of-home  
6834                    caregiver will contact the Child Protective Services (CPS) Intake number and  
6835                    inform them of where the child is placed. Intake will contact the regional  
6836                    designee when these situations arise.
- 6837            5.        In emergency situations, it is allowable for the out-of-home caregiver or Child  
6838                    and Family Services to place with an out-of-home caregiver that may be over  
6839                    capacity of their license. The RFC and/or caseworker will then ensure that the

6840 child is placed in another allowable and approved respite placement by the end  
6841 of the next business day.

6842

6843 M. Child Care and Babysitting:

6844 1. Child and Family Services does not pay for child care or babysitting for children in  
6845 an out-of-home placement. Out-of-home caregivers are responsible for the cost  
6846 of child care or babysitting for the children placed in their home.

6847 2. In special circumstances and if funding is available, region directors may grant  
6848 approval to pay for child care and/or babysitting, when a written request is made  
6849 by the caseworker or the RFC.

6850 3. As with respite care, out-of-home caregivers will provide specific instructions to  
6851 any babysitter or child care provider on how to care for the child's specific needs  
6852 prior to the child care or babysitting being utilized. Sharing information  
6853 regarding the child's needs is particularly critical in cases where the foster child is  
6854 medically fragile, on medication, or experiencing behavioral or emotional  
6855 problems that require special care and supervision.

6856 4. Babysitting: Out-of-home caregivers are responsible to ensure that children in  
6857 their care are always under proper supervision. They may hire responsible  
6858 babysitters for short periods of time.

6859 a. It is best practice to ensure that the RFC and the child's caseworker are  
6860 aware of and approve of babysitting arrangements.

6861 b. Babysitting provided by a youth under the age of 18 years may be  
6862 approved on a case-by-case basis and should be discussed and approved  
6863 at minimum by the RFC and caseworker, as well as the Child and Family  
6864 Team, when possible and appropriate.

6865 c. It is best practice for the caseworker or RFC to assess whether a  
6866 babysitter has the ability and skills to care for the needs of the child

6867 5. Child Care:

6868 a. Child care providers who are licensed through the Utah Department of  
6869 Health Child Care Licensing Program are approved to provide ongoing  
6870 child care to children in out-of-home care. The out-of-home caregiver,  
6871 caseworker, or RFC should verify that the license is current by asking to  
6872 review a copy of the child care provider's license.

6873 b. Child care providers who are not licensed through the Department of  
6874 Health and who will be providing child care on a continual, regular basis  
6875 (such as when the foster parent is working) must have an approved  
6876 background check and a home safety walkthrough of their home to  
6877 ensure they can safely care for the child. The home safety walkthrough  
6878 will be completed by the caseworker or RFC using the KBS16 Limited  
6879 Home Inspection form.

6880 c. The background check for a potential child care provider (not licensed  
6881 through the Department of Health) will be completed by the regional

- 
- 6882 Terminal Agency Coordinator (TAC). The regional TAC will provide the  
6883 applicant with a KBS02 form to obtain the information for the  
6884 background check. Using the information obtained from the KBS02  
6885 form, the background check includes:
- 6886 (1) Utah Criminal History BCI: A non-fingerprint-based Utah BCI  
6887 criminal history check.
  - 6888 (2) Child and Adult Abuse and Neglect History Checks through SAFE:  
6889 SAFE background checks for child and adult abuse and neglect  
6890 must be approved.
  - 6891 (3) FBI Fingerprint-Based Criminal History: An FBI fingerprint-based  
6892 criminal history check must also be approved if the individual has  
6893 resided outside of Utah at any point in the previous five years or if  
6894 they currently reside outside of Utah. The regional TAC will  
6895 provide the applicant with the required paperwork so the  
6896 applicant can obtain their own FBI fingerprint-based criminal  
6897 history check. The results of the FBI fingerprint-based check will  
6898 be sent back to the regional TAC. The regional TAC will ensure  
6899 that they notify the applicant, the out-of-home caregiver, and the  
6900 RFC when the results have returned.
- 6901 d. The RFC will document in the provider notes when a child care provider  
6902 has been approved.  
6903

### 305.3 Rights Of Out-Of-Home Caregivers

Major objectives:

As described in Utah Code Ann. [§62A-4a-206](#), an out-of-home caregiver has a right to due process when a decision is made to remove a child from an out-of-home care home if the out-of-home caregiver disagrees with the decision, except:

- A. If the child is being returned to the parent or legal guardian.
- B. The child is removed for immediate placement in an approved adoptive home.
- C. The child is placed with a relative as defined in Utah Code Ann. [§78A-6-307](#) who obtained custody or asserted an interest in the child within the 120-day preference period in Utah Code Ann. [§78A-6-307](#).
- D. A Native American child placed in accordance with U.S. Code 25 Chapter 21 Subchapter 1915 Placement of Indian Children

**Applicable Law**

Utah Code Ann. [§62A-4a-206](#). Process for removal of a child from foster family -- Procedural due process.

Administrative Rule [R512-31](#). Foster Parent Due Process.

### 305.4 Confidentiality And The Use Of Foster Child Information And Images In Social Networking Mediums And Public Forums

Major objectives:

Child and Family Services and all out-of-home care providers will strive to maintain the confidentiality of the families and children being served. Information regarding the Department of Human Services (DHS) clients, including verbal and written information, as well as images and digital information (such as digital photographs and video clips, etc.) is confidential and will be safeguarded. This includes release of information in social networking mediums and other public forums.

Practice Guidelines

- A. Need for confidentiality: Confidentiality is essential when working with sensitive information in the form of verbal communication, written communication, and the general use of data. This adherence to confidentiality protects against identification, exploitation, or embarrassment that could result from the release of information which would identify individuals or families as having applied for or having received services or

- 6943 assistance from Child and Family Services. Unauthorized release of information could  
6944 have a detrimental effect on the relationship with the child and/or family.
- 6945 1. The DHS Code of Ethics, which all DHS employees and out-of-home care  
6946 providers are required to review and sign in order to provide services, requires  
6947 ethical behavior and protection of the confidentiality of clients. (DHS Code of  
6948 Ethics can be found in the DHS Policies located at  
6949 <http://www.hspolicy.utah.gov>.)  
6950
- 6951 B. Use of information and images of a client in social networking mediums or other public  
6952 forums:
- 6953 1. Social networking mediums and other public forums include, but are not limited  
6954 to blogs; email; Facebook, MySpace, and other social networking sites; letters  
6955 and newsletters; video clips; etc.
- 6956 2. Out-of-home care providers, such as foster parents, proctor parents, and  
6957 contract agency staff may use images and other general information regarding  
6958 the child in public forums when the following protocol is followed:
- 6959 a. If a parent retains parental rights in regards to the child, any form of  
6960 written parental permission will be obtained prior to any images or  
6961 information regarding the child client being used in social networking  
6962 mediums or other public forums. If the parent's whereabouts are  
6963 unknown, contact with the parent cannot be made, or if parent does not  
6964 retain parental rights, approval to use images or other information  
6965 regarding the child in a social networking or other public forum will be  
6966 sought from the caseworker and should also be discussed with members  
6967 of the Child and Family Team.
- 6968 b. Permission to use the child's information and/or image must also be  
6969 obtained from the child, if the client is over the age of eight years and has  
6970 the capacity to understand what they are agreeing to.
- 6971 c. Permission from the child, parent, and/or caseworker will be  
6972 documented in the SAFE activity logs and/or the Child and Family Team  
6973 Meeting minutes.
- 6974 d. When parental permission is obtained and/or the decision is made to  
6975 allow the out-of-home care provider to use information or images in a  
6976 public forum, the information or images will only use client's first names  
6977 and will NOT identify them as a DHS client or foster child.
- 6978 e. In accordance with the DHS Code of Ethics, out-of-home care providers  
6979 will use caution in public forums and will refer to the child as a child  
6980 currently living with them or with whom they are working with. Only  
6981 general information regarding the child may be shared. No information  
6982 may be shared that is case specific or that informs other parties with  
6983 regard to DHS involvement or the child's treatment issues or history.  
6984

6985 **305.5 Process For Approving, Limiting, Or Denying Licensed**  
6986 **Out-Of-Home Caregivers For Placement**

6987 Major objectives:

6988 Families are licensed for foster care through the Utah Department of Human Services, Office of  
6989 Licensing (OL). Child and Family Services subsequently receives and reviews the information  
6990 regarding the family from OL. However, at times OL may license a family for foster care that  
6991 Child and Family Services, through the authority given to Child and Family Services as a child  
6992 placing agency, may decide not to utilize for placement of a child in foster care. Child and  
6993 Family Services will have a process in place for approving or denying a foster family for  
6994 placement of a child and informing a licensed resource family when Child and Family Services  
6995 makes a decision not to utilize them as a placement for children in foster care.  
6996

6997  
6998  
6999 **Applicable Law**

7000 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

7001  
7002 Practice Guidelines

- 7003 A. The identified committee in the region that reviews home studies will review each home  
7004 study provided by OL, and any other detailed information regarding the foster family.  
7005 As a result of the review, the region committee will determine if the foster family is  
7006 approved to receive placements, if the foster family is denied for placements, or if more  
7007 information is needed from the foster family.  
7008
- 7009 B. Approved families: If the foster family is approved for placement, the committee (or  
7010 region designee) will send a letter to the foster family to let them know that they are  
7011 approved for placement. They will also give them the name of their assigned Resource  
7012 Family Consultant (RFC) and identify the role of the RFC, including a phone number the  
7013 foster family may call. The letter will also inform the foster family that the RFC will be  
7014 contacting them to schedule a time to visit.  
7015
- 7016 C. When Child and Family Services determines through the region committee not to use a  
7017 foster family who is licensed for placement of a child in foster care:
- 7018 1. The RFC will record the Placement Status in the provider record of the foster  
7019 family in SAFE as being "On-Hold – Agency decision".
  - 7020 2. The region committee will provide their concerns in writing to the RFC or other  
7021 designated region staff. The concerns will include any steps a foster family may  
7022 take in order remedy concerns.
  - 7023 3. Two designated region staff members will meet with the foster family and  
7024 review the concerns outlined by the region committee, including whether the  
7025 concerns can be resolved.

- 
- 7026 4. The region designees will take clarifying information and/or steps that the foster  
7027 family has taken to remedy concerns back to the region home study committee.  
7028 5. If the foster family has been able to remedy the concerns to the satisfaction of  
7029 the region committee, the region committee will approve the foster family to  
7030 receive placements and the RFC will document the action taken and the  
7031 committee decision in the Provider notes in SAFE. The RFC will also change the  
7032 Placement status in SAFE to "No restrictions" and follow the process outlined in  
7033 'B' above.  
7034 6. If the foster family is unable or unwilling to remedy the concerns, a formal,  
7035 written letter will be sent to the foster family explaining that Child and Family  
7036 Services will not be placing with them. The letter must include language that  
7037 states that although they are licensed to provide foster care in Utah, the region  
7038 committee has decided that significant enough concerns exist that Child and  
7039 Family Services will not be placing with the family at this time.  
7040 7. If at any time after the letter is sent to the foster family informing them that  
7041 Child and Family Services will not be placing with them, Child and Family Services  
7042 would like to re-evaluate the foster family for the placement of a child in foster  
7043 care, the information leading to the decision to place the foster family "on hold"  
7044 will be reviewed by the Child and Family Services region director, who will make  
7045 the decision on whether the "on-hold" decision will be overturned. Only the  
7046 Child and Family Services region director may then edit or change the placement  
7047 status in SAFE.  
7048  
7049 D. A family that has been denied for placement of a child in foster care in one region will  
7050 be denied in all Child and Family Services regions.  
7051  
7052 E. The RFC will include documentation about why the family was denied for placement,  
7053 along with a copy of the denial letter in the Provider module in SAFE in the Provider  
7054 notes.  
7055  
7056 F. The RFC may also assess a foster family and decide to limit the types of placement that a  
7057 licensed out-of-home caregiver may receive, such as respite care only or adoption only,  
7058 or to limit the number of children that can be placed with a caregiver. The decision to  
7059 place a limit on a foster family must be staffed and approved with a supervisor. Child  
7060 and Family Services will send a letter to the foster family to inform them that the  
7061 decision has been made to limit the types of placements and/or number of children that  
7062 the foster family may receive. The foster parent may request to meet with the RFC and  
7063 supervisor to discuss the rationale for the limitation. If requested, the RFC and  
7064 supervisor will meet with the foster parent within 14 business days and will assist the  
7065 foster parent in understanding whether any steps can be made to address the concerns  
7066 that led to the limitation.  
7067

- 7068 G. A licensed out-of-home caregiver may contact the RFC and request that their home be  
7069 placed “on hold” or “limited” due to family circumstances, because they have recently  
7070 adopted, or due to out-of-home caregiver concerns. The RFC has two weeks from the  
7071 time the licensed out-of-home caregiver contacts them to record the licensed out-of-  
7072 home caregiver request in SAFE. [See: Administrative Guidelines [Section 080.4.](#)]
- 7073 1. If the Placement Status is “on hold” or “limited” due to a foster family’s own  
7074 request, they may contact the RFC at any time and request that the status be  
7075 changed back to “no restrictions”.
  - 7076 2. Within two weeks of the request, the RFC will assess the foster family’s situation  
7077 and make a determination if the change is appropriate. If the RFC determines  
7078 that the foster family may take further placements, they will create a new  
7079 placement status of “no restrictions” in SAFE.
- 7080
- 7081 H. If the foster family is approved for placements without limits, the RFC will ensure that  
7082 the Placement Status for the foster family in SAFE is recorded as “No Restrictions”.
- 7083
- 7084 I. If concerns arise regarding a foster family that has been previously approved by the  
7085 region committee for placement of a child, and the RFC or other Child and Family  
7086 Services staff determine that the concerns may be significant enough to preclude the  
7087 foster family from receiving further placements, the RFC that oversees the home, a  
7088 supervisor, or other Child and Family Services administrator will record the Placement  
7089 Status in the provider record of the foster family in SAFE as being “On-Hold – Agency  
7090 decision”. The RFC will then staff the concerns with the region committee that reviews  
7091 home studies.
- 7092 1. Caseworkers and/or other Child and Family Services staff that have identified  
7093 concerns with the foster family will be invited by the committee to provide input  
7094 regarding their concerns in person, by phone, or in writing if they desire.
  - 7095 2. The region committee will consider the information presented and will  
7096 determine whether the foster family is still approved to receive children into the  
7097 home for placement.
  - 7098 3. If the region committee determines that the foster family is not approved, Child  
7099 and Family Services will follow the steps outlined in ‘C’ above.
  - 7100 4. If a region places a child in a different region and subsequently identifies  
7101 concerns with the foster family and would like the foster family to be reviewed  
7102 by the region committee, the Associate Region Director (ARD) of that region will  
7103 communicate the concerns about the foster family to the ARD of the region  
7104 where the foster family resides. The ARD where the foster family resides will  
7105 then ensure that the concerns are communicated to the RFC that oversees the  
7106 foster family. The RFC will follow through with the process of having the foster  
7107 family reviewed by the region committee.
- 7108

- 7109 J. To record in SAFE that a licensed out-of-home caregiver is on hold or has been limited to  
7110 a certain type of placement, the RFC or designated region staff must choose the  
7111 following indicator in SAFE on the "Placement Status" indicator that applies:  
7112 1. For "on hold" the RFC will select 1) Agency Decision, 2) Foster Parent Request, or  
7113 3) Recently Adopted.  
7114 2. For "limited", the RFC will select 1) Respite only, 2) Adoption only, 3) Foster only.  
7115  
7116 K. The RFC will ensure that an accurate history of the placement status is kept in SAFE, and  
7117 that there is only one active placement status per licensed out-of-home caregiver. If the  
7118 placement status must change, the RFC will add an end date to the current placement  
7119 status and create a new placement status.  
7120

## 7121 **306**            **Emergencies And Serious Situations**

### Major objectives:

7122 Serious and potentially dangerous situations require an appropriate and timely response to  
7123 protect children and ensure the safety of all parties involved.  
7124  
7125

### **Applicable Law**

7126  
7127  
7128 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7129

### Practice Guidelines

7130 The caseworker will take the following actions for all emergency or serious situations:  
7131

- 7132
- 7133 A.        Notify and staff the situation with the supervisor and regional administration.
  - 7134
  - 7135 B.        Notify parents/guardians of the situation immediately.
  - 7136
  - 7137 D.        Notify Constituent Services at the state office regarding the situation as soon as possible
  - 7138
  - 7139 E.        Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as
  - 7140 possible.
  - 7141
  - 7142 F.        If calls from the media are received, refer them to the Public Relations Officer for the
  - 7143 Department. The caseworker will not give information about the situation to the press.
  - 7144
  - 7145 G.        Advise out-of-home caregivers that they may also refer the media to the Public
  - 7146 Relation's Officer for the Department.
  - 7147
  - 7148 H.        Record all details of the emergency situation and action taken in the child's case record
  - 7149 to meet best practice standards and reduce liability.
  - 7150

## 7151 **306.1**            **Pregnancy Of Youth In Out-Of-Home Care**

### Major objectives:

7152 If a youth in out-of-home care becomes pregnant while in out-of-home care, Child and Family  
7153 Services will coordinate and facilitate all necessary medical care, counseling, and services. This  
7154 includes services to youth who are the mother or father of an unborn child. [See: [Section 303.5](#),  
7155 Health Care.]  
7156  
7157

### **Applicable Law**

7158  
7159  
7160 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7161

## 306.2 Immediate Removal Of A Child From A Placement

### Major objectives:

When there is a need to immediately remove a child from an out-of-home placement, in emergency situations, if there is reasonable basis to believe that the child is in danger or that there is substantial threat of danger to the health or welfare of the child, notification to the out-of-home caregiver may occur after removal of the child ([R512-31-3D](#)). [See: [Section 700](#), General Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives, and [Section 305.3](#), Rights Of Out-Of-Home Caregivers.]

### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### Practice Guidelines

- A. Notification will be provided through personal communication on the day of removal.
- B. The Notice of Agency Action will be sent by certified mail, return receipt requested, within three working days of removal of the child.

## 306.3 Allegations Of Abuse Against Out-Of-Home Caregiver

### Major objectives:

Reports of abuse against an out-of-home caregiver, or an employee of Child and Family Services, will be investigated thoroughly by a contracted agency to ensure that no conflict of interest exists between the caregiver and Child and Family Services. [See: [Section 700](#), General Practice Guidelines--Section 701.1, Right To Hearing For Alleged Perpetrators Of Non-Severe Abuse And Neglect.]

### **Applicable Law**

Utah Code Ann. [§62A-4a-202.6](#). Child protective services investigators within attorney general's office -- Authority.

7194 **306.4 Death Or Serious Illness Of A Parent Or Sibling Of A**  
7195 **Child In Out-Of-Home Care**

7196 Major objectives:

7197 In the event of a death or serious illness or injury of a parent, sibling, extended family member,  
7198 or close friend of a child in out-of-home care, the caseworker will notify immediately in person  
7199 the out-of-home caregiver and child of these events.  
7200

7201  
7202 **Applicable Law**

7203 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7204

7205 Practice Guidelines

- 7206 A. The caseworker will consult with the out-of-home caregiver and the child's family to  
7207 plan how the information will be shared with the child. The contact will always be made  
7208 in person. If the child has a therapist, it may be helpful to have the therapist assist with  
7209 the situation.  
7210  
7211 B. The caseworker will offer support to the out-of-home caregiver and child to assist with  
7212 grief and loss issues.  
7213  
7214 C. The caseworker will arrange counseling for the child as appropriate.  
7215

7216 **306.5 Death And Burial Of A Child In Out-Of-Home Care**

7217 Major objectives:

7218 Child and Family Services staff will take the necessary steps to ensure the death of a child in out-  
7219 of-home care is handled in an appropriate manner and will be sensitive to the feelings of the  
7220 family members and out-of-home caregivers of the child.  
7221

7222  
7223 **Applicable Law**

7224 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7225

7226 Practice Guidelines

- 7227 A. Notify the supervisor, regional and state administration, Assistant Attorney General,  
7228 Constituent Services representative, juvenile court judge, and the Guardian ad Litem.  
7229  
7230 B. Immediately notify the parents/guardian in person.  
7231  
7232 C. The parents/guardians will be contacted and requested to arrange the funeral and, if  
7233 possible, to pay the burial expenses. If the parents' whereabouts are unknown, parental  
7234 rights have been terminated, or parents are unable to financially provide for the burial,

- 
- 7235 then other resources will be contacted (i.e., relatives, church, insurance, community, or  
7236 county). The county their parents reside in may provide cremation or burial free of  
7237 charge if the parents are indigent.  
7238
- 7239 D. If funds are not available from resources as listed above, the burial expense will come  
7240 from the regional foster care budget. Consult with the supervisor and regional  
7241 administrators regarding expenses.  
7242
- 7243 E. Contact Crime Victim Reparation if the death is a result of abuse or violence. The burial  
7244 expenses may be paid for from the State of Utah Office of Crime Reparation. A police  
7245 report will have been filed within seven days of the occurrence. Claim forms can be  
7246 obtained at the Office of Crime Victims Reparation.  
7247
- 7248 F. Child and Family Services staff will attend the funeral whenever possible.  
7249
- 7250 G. Notify the Fatality Review Coordinator within three days of the death. Complete the  
7251 Deceased Client Report form and send it to the Fatality Review Coordinator.  
7252
- 7253 H. Contact the physician to determine the cause of death.  
7254
- 7255 I. Notify police to investigate the foster care home/facility if the cause of death seems  
7256 suspicious or other factors such as the child's age, health, and mental conditions played  
7257 a role in the child's death, or the circumstances surrounding the death are suspicious.  
7258
- 7259 J. Notify the Office of Recovery Services using the appropriate form.  
7260
- 7261 K. Notify Social Security Administration, Veterans' Administration, or other source of  
7262 entitlement benefits.  
7263
- 7264 L. Obtain a copy of the death certificate and place in the child's case record and close the  
7265 case. The case must have a QA form completed prior to closure.  
7266
- 7267 M. Acknowledge the need for ongoing support to the family, out-of-home caregivers, and  
7268 caseworkers. Seek assistance from other resources as needed. Child and Family Services  
7269 employees may seek assistance from the following: region administration, clinical  
7270 consultants, resource family consultants, and the Employee Assistance Program.  
7271

## 306.6 Children In Out-Of-Home Care On Runaway Status

### Major objectives:

As soon as Child and Family Services staff become aware that a child in out-of-home care has run away from their placement, they will make diligent efforts to locate the child. Every effort will be made to help the child “problem-solve” to remedy solutions that contributed to the run.

### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### Practice Guidelines

- A. When a child in out-of-home care runs away from their placement, the caseworker will notify the parents/legal guardian and Guardian ad Litem as well as other members of the Child and Family Team who may need to know.
- B. Contact the Assistant Attorney General to have a pickup order filed with the juvenile court.
- C. Contact local police departments and file an “attempt to locate and runaway report.” Inform the police that there is a pickup order on file.
- D. Inform the child’s school and request they contact Child and Family Services if the child contacts or arrives at school.
- E. Diligently follow-up on any possible leads regarding the child’s whereabouts.
- F. Offer support to the family and out-of-home caregivers.
- G. When a runaway is located and picked up, a Child and Family Team Meeting needs to be held. If it is determined to be in the best interest of the child to return to their prior out-of-home placement, the caseworker will place the child back with their former out-of-home caregiver. If the child is unable to return to the former out-of-home caregiver, emergency foster care placement or another appropriate facility may be used.
- H. A runaway child may be placed in detention in accordance with the Detention Admission Practice Guidelines or by order of the court.
- I. Every effort will be made to help the child “problem-solve” to remedy solutions that contributed to the run.

- 7313 J. Based on the type of search conducted, Child and Family Services staff, with regional  
7314 administrative approval, will develop a working agreement with the out-of-home  
7315 caregivers to determine how many days the out-of-home care provider will be paid—not  
7316 to exceed 10 days.  
7317
- 7318 K. After the child has been on the run for approximately three months, the caseworker will  
7319 facilitate a Child and Family Team Meeting. Members of the Child and Family Team will  
7320 make decisions as to what is in the best interest of the child, such as petitioning the  
7321 court to terminate Child and Family Services custody and guardianship or to reconvene  
7322 again at a later time.  
7323
- 7324 L. All the reasonable efforts of Child and Family Services to locate the child will be  
7325 documented in the child's case record.  
7326

## 7327 306.7 Law Enforcement Interviews Of Children In State 7328 Custody

### 7329 Major objectives:

7330 Requests for interviews by law enforcement of children in the custody of Child and Family  
7331 Services will be referred to the Guardian ad Litem (GAL) assigned to the child. If there is no  
7332 GAL appointed for the child, the caseworker will refer the request to region administration.  
7333

### 7334 7335 7336 **Applicable Law**

7337 Utah Code Ann. [§62A-4a-415](#). Law enforcement interviews of children in state custody.  
7338

### 7339 Practice Guidelines

- 7340 A. The caseworker or other Child and Family Services staff is prohibited by Utah statute  
7341 from providing consent when law enforcement identifies the need to interview a child in  
7342 the custody of Child and Family Services.
- 7343 1. If a GAL is appointed for the child, the caseworker will contact the GAL and notify  
7344 him or her that law enforcement has requested an interview with the child. The  
7345 GAL will ask for the following information:
- 7346 a. Name of the child.
- 7347 b. Name, agency, and phone number(s) of the requesting officer.
- 7348 c. Brief reason why the interview is being requested. It is important to  
7349 explain if the client is being viewed as a victim or a perpetrator. If a  
7350 victim, be prepared to give information on the alleged perpetrator  
7351 including if they are an adult or child.
- 7352 d. How soon the anticipated interview is to take place.

- 7353 2. Once the GAL is notified, he or she will be the point of contact for law  
7354 enforcement.  
7355
- 7356 B. If there is no GAL appointed for the child, the caseworker will contact region  
7357 administration for instructions.  
7358
- 7359 C. Region administration must keep the child's best interest a priority. If there is concern  
7360 that the interview is not in the child's best interest, the request should be denied. The  
7361 following information is important to remember:
- 7362 1. If the child is believed to be the perpetrator, a public defender must be secured  
7363 as quickly as possible. Until the public defender can be appointed and meet with  
7364 the child, the request for the interview should be denied.
- 7365 2. If the child is believed to be the victim of an adult perpetrator and law  
7366 enforcement is attempting to set up a CJC interview, this type of request can  
7367 normally be granted.
- 7368 3. If there are both victim and perpetrator issues, or more than one child is  
7369 involved (whether or not both they are in state's custody), the request for an  
7370 interview should be denied and a public defender requested.
- 7371 4. A limited consent for an interview may also be given by region administration,  
7372 and law enforcement will be instructed that if the victim interview turns into a  
7373 perpetrator interview, the consent for the interview is withdrawn and the  
7374 interview must be stopped.  
7375

## 7376 306.8 Dually Involved Youth

### 7377 Major objectives:

7378 A dually involved youth is a minor in the custody of Child and Family Services who has also  
7379 been charged with a delinquent offense. This requires communication and collaboration  
7380 between the Child and Family Services caseworker and a probation officer employed with the  
7381 Juvenile Court.  
7382

7383 Child and Family Services staff will assist the child in navigating through the juvenile justice  
7384 system by assuring that the child completes dispositional requirements in the time frame  
7385 allotted. This will be accomplished through collaboration with the probation officer in an  
7386 effort to address the youth's risk to re-offend and to access programs that will decrease  
7387 recidivism.  
7388

### 7389 Practice Guidelines

- 7390 A. When the youth in custody has been cited for delinquency, a Juvenile Court probation  
7391 officer will contact the Child and Family Services caseworker.  
7392  
7393

- 7394 B. A “preliminary inquiry” (PI) will be set. The PI is a meeting set by the probation officer  
7395 to explain the court process and assess the risk of the youth to re-offend. The Child and  
7396 Family Services caseworker and youth are required to attend. The biological parents  
7397 should be encouraged to attend. Anyone from the Child and Family Team may be  
7398 invited to attend including, but not limited to foster parents, Guardian ad Litem, or  
7399 anyone else deemed appropriate by the Child and Family Services caseworker. The PI  
7400 will result in the decision to either handle the charge non-judicially or to have the youth  
7401 appear before the judge for an arraignment.
- 7402 1. Diversion (Non Judicial):
- 7403 a. If the delinquency offense is diverted and not sent directly to court, the  
7404 Child and Family Services caseworker and probation officer will outline  
7405 sanctions such as classes, community service hours, etc. for the youth to  
7406 complete in a non-judicial diversion agreement. This is called Diversion.  
7407 If a caseworker is not offered Diversion for the youth, the caseworker can  
7408 contact the probation worker to ask about this option. Diversion is  
7409 offered in every court district. The probation officer will determine if the  
7410 youth qualifies for Diversion.
- 7411 b. The Child and Family Services caseworker is responsible for ensuring the  
7412 youth’s compliance with the non-judicial diversion agreement.
- 7413 c. At the next child welfare review hearing, the Child and Family Services  
7414 caseworker will report that the youth received a delinquency offense,  
7415 what decisions were made regarding the youth, and progress made on  
7416 the diversion agreement.
- 7417 d. If the youth completes the diversion process, the delinquency offense will  
7418 not be reflected as an adjudication on the youth’s juvenile record.
- 7419 e. If the youth fails to follow through with the non-judicial diversion  
7420 agreement, the Child and Family Services caseworker will communicate  
7421 with the probation officer about the non-compliance. The probation  
7422 officer may file a petition with the youth’s judge, causing the delinquent  
7423 offense to be heard by the court.
- 7424 f. Examples of delinquency offenses that could be eligible for Diversion  
7425 depending on prior charges may be smoking, a first alcohol ticket, simple  
7426 assault, disorderly conduct, shoplifting, etc.
- 7427 2. Appearance Before the Judge (Judicial):
- 7428 a. If the youth must appear before the judge on a delinquent offense, the  
7429 Child and Family Services caseworker and probation officer will  
7430 collaborate on recommendations to the court regarding community  
7431 service hours, restitution, placement of youth, etc.
- 7432 b. If the judge finds the allegation to be true, it will appear as an  
7433 adjudication on the child’s juvenile record. The child will not be eligible  
7434 for Diversion.

- 7435 c. The Child and Family Services caseworker will continue to be responsible  
7436 to address abuse, neglect, and safety issues.  
7437 d. The probation officer will make recommendations regarding  
7438 accountability for the juvenile's delinquent offense.  
7439 e. The Child and Family Services caseworker and probation officer will  
7440 follow progress of compliance with court orders and both will report  
7441 progress to the judge at each review hearing.  
7442  
7443 C. Child and Family Services caseworkers should ensure that the probation officer is part of  
7444 the Child and Family Team.  
7445  
7446 D. Child and Family Services' involvement can be terminated once child welfare issues have  
7447 been resolved and prior to completion of delinquency sanctions. The probation/intake  
7448 officer will follow through with compliance on delinquency matters once Child and  
7449 Family Services has terminated their case.  
7450  
7451 E. The delinquency portion of the case can be terminated once all delinquency sanctions  
7452 have been completed and prior to resolution of child welfare issues. The Child and  
7453 Family Services caseworker will continue to follow compliance with the child welfare  
7454 service plan and court orders once the delinquency case has been closed.  
7455  
7456 F. Court jurisdiction is only terminated when all delinquency and child welfare matters are  
7457 concluded.  
7458

## 306.9 Notification Related To Student Safety

### Major objectives:

Pursuant to Utah Code Ann. [§53A-11a-203](#), a school must notify a parent or guardian when a student threatens to commit suicide and/or a student is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.

### **Applicable Law**

Utah Code Ann. [§53A-11a-203](#). Parental notification of certain incidents and threats required.

### Practice Guidelines

Caseworkers will refer to [Section 303.4](#) Educational Services when the caseworker is notified by a school or foster parent that a child they are working with has threatened to commit suicide and/or the child is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.

7475 **307 Court And Case Reviews**

7476 Major objectives:

7477 Child and Family Services will seek to ensure that each child in out-of-home care has timely and  
7478 effective case reviews and that the case review process:

- 7479
- 7480 A. Expedites permanency for children placed in out-of-home care.
  - 7481
  - 7482 B. Assures that the permanency goal, Child and Family Plan, and services are appropriate.
  - 7483
  - 7484 C. Promotes accountability of the parties involved in the treatment planning process.
  - 7485
  - 7486 D. Monitors the care for children in out-of-home care.
  - 7487
  - 7488
  - 7489

7490 **Applicable Law**

7491 Utah Code Ann. [§78A-6-306](#). Shelter hearing.

7492 Utah Code Ann. [§78A-6-309](#). Pretrial and adjudication hearing -- Time deadlines.

7493 Utah Code Ann. [§78A-6-311](#). Adjudication -- Dispositional hearing -- Time deadlines.

7494 Utah Code Ann. [§78A-6-312](#). Dispositional hearing -- Reunification services -- Exceptions.

7495 Utah Code Ann. [§78A-6-315](#). Periodic review hearings.

7496

7497 [See also: CPS Major objectives [Section 205.6](#).]

7498

7499 Practice Guidelines

7500 A. Reunification timeframes and services will incorporate the requirements of the court  
7501 order and be documented in the family services plan.

7502

7503 B. Child and Family Services Responsibilities for Case Reviews:

- 7504 1. Court Reviews: The caseworker will ensure that a court review has been  
7505 scheduled. If a court review has not been scheduled, contact the Assistant  
7506 Attorney General.
- 7507 2. Seek input from Child and Family Team members prior to preparation for every  
7508 review.
- 7509 3. The caseworker will develop a court report, outlining the current situation,  
7510 progress towards the permanency goal, and recommendations in regards to the  
7511 future direction of the case. The court report will be signed by both the  
7512 caseworker and supervisor and will be provided to the Assistant Attorney  
7513 General 10 working days prior to the court review. It is then the responsibility of  
7514 the Assistant Attorney General to review the court report and distribute it to all  
7515 legal parties.

- 7516 4. Keep the court updated with the names and addresses of members of the Child  
7517 and Family Team who need to be in attendance.  
7518 5. Encourage members of the Child and Family Team to attend the review. If a  
7519 team member cannot attend, he/she may participate by written correspondence  
7520 or by telephone.  
7521 6. Child and Family Services will be responsible for ensuring that the orders from  
7522 court reviews are implemented and the Child and Family Team is updated.  
7523

## 307.1 Voluntary Relinquishment

### Major objectives:

When it is determined to not be in the child's best interest to be reunified with his/her parents, Child and Family Services will explore with the parents the option of voluntary relinquishment.

### **Applicable Law**

Utah Code Ann. [§78A-6-514](#). Voluntary relinquishment -- Irrevocable.

### Practice Guidelines

#### A. Voluntary Relinquishment

- 7536 1. The caseworker should provide information to the parents regarding the  
7537 voluntary relinquishment process. However, the parents should be referred to  
7538 their attorney for legal questions regarding the petition.  
7539 2. If the child is Native American, refer to General Major objectives and the Indian  
7540 Child Welfare Act.  
7541 3. An adoption cannot take place unless both parents' rights have been terminated.  
7542 4. If one parent decides to relinquish his/her parental rights, the caseworker must  
7543 notify the other parent and discuss permanency options for the child with that  
7544 parent before any relinquishment can be done. If the whereabouts of the other  
7545 parent is unknown, the caseworker will contact the Assistant Attorney General  
7546 to arrange to publish a notification for the missing parent.  
7547 5. If the parent relinquishing her parental rights is an unmarried woman, the  
7548 caseworker must contact the following agencies to attempt to locate the father  
7549 of the child:  
7550 a. Bureau of Health Statistics and Vital Records to find out if the father has  
7551 registered and has claimed paternity rights;  
7552 b. The Office of Recovery Services to find out if there is a record of a father  
7553 paying child support and claiming paternity through the Office of  
7554 Recovery Services;  
7555 c. Federal Parent Locator Service to search for the absent parent;

- 7556                   d.       The Assistant Attorney General to consult on termination of parental  
7557   rights of the missing parent.  
7558
- 7559 B.       Preparing for the court hearing for voluntary relinquishments:
- 7560       1.       A petition must be filed with the court to initiate termination proceedings. The  
7561                   caseworker, Assistant Attorney General, Guardian ad Litem, or other legal  
7562                   counsel may assist in the preparation of the petition. The caseworker should  
7563                   discuss the relinquishment with the Assistant Attorney General and request that  
7564                   a petition be filed with the court and a hearing be scheduled in a timely manner.
- 7565       2.       Under Utah Code Ann. [§78A-6-514](#), voluntary relinquishments or consent for  
7566                   termination of parental rights will be signed or confirmed under oath before a  
7567                   judge of any court that has jurisdiction over proceedings for termination of  
7568                   parental rights.
- 7569       3.       The court will certify that the person executing the consent or relinquishment  
7570                   has read and understands the consent or relinquishment and has signed it freely  
7571                   and voluntarily.
- 7572       4.       A voluntary relinquishment or consent for termination of parental rights is  
7573                   effective when it is signed by the parent and approved by the court and may not  
7574                   be revoked.
- 7575       5.       Before the court can grant a voluntary relinquishment of parental rights, the  
7576                   court must find that the termination is in the best interest of the child.  
7577
- 7578 C.       Child and Family Services will ensure that the rights of the father to a child born outside  
7579                   of marriage are considered prior to the relinquishment of all parental rights.
- 7580       1.       A person who is the father or claims to be the father of a child born outside of  
7581                   marriage must file a notice of his claim of paternity and of his willingness and  
7582                   intent to support the child with the state registrar of vital statistics at the  
7583                   Department of Health. This notice must be filed prior to the time the child is  
7584                   relinquished to a licensed child placing agency or prior to the filing of a petition  
7585                   by a person with whom the mother has placed the child for adoption.
- 7586       2.       Any putative father who fails to file his notice of paternity is barred from  
7587                   thereafter bringing or maintaining any action to assert any interest in the child  
7588                   unless he proves by clear and convincing evidence that: it was not possible for  
7589                   him to file a notice of paternity within the period of time specified above, his  
7590                   failure to file a notice was through no fault of his own, and he filed a notice of  
7591                   paternity within 10 days after it became possible for him to file a notice.
- 7592       3.       Except as provided above, failure to file a timely notice of paternity will be  
7593                   deemed to be a waiver and surrender of any right to notice of any hearing in any  
7594                   judicial proceeding for adoption of the child and the consent of that person to  
7595                   the adoption of the child is not required.
- 7596       4.       If there is no showing that a putative father has consented to or waived his rights  
7597                   regarding the proposed adoption, it will be necessary to file a certificate from

- 7598 the Department of Health, signed by the state registrar of vital statistics, stating  
7599 that a diligent search has been made of the registry of notices from putative  
7600 fathers and that no filing has been found pertaining to the father of the child in  
7601 question. This certificate must be filed prior to the entering of a final decree of  
7602 adoption.
- 7603 5. When a child is conceived or born during a marriage, termination of the parental  
7604 rights of the married woman's husband must be obtained even if he is not the  
7605 biological father of the child, before the child is legally available for adoption.  
7606 This can be accomplished by the voluntary relinquishment of his parental rights  
7607 or by court action that results in the court terminating his parental rights.
- 7608 6. If the putative father cannot be located, the caseworker will contact the  
7609 Assistant Attorney General and discuss further attempts to locate the father,  
7610 which can include publishing in the local newspaper.  
7611

## 7612 **307.2 Termination Of Parental Rights**

### 7613 Major objectives:

7614 A petition for termination of parental rights will be filed when the parameters of state statute  
7615 are met, when compelling reasons exist that the child may not be safely returned home, when a  
7616 child is not being cared for by kin, and when reunification services have been adequately  
7617 provided.  
7618

### 7619 **Applicable Law**

7620 Utah Code Ann. [§78A-6-507](#). Grounds for termination of parental rights -- Findings regarding  
7621 reasonable efforts.  
7622

### 7623 Practice Guidelines

- 7624 A. In calculating when to file a petition for the termination of parental rights, the  
7625 caseworker will:  
7626
- 7627 1. Calculate the 15 out of the most recent 22-month period from the date the child  
7628 was removed.
  - 7629 2. Include periods of time in care if there have been multiple entrances and exits  
7630 into out-of-home care.
  - 7631 3. Will not include trial home visits or runaway episodes in calculating the 15  
7632 months in out-of-home care.  
7633
- 7634 B. This requirement only applies once for a specific child if Child and Family Services does  
7635 not file a petition because an exception to this requirement applies.  
7636
- 7637 C. The caseworker will discuss termination of parental rights with the Assistant Attorney  
7638 General and request a petition be filed with the court and a hearing date be set. The

- 7639 petition will include all necessary legal information related to the case along with the  
7640 reasons for termination of parental rights, which are:
- 7641 1. The child has been abandoned by the parent or parents.
  - 7642 2. The parent or parents have neglected or abused the child.
  - 7643 3. The parent or parents are unfit or incompetent.
  - 7644 4. The child is being cared for in an out-of-home placement under the supervision  
7645 of the court and/or Child and Family Services and Child and Family Services or  
7646 another responsible agency has made diligent efforts to provide appropriate  
7647 services and the parent has substantially neglected, willfully refused, or has been  
7648 unable or unwilling to remedy the circumstances that caused the child to be in  
7649 an out-of-home placement, and there is a substantial likelihood that the parent  
7650 will not be capable of exercising proper and effective parental care in the near  
7651 future.
  - 7652 5. Failure of parental adjustment as defined in Utah Code Ann. [§78A-6-502](#), that  
7653 parent or parents are unable or unwilling within a reasonable time to  
7654 substantially correct the circumstances, conduct, or conditions that led to  
7655 placement of their child outside the home, notwithstanding reasonable and  
7656 appropriate efforts made by Child and Family Services to return the child to that  
7657 home.
  - 7658 6. That only token efforts have been made by the parent or parents to support or  
7659 communicate with the child, prevent neglect of the child, to eliminate the risk of  
7660 serious physical, mental, or emotional abuse of the child, or to avoid being an  
7661 unfit parent.
  - 7662 7. The parent or parents have voluntarily relinquished their parental rights to the  
7663 child and the court finds that relinquishment is in the child's best interest.
  - 7664 8. The parent or parents, after a period of trial during which the child was returned  
7665 to live in his/her own home, substantially and continuously or repeatedly  
7666 refused or failed to give the child proper parental care or protection.
  - 7667 9. The terms and conditions of safe relinquishment of a newborn child have been  
7668 complied with pursuant to Utah Code Ann. [§62A-4a-802](#), safe relinquishment of  
7669 a newborn child.
  - 7670 10. As referenced in Utah Code Ann. [§78A-6-504](#), any interested party including an  
7671 out-of-home caregiver may file a petition of the parent-child relationship with  
7672 regard to a child. The Assistant Attorney General will file a petition for  
7673 termination of parental rights under this part on behalf of Child and Family  
7674 Services.
- 7675
- 7676 D. In order to be appropriately prepare for the court hearing to terminate parental rights,  
7677 the caseworker should:
- 7678 1. Determine that permanent termination of parental rights is in the child's best  
7679 interest and that there is evidence on which to file the petition. The caseworker

- 7680 should facilitate a Child and Family Team Meeting to assist in the decision-  
7681 making process and permanency planning.
- 7682 2. The caseworker will review the case with the Assistant Attorney General to  
7683 determine if the case meets the legal grounds for termination.
- 7684 3. If it is determined that there are sufficient grounds under the law for terminating  
7685 parental rights and it is in the child's best interest, the caseworker will request  
7686 that the Assistant Attorney General prepare a petition to terminate the parental  
7687 rights and file the petition with the court.
- 7688 4. The caseworker will assist the Assistant Attorney General's office in collecting  
7689 and presenting the evidence to the juvenile court judge as defined in above.
- 7690 5. The caseworker will collect the names and addresses of witnesses and the  
7691 allegations to which the witnesses can and will testify to. This may include  
7692 therapists, out-of-home caregivers, medical providers, school personnel, etc.  
7693 This information will be given to the Assistant Attorney General. Examples of  
7694 needed information include: medical and/or psychological information  
7695 regarding the parents and/or child, police reports, documentation of efforts and  
7696 services to rehabilitate the parents and to facilitate a reunion with the child, the  
7697 physical, mental, or emotional condition of the child and his or her desires  
7698 regarding termination of parental rights, the effort the parents have made to  
7699 adjust their circumstances, conduct, or conditions to make it in the child's best  
7700 interest to return the child home, contact/visits between parents and child,  
7701 emotional ties between the child and parents, the child's ties with the out-of-  
7702 home care provider, etc.
- 7703
- 7704 E. Termination of parental rights may be ordered by the court only after a hearing is held  
7705 specifically on the question of terminating the rights of the parents. The grounds for  
7706 termination of parental rights include (see: Utah Code Ann. [§78A-6-508](#)):
- 7707 1. In determining whether a parent or parents have abandoned a child there must  
7708 be evidence that:
- 7709 a. The parent or parents had legal custody of the child but surrendered  
7710 physical custody and for a period of six months have not manifested a  
7711 firm intention to resume physical custody or to make arrangements for  
7712 the care of the child.
- 7713 b. The parent or parents failed to communicate with the child by mail,  
7714 telephone, or otherwise for six months.
- 7715 c. The parent or parents have failed to show the normal interest of a  
7716 natural parent without just cause.
- 7717 d. The parent or parents have abandoned an infant, as described in Utah  
7718 Code Ann. [§78A-6-316](#).
- 7719 2. Determining whether a parent or parents are unfit or have neglected a child, the  
7720 court will consider but is not limited to the following,

- 
- 7721 a. Emotional illness, mental illness, or mental deficiency of the parent that  
7722 renders him/her unable to care for the immediate and continuing  
7723 physical or emotional needs of the child for extended periods of time.  
7724 b. Conduct toward a child of a physically, emotionally, or sexually cruel or  
7725 abuse nature.  
7726 c. Habitual or excessive use of intoxicating liquors, controlled substances, or  
7727 dangerous drugs that render the parents unable to care for the child.  
7728 d. Repeated or continuous failure to provide the child with adequate food,  
7729 clothing, shelter, education, or other care necessary for his/her physical,  
7730 mental, and emotional health and development by parents who are  
7731 capable of providing that care. However, a parent who is legitimately  
7732 practicing his/her religious beliefs does not provide specified medical  
7733 treatment for child is not for that reason alone a negligent or unfit  
7734 parent.  
7735 e. With regard to a child who is in the custody of Child and Family Services,  
7736 if the parent is incarcerated as a result of conviction of a felony and the  
7737 sentence is of such length that the child will be deprived of a normal  
7738 home for more than one year.  
7739 f. Evidence of a conviction of a felony, if the facts of the crime are of such a  
7740 nature as to indicate the unfitness of the parents to provide adequate  
7741 care to the extent necessary for the child's physical, mental, or emotional  
7742 health and development  
7743 g. Evidence of a history of violent behavior.  
7744 h. The parent intentionally, knowingly, or recklessly causes the death of  
7745 another parent of the child, without legal justification. [See: Utah Code  
7746 Ann. [§78A-6-508](#).]  
7747 3. If a child has been placed in the custody of Child and Family Services and the  
7748 parent or parents fail to comply substantially with the terms and conditions of a  
7749 plan within six months after the date the child was placed or the plan was  
7750 commenced, whichever occurs later. That failure to comply is evidence of failure  
7751 of parental adjustment.  
7752 4. The following circumstances constitute evidence of unfitness:  
7753 a. Sexual abuse, injury, or death of a sibling of the child, or of any child, due  
7754 to known or substantiated abuse or neglect by the parent or parents.  
7755 b. Conviction of a crime, if the facts surrounding the crime are of such a  
7756 nature as to indicate the unfitness of the parent to provide adequate care  
7757 to the extent necessary for the child's physical, emotional, mental,  
7758 health, and development.  
7759 c. A single incident of life threatening or gravely disabling injury to or  
7760 disfigurement of the child.

- 7761 d. The parent has committed, aided, abetted, attempted, conspired, or  
7762 solicited to commit murder or manslaughter of a child or child abuse  
7763 homicide.
- 7764 F. At the conclusion of the hearing in which the court orders termination of the  
7765 parent/child relationship, the court will order that a review hearing be held within 90  
7766 days following the date of termination if the child has not been placed in a permanent  
7767 adoptive home. At that review hearing, Child and Family Services or the individual  
7768 vested with custody of the child will report to the court regarding the plan for  
7769 permanent placement for the child. The Guardian ad Litem will also submit to the court  
7770 a written report with recommendations, based on an independent investigation, for  
7771 disposition meeting the best interest of the child. The court may order Child and Family  
7772 Services or individual vested with custody of the child to report, at appropriate intervals,  
7773 on the status of the child until the plan for a permanent placement of the child has been  
7774 accomplished. [See: Utah Code Ann. [§78A-6-512.](#)]  
7775

## 307.2a Exceptions And Compelling Reasons Not To Terminate Parental Rights

### Major objectives:

When a child has been placed in out-of-home care for 15 of the most recent 22 months, the Child and Family Team will determine whether or not it is in the child's best interest for parental rights to be terminated. If it is not in the best interest of the child, the team will determine the exception or "compelling reason" that makes termination of parental rights contrary to the best interests of the child. The caseworker must document in the case plan the exact nature of the circumstances that make termination of parental rights not in the child's best interest.

### **Applicable Law**

Utah Code Ann. [§78A-6-507](#). Grounds for termination of parental rights -- Findings regarding reasonable efforts.

Utah Code Ann. [§62A-4a-203.5](#). Mandatory petition for termination of parental rights.

Utah Code Ann. [§78A-6-316](#). Mandatory petition for termination of parental rights.

### Practice Guidelines

- A. In calculating when to file a motion not to terminate parental rights, the caseworker will:
1. Calculate 15 months out of the most recent 22-month period from the date the child was removed.
  2. Include periods of time in care if there have been multiple entrances and exits into out-of-home care.

- 7801 3. Not include trial home visits or runaway episodes in calculating the 15 months in  
7802 out-of-home care.  
7803
- 7804 B. Upon calculating the 15 months out of the most recent 22 months, the caseworker will  
7805 coordinate with the Child and Family Team to determine whether or not it is in the  
7806 child's best interest for parental rights to be terminated. If the team determines that it  
7807 is contrary to the child's best interest, the team will identify the exception or  
7808 "compelling reason" to justify not terminating parental rights.  
7809
- 7810 C. Once the Child and Family Team identifies the exception or "compelling reason," the  
7811 caseworker will discuss not terminating parental rights with the Assistant Attorney  
7812 General. The Assistant Attorney General will follow through with notifying the court as  
7813 well as addressing all necessary legal proceedings related to the case.  
7814
- 7815 D. According to [§62A-4a-203.5](#) and [§78A-6-316](#), Child and Family Services is not required to  
7816 file a petition for termination of parental rights if:  
7817 1. The child is being cared for by a relative.  
7818 2. The court has previously determined that Child and Family Services has not  
7819 provided, within the time period specified in the Child and Family Plan, services  
7820 that had been determined to be necessary for the safe return home of the child.  
7821 3. Documented in the Child and Family Plan is a "compelling reason" for  
7822 determining that filing a motion for termination of parental rights is not in the  
7823 child's best interest; and the Child and Family Plan is made available for the court  
7824 to review. The "compelling reason" may be one of the following, but is not  
7825 limited to:  
7826 Adoption is not the appropriate permanency goal for the child,  
7827 Child is 12 or older and objects to being adopted,  
7828 a. An older adolescent who has requested staying in the system and  
7829 participating in the Transition to Adult Living Services Program.  
7830 b. The child has severe emotional or behavioral problems or a serious  
7831 medical condition, and reunification remains an appropriate goal.  
7832 c. The parent is terminally ill, does not want parental rights terminated, and  
7833 has designated the child's present caregiver, with the caregiver's  
7834 agreement, as the child's permanent caregiver.  
7835 d. The child is an unaccompanied refugee minor as defined in 45 Code of  
7836 Federal Regulations 400.11, which is a child who is not yet 18 years of age  
7837 who entered the United States unaccompanied by and not destined to a  
7838 parent or a close adult relative who is willing and able to care for the  
7839 child or an adult with a clear and court-verifiable claim to custody of the  
7840 child and who has no parents in the United States.  
7841 e. Insufficient grounds exist for termination of parental rights.

- 7842 f. There are international legal obligations or compelling foreign policy  
7843 reasons that would preclude termination of parental rights, such as the  
7844 foreign country in which the parents are citizens does not support  
7845 termination of parental rights.
- 7846 g. If the child is an Indian child under the Indian Child Welfare Act (ICWA),  
7847 and the child's tribe is opposed to adoption and has another permanency  
7848 plan for the child (in accordance with ICWA).
- 7849 h. Other compelling reasons documented for determining that filing for  
7850 termination of parental rights is not in the child's best interest.  
7851
- 7852 E. Since the child is not able to safely return home and adoption is not a permanency  
7853 option at this time due to the fact that parental rights are not being terminated, the  
7854 Child and Family Team will determine the next best permanency and concurrent plan  
7855 for the child, such as guardianship with a relative, guardianship with a non-relative, or  
7856 individualized permanency. Even though parental rights have not been terminated,  
7857 continue to explore and support positive connections for the child that will endure, and  
7858 continue to keep them connected to their past, present, and future.  
7859
- 7860 F. In order to appropriately prepare for the court hearing to not terminate parental rights,  
7861 the caseworker should:
- 7862 1. Determine that terminating parental rights is not in the child's best interest and  
7863 that there is evidence on which to file the motion.
  - 7864 2. Facilitate a Child and Family Team Meeting to assist in the decision-making  
7865 process and permanency planning.
  - 7866 3. Review the case with the Assistant Attorney General to determine if the case  
7867 meets the legal grounds to not terminate parental rights. The caseworker will  
7868 also inform the Assistant Attorney General of the child's permanency and  
7869 concurrent plan. If it is determined that there are sufficient grounds under the  
7870 law for not terminating parental rights and it is in the child's best interest, the  
7871 caseworker will request that the Assistant Attorney General prepare a motion  
7872 and file it with the court to not terminate parental rights as well as to change the  
7873 child's permanency and concurrent plan.
  - 7874 4. Assist the Assistant Attorney General in collecting and presenting the evidence  
7875 to the juvenile court judge as defined in above.  
7876
- 7877 G. After the court has ordered that termination of parental rights is not in the child's best  
7878 interest, the caseworker must document in the Child and Family Plan the exception or  
7879 "compelling reason" as well as the exact nature of the circumstances that make  
7880 termination of parental rights not in the child's best interest  
7881

- 7882 H. Once the court has approved the child's new permanency and concurrent plan, the  
7883 caseworker will update the Child and Family Plan in SAFE to reflect the new goals and  
7884 permanency planning.  
7885

### 307.3 Appeal For Termination Of Parental Rights

7887 Major objectives:

7888 Child and Family Services will not give approval to finalize an adoption until the period to appeal  
7889 the termination of parental rights has expired.  
7890

7891

7892 **Applicable Law**

7893 Parents have 15 days from the date of final judgment and order to file an appeal to the  
7894 termination of their parental rights. (Rule [4] 52, Rules of Appellate Procedure.)  
7895

7896 Practice Guidelines

- 7897 A. During the appeal period, the child may be placed in a foster/adoptive placement and  
7898 remain in that placement.  
7899
- 7900 B. The appeal process can take over one year. Parents do not retain residual parental  
7901 rights while the case is on appeal unless the juvenile court stays the decision  
7902 terminating parental rights.  
7903
- 7904 C. Child and Family Services, through the Assistant Attorney General or the Guardian ad  
7905 Litem, has the authority to petition the juvenile court to restrict parents' residual rights  
7906 during the time the termination decision is being appealed. The residual rights includes  
7907 visitation.  
7908

### 307.4 Request For A New Hearing

7910 Major objectives:

7911 A caseworker or some other person may request a new hearing as specified in Utah Code Ann.  
7912 [§78A-6-1108](#).  
7913

7914

7915 **Applicable Law**

7916 Utah Code Ann. [§78A-6-1108](#). New hearings authorized -- Grounds and procedure.  
7917

7918 Practice Guidelines

- 7919 A. A parent, guardian, custodian, or next friend of any minor adjudicated under this  
7920 chapter, or any adult affected by a decree in a child's proceeding under this chapter may  
7921 at any time petition the court for a new hearing on the grounds that new evidence that

7922 was not known and could not, with due diligence, have been made available at the  
7923 original hearing and which might affect the decree, has been discovered.

7924

7925 B. This request will be made by a Child and Family Services caseworker only after  
7926 consultation with an Assistant Attorney General.

7927

## 7928 **307.5 Petition To Restore Parental Rights**

7929

### Major objectives:

7930 A. To provide a permanent, safe living arrangement for a child who has been placed in the  
7931 custody of Child and Family Services or the Department of Human Services by court  
7932 order for whom restoration of parental rights is a viable option.

7933

7934 B. To create or recreate an enduring and self-sustaining relationship for the child with  
7935 their biological family, when safe and appropriate.

7936

7937 C. To normalize and stabilize family life for the child.

7938

7939 D. To transfer legal responsibility for the child from Child and Family Services to the child's  
7940 former parent(s) when it is safe and in the best interests of the child.

7941

7942 E. To provide for a thorough assessment of the viability of restoration of parental rights.

7943

7944

### **Applicable Law**

7945 Utah Code Ann. [§78A-6-1403](#). Petition to restore parental rights – Duties of the division.

7946

### Guiding Principles

7949 A parent may have their parental rights restored in one of two ways: Either by the child who is  
7950 12 years of age or older, or an authorized representative acting on behalf of a child of any age;  
7951 or by the request of the former parent.

7952

7953 A. A child's need for a normal family life in a permanent home, and for positive, nurturing  
7954 family relationships is usually best met by the child's natural parents.

7955

7956 B. If, 24 months after termination of parental rights, a child is still in out-of-home care and  
7957 there is no prospective adoptive placement; or, if an adoption fails and the child returns  
7958 to out-of-home care, the child or a representative for the child may file for restoration  
7959 of parental rights.

7960

7961 Practice Guidelines

- 7962 A. Utah statute states that a child who is 12 years of age or older, or an authorized  
7963 representative acting on behalf of a child of any age, may file a petition to restore  
7964 parental rights if:
- 7965 1. Twenty-four months have passed since the court ordered termination of the  
7966 parent-child legal relationship; and
  - 7967 2. The child has not been adopted and is not in an adoptive placement, or is  
7968 unlikely to be adopted before the child is 18 years of age.
  - 7969 3. The child was previously adopted following a termination of a parent-child legal  
7970 relationship, but the adoption failed and the child was returned to the custody of  
7971 Child and Family Services.
- 7972
- 7973 B. When any child in the custody of Child and Family Services fits the criteria above, the  
7974 caseworker will notify and inform the child that they are eligible to petition the court for  
7975 restoration of parental rights.
- 7976 1. The caseworker will work with the Child and Family Team to decide how and  
7977 when to discuss the option of restoring parental rights with the child. If the  
7978 parent's whereabouts are known and the parent can be located, the parent will  
7979 be invited to participate in the discussion with the Child and Family Team.
  - 7980 2. The Child and Family Team will assess the following:
    - 7981 a. Can the former parent be located through the kinship locator process?
    - 7982 b. What significant changes have occurred in the former parent's  
7983 circumstances and/or behavior since the termination of parental rights?
    - 7984 c. What is the willingness of the former parent to resume contact with the  
7985 child and have parental rights restored?
    - 7986 d. What is the former parent's ability to be involved in the life of the child  
7987 and accept physical custody of and responsibility for the child?
    - 7988 e. What are the child's feelings and thoughts about restoration of parental  
7989 rights?
    - 7990 f. Any other information the caseworker or Child and Family Team  
7991 considers appropriate and determinative, such as the extended family  
7992 support for the former parent and the extent to which the former parent  
7993 has rehabilitated from the behavior that resulted in the termination of  
7994 parental rights.
- 7995
- 7996 C. A former parent who remedies the circumstances that resulted in the termination of the  
7997 former parent's rights and who is capable of exercising proper and effective parental  
7998 care will notify the region director or designee. The region director or designee will staff  
7999 the case with the current caseworker to determine if the current caseworker should be  
8000 the person to assess whether or not the parent has met the criteria for the restoration

8001 of parental rights. Once the decision has been made regarding who will complete the  
8002 assessment, the caseworker will assess the following information:  
8003 1. Twenty-four months have passed since the court-ordered termination of the  
8004 parent-child legal relationship.  
8005 2. The child has not been adopted and is not in an adoptive placement, or is  
8006 unlikely to be adopted before the child is 18 years of age.  
8007 3. The child was previously adopted following a termination of a parent-child legal  
8008 relationship, but the adoption failed and the child was returned to the custody of  
8009 Child and Family Services.

8010  
8011 If the above criteria have been met, the caseworker will open an IHS case and asses the  
8012 following information:

- 8013 1. What significant changes have occurred in the former parent's circumstances  
8014 and/or behavior since the termination of parental rights?  
8015 2. What is the willingness of the former parent to resume contact with the child  
8016 and have parental rights restored?  
8017 3. Does the former parent have the ability to be involved in the life of the child and  
8018 accept physical custody of and responsibility for the child?  
8019 4. What are the child's feelings and thoughts about restoration of parental rights?  
8020 5. Any other information the caseworker or Child and Family Team considers  
8021 appropriate and determinative, such as the extended family support for the  
8022 former parent and the extent to which the former parent has rehabilitated from  
8023 the behavior that resulted in the termination of parental rights.

8024  
8025 After the assessment, the caseworker will staff the case with the region director or  
8026 designee, as well as the Child and Family Team, to determine if filing for a petition for a  
8027 restoration of parental rights is in the best interest of the child. Once that determination  
8028 is made, a full home study will be completed on the parent who desires to have their  
8029 parental rights restored. Once the home study is completed, the caseworker will  
8030 consult with the Assistant Attorney General (AAG) to file the petition for the restoration  
8031 of parental rights.

8032  
8033 D. After Child and Family Services receives or is served with a petition to restore parental  
8034 rights, filed by a child or an authorized representative, or when the Child and Family  
8035 Team have determined that filing a petition for the restoration of parental rights is in  
8036 the best interest of the child, the caseworker will consult with the AAG to file the  
8037 petition.

8038  
8039 E. After Child and Family Services receives or is served with a petition to restore parental  
8040 rights, filed by a child or an authorized representative, the caseworker will:

- 
- 8041 1. Contact the Assistant Attorney General (AAG) assigned to the case to notify  
8042 them that Child and Family Services has received a petition to restore parental  
8043 rights.
- 8044 2. Use existing processes to locate the former parent if the former parent's  
8045 whereabouts are not known. This will include web searches, social media,  
8046 former contact information, and asking other known family members for the  
8047 contact information of the parent. The effort to locate the parent must  
8048 constitute a diligent effort.
- 8049 3. If the former parent is found, notify the former parent of the legal effects of  
8050 restoration of parental rights and the time and date of the hearing on the  
8051 petition.
- 8052
- 8053 F. The court will set a hearing on the petition at least 30 days but no more than 60 days  
8054 after the day on which the petition was filed with the court.
- 8055 1. Before the hearing, the caseworker may submit a confidential report to the court  
8056 containing the following information:
- 8057 a. Material changes in circumstances since the termination of parental  
8058 rights;
- 8059 b. Summary of the reasons why parental rights were terminated;
- 8060 c. The date on which parental rights were terminated;
- 8061 d. The willingness of the former parent to resume contact with the child and  
8062 have parental rights restored;
- 8063 e. The ability of the former parent to be involved in the life of the child and  
8064 accept physical custody of, and responsibility for, the child; and
- 8065 f. Any other information the caseworker or Child and Family Team  
8066 considers appropriate and determinative such as the extended family  
8067 support for the former parent and the extent to which the former parent  
8068 has rehabilitated from the behavior that resulted in the termination of  
8069 parental rights.
- 8070
- 8071 G. The hearing for the restoration of parental rights may have one or more of the following  
8072 results:
- 8073 1. Continue status quo.
- 8074 a. The caseworker will continue to search for other permanency options for  
8075 the child.
- 8076 2. Allow contact between the former parent and the child and describe conditions  
8077 under which contact may take place.
- 8078 a. The caseworker will facilitate the contact pursuant to the court order and  
8079 monitor the effect of contact between the child and the former  
8080 parent. The caseworker, in consultation with the Child and Family Team,  
8081 will provide a report to the court with recommendations as to whether

- 8082                                   the contact should continue and increase in frequency and duration, or  
8083                                   whether the contact should discontinue.
- 8084           3.       Order that the child be placed with the former parent in a temporary custody  
8085                   and guardianship relationship to be reevaluated six months from the day on  
8086                   which the child is placed.
- 8087                   a.       The caseworker will open a PSS case and provide services to the family to  
8088                                   assist in achieving permanency and will provide court reports evaluating  
8089                                   the family's progress.
- 8090           4.       Restore parental rights to the parent.
- 8091                   a.       The caseworker will close the out-of-home care case.  
8092

## 308 Transitions From Child and Family Services Custody

### Major objectives:

The Child and Family Team will determine what plan for transition is in the child's best interest.

The transition from Child and Family Services custody will seek to ensure that:

- A. The child will be in a safe and appropriate environment that will endure until the child reaches maturity.
- B. The child and his/her caregivers will have access to services and resources that will sustain permanency.
- C. The child has connections to their past, present, and future.

### 308.01 Temporary Medicaid Eligibility For Children Living In A Home Where A Foster Child Is Returning To Live

#### Major objectives:

- A. When a foster child is leaving foster care to the home of a parent, relative or guardian and other children reside in the home, the caseworker will notify the parent or guardian of the opportunity to apply for presumptive (temporary) Medicaid or CHIP for the other children and will provide required application materials.
- B. The parent or guardian may apply for temporary Medicaid or CHIP coverage if children in their home do not have health care coverage through private insurance or are not already covered under Medicaid or CHIP.
- C. Presumptive Eligibility (PE) allows low income children to receive immediate, temporary medical assistance using simplified criteria while the Department of Workforce Services (DWS) determines their eligibility for ongoing Medicaid or CHIP.

#### Practice Guidelines

- A. As part of the transition planning process when a child is leaving foster care, the Child and Family Services caseworker will notify the family with whom the foster child is going to reside of the opportunity to apply for Presumptive (temporary) Medicaid/CHIP for other children residing in the home who do not have health insurance coverage through private insurance, Medicaid, or CHIP.
  - 1. The caseworker or senior assistant caseworker will provide the family with application materials that include:

- 
- 8134 a. DCFS Cover Letter,  
8135 b. Presumptive Medicaid Application (61MED-PE), and  
8136 c. Return envelope addressed to the eligibility worker for the foster child.  
8137 2. The application materials will be provided to the family prior to the foster child's  
8138 placement in the home for a trial home placement or when state custody ends,  
8139 whichever occurs first.  
8140 a. Ideally, the application materials would be provided to the family at the  
8141 time of a Child and Family Team Meeting during which planning for  
8142 transition home is being discussed.  
8143 b. The application materials may also be provided during a home visit or by  
8144 mail.  
8145 3. If the home the foster child is returning to has more than one family unit living in  
8146 the home (e.g., two unmarried adults with children that are not related to both  
8147 adults), application materials should be provided for each family unit residing in  
8148 the home in order for presumptive eligibility to be considered for every child  
8149 living in the home.  
8150 4. Families are not required to accept the application or to apply for presumptive  
8151 eligibility.  
8152 5. Actions will be documented in the foster child's activity log.  
8153 a. The caseworker (or senior assistant caseworker, if applicable) will enter  
8154 an activity log in SAFE when the application is given to the family,  
8155 specifying the following policy attachment: "Transition Home – Temp  
8156 Medicaid application given to family."  
8157 b. If the application is offered and not accepted, the caseworker (or senior  
8158 assistant caseworker, if applicable) will document this in an activity log.  
8159  
8160 B. The family may return the completed application to Child and Family Services in the  
8161 envelope provided or may return it in person to the local Child and Family Services  
8162 office.  
8163 1. The completed application will be forwarded to the eligibility worker within one  
8164 business day.  
8165 2. If the eligibility worker is not located in the local office, the application may be  
8166 scanned and emailed to the eligibility worker or sent by mail to the eligibility  
8167 worker.  
8168  
8169 C. Once the application has been given to the Child and Family Services eligibility worker,  
8170 all questions regarding Medicaid or CHIP eligibility should be referred to DWS helpline at  
8171 1-866-435-7414.  
8172

8173 **308.1 Trial Home Placement And Return Of The Child Home**

8174 Major objectives:

8175 When a child and family's safety needs have been met in that the original reasons and risks have  
8176 been reduced or eliminated, the child can return home.  
8177

8178  
8179 **Applicable Law**

8180 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

8181  
8182 Practice Guidelines

- 8183 A. Facilitate a Child and Family Team Meeting to review the Child and Family Plan to  
8184 ensure that the child and family's safety needs have been successfully met in that the  
8185 original placement reasons and risks have been reduced or eliminated in order for the  
8186 child to be safely returned home.  
8187
- 8188 B. Consider the recommendations of the Child and Family Team. The objection of any one  
8189 person should not automatically prevent the child from being returned home.  
8190
- 8191 C. Complete a risk assessment to help determine if the child can be safely returned home.  
8192 A risk assessment is required only if the child is being returned to the same home  
8193 removed from.  
8194
- 8195 D. Update the functional assessment.  
8196
- 8197 E. Give consideration to the child's feelings and desires.  
8198
- 8199 F. Contact the Assistant Attorney General and determine whether a review hearing is  
8200 needed prior to the child's return home. If a review hearing is needed, request that the  
8201 Assistant Attorney General contact the juvenile court for a date. If a review hearing is  
8202 not needed, request the Assistant Attorney General to notify the juvenile in accordance  
8203 with the original court order that the child is returning home.  
8204
- 8205 G. Based on the determinations of the court, facilitate a Child and Family Team Meeting to  
8206 discuss the transitions, return home plan, and the recommendations prior to the child  
8207 being returned home.  
8208
- 8209 H. Provide reasonable notice, at least two weeks (unless otherwise ordered by the court),  
8210 of the date child will be returning home to all pertinent parties such as child, parents,  
8211 Guardian ad Litem, foster care provider, school staff, and therapists so all parties can be  
8212 adequately prepared for the return home. Also inform the Department of Workforce  
8213 Services and the Office of Recovery Services.

- 8214
- 8215 I. Notify the regional eligibility caseworker of the plan to return the child home at least
- 8216 two weeks prior to the return home. Provide the eligibility caseworker with information
- 8217 from the parents required to determine if the child can continue Medicaid coverage
- 8218 after the return home and in time for case transfer to BES or DWS.
- 8219
- 8220 J. Prior to and when the child is returned home, the Child and Family Services caseworker
- 8221 will provide services directed at assisting the child and family with the transition back
- 8222 into the home. During this time, the caseworker should contact school personnel,
- 8223 therapists, day care providers, etc. who have knowledge and/or contact with the child
- 8224 to ensure no further abuse or neglect is occurring.
- 8225 1. If it is determined that the child and family require more intensive services to
- 8226 ensure successful reunification, intensive family reunification services (PFR) may
- 8227 be utilized.
- 8228 2. Once the child is returned home and it is determined that the child and family is
- 8229 still in need of services and supervision, in-home services will be provided based
- 8230 on the needs of the family. The services may be either by court order (PSS) or on
- 8231 a voluntary basis (PSC). The caseworker will either provide these services
- 8232 him/herself or refer the family to the in-home program to arrange for follow-up
- 8233 services.
- 8234 3. Refer to In-Home Services Major objectives, [Section 102](#).
- 8235
- 8236 K. A child may be returned home for a trial home visit for up to 90 days. Within 90 days of
- 8237 the child's return home and if the child is safe in the home, the caseworker will file a
- 8238 motion with the juvenile court to terminate the agency's legal custody of the child.
- 8239

8240 **308.2 Guardianship And Legal Custody With A Relative And**  
8241 **Non-Relative**

8242

8243 (This section was previously numbered 301.15.)

8244

8245 Guiding principles:

8246

A. Protection and safety of a child are always the first priorities. Services are provided in the context of the practice model, Child and Family Team, and are child centered and family focused.

8247

8248

8249

8250

B. Child and Family Services seeks this permanency option only if other permanency goals, including a return to the parents or adoption, are determined not to be in the child's best interest.

8251

8252

8253

8254

C. Child and Family Services supports permanency for children and recognizes that sometimes neither family reunification nor termination of parental rights and adoption best serve the permanency needs of the child.

8255

8256

8257

8258 Major objectives:

8259

A. To provide a permanent, safe living arrangement for a child who has been placed in the custody of Child and Family Services or the Department of Human Services by court order and for whom return home or adoption is not appropriate, and discontinuation of agency custody is in the child's best interest.

8260

8261

8262

8263

B. To create an enduring and self-sustaining relationship for the child.

8264

8265

C. To normalize and stabilize family life for the child.

8266

8267

D. To transfer legal responsibility for the child from the State to a licensed resource parent who is a non-relative caregiver or to a relative caregiver who may or may not be a licensed resource parent, empowering the caregiver in assuming the complete parenting role and in making important decisions on the child's behalf.

8268

8269

8270

8271

E. To minimize the level of involvement with Child and Family Services for the child and caregiver.

8272

8273

8274

8275

8276 **Applicable Law**

8277

A. Section 475(5)(C) of the Social Security Act identifies legal guardianship and placement with a fit and willing relative among appropriate permanency options for foster children who are unable to be reunified with their families.

8278

8279

8280

- 8281 B. Utah Code Ann. [§78A-6-105](#) defines guardianship and legal custody and associated  
8282 authority and responsibility.  
8283
- 8284 C. Utah Code Ann. [§62A-4a-105](#) authorizes Child and Family Services to make expenditures  
8285 necessary for the care and protection of children who are abused, neglected,  
8286 dependent, runaway, or ungovernable.  
8287

8288 Practice Guidelines

- 8289 A. Guardianship and Legal Custody.
- 8290 1. Guardianship is the transfer of legal responsibility for a minor child from the  
8291 State to a licensed resource parent who is a non-relative caregiver or to a  
8292 relative caregiver who may or may not be a licensed resource parent.
- 8293 2. Guardianship involves the legal assumption of authority for another individual to  
8294 consent to marriage, to enlist in the armed forces, and to consent and authorize  
8295 major medical, surgical, or psychiatric treatment; and to legal custody, if legal  
8296 custody is not vested in another person, agency, or institution [Utah Code Ann.  
8297 [§78A-6-105](#)].
- 8298 3. Legal custody means a relationship embodying the following rights and duties:  
8299 a. The right to physical custody of the minor;  
8300 b. The right and duty to protect, train, and discipline the minor;  
8301 c. The duty to provide the minor with food, clothing, shelter, education, and  
8302 ordinary medical care;  
8303 d. The right to determine where and with whom the minor will live; and  
8304 e. The right, in an emergency, to authorize surgery or other extraordinary  
8305 care [Utah Code Ann. [§78A-6-105](#)].
- 8306 4. The guardian is responsible for ensuring that parents have an opportunity to visit  
8307 their children in accordance with the court order.  
8308
- 8309 B. Residual Rights of Natural Parents. The residual rights of the natural parents remain in  
8310 effect unless restricted by the court when guardianship and legal custody is granted to a  
8311 licensed resource parent who is a non-relative caregiver or to a relative caregiver who  
8312 may or may not be a licensed resource parent. Residual parental rights include:  
8313 1. Responsibility for support.  
8314 2. The right to consent to adoption.  
8315 3. The right to determine the child's religious affiliation.  
8316 4. The right to reasonable visitation.  
8317
- 8318 C. Guardianship and Legal Custody as a Permanency Option.
- 8319 1. There are two types of guardianship permanency goals:  
8320 a. Guardianship with a Non-Relative;  
8321 b. Guardianship with a Relative.

- 8322 2. These permanency options may be selected as concurrent permanency goals or  
8323 primary permanency goals. [See: [Section 301.2](#), Identifying Permanency Goals  
8324 And Concurrent Planning.]
- 8325 3. If it is determined by the Child and Family Team that it is in the child's best  
8326 interest to remain in the legal custody of Child and Family Services but have  
8327 guardianship rights granted to a licensed resource parent who is a non-relative  
8328 caregiver or to a relative caregiver who may or may not be a licensed resource  
8329 parent, this is NOT considered a Guardianship with a Non-Relative or  
8330 Guardianship with a Relative permanency goal. This is considered an  
8331 Individualized Permanency goal.  
8332
- 8333 D. Guardianship Qualifying Factors.
- 8334 1. General Qualifying Factors.
- 8335 General qualifying factors apply for both relative and non-relative guardianship.
- 8336 a. The child cannot safely return home. This requirement is met if the court  
8337 determines that reunification with the child's parents is not possible or  
8338 appropriate and the Child and Family Team and regional screening  
8339 committee agree that adoption is not an appropriate plan for the child.
- 8340 b. The parent and child have a significant bond but the parent is unable to  
8341 provide ongoing care for the child (such as but not limited to an  
8342 emotional, mental or physical disability) and the child's current caregiver  
8343 has committed to raising the child to the age of majority and to facilitate  
8344 visitation with the parent.
- 8345 c. The prospective guardian must:
- 8346 (1) Be able to maintain a stable relationship with the child.
- 8347 (2) Have a strong commitment to providing a safe and stable home  
8348 for the child on a long-term basis.
- 8349 (3) Have a means of financial support and connections to community  
8350 resources.
- 8351 (4) Be able to care for the child without Division supervision.
- 8352 (a) The child has no ongoing care or financial needs, beyond  
8353 basic maintenance and does not require the services of a  
8354 case manager.
- 8355 (b) There are compelling reasons why the child cannot be  
8356 adopted such as when the child's tribe has exclusive  
8357 jurisdiction or the tribe has chosen to intervene in the  
8358 adoption proceedings. Under ICWA, a tribe has the right  
8359 to determine the child's permanency, for this reason the  
8360 tribe has the authority to approve guardianship with the  
8361 current caregiver.
- 8362 2. Non-Relative Qualifying Factors. In addition to general qualifying factors, the  
8363 following apply to non-relative guardianship.

- 8364 a. The child is in Child and Family Services' legal custody and has been in  
8365 custody for at least 12 consecutive months. If this is a sibling group, at  
8366 least one child must have been in custody for twelve consecutive months.  
8367 b. The prospective guardian is a licensed resource parent.  
8368 c. The child has lived for at least six months in the home of the prospective  
8369 guardian. The region director or designee may waive the six-month  
8370 placement requirement for sibling groups if at least one sibling has been  
8371 in the home for six months and meets all other eligibility criteria.  
8372 d. A Child and Family Team has formally assessed the placement and found  
8373 that continuation with the caregiver is in the child's best interest and  
8374 supports the safety, permanency, and well-being of the child.  
8375 e. Child and Family Services has no concerns with the care the child has  
8376 received in the home.  
8377 f. The child has a stable and positive relationship with the prospective  
8378 guardian.  
8379 g. The child has reached the age of 12. The region director or designee may  
8380 waive the age requirement for members of a sibling group placed with a  
8381 non-relative if at least one sibling is 12 years of age or older and meets all  
8382 other guardianship criteria and adoption is not the best permanency  
8383 option for the younger children.
- 8384 3. Relative Qualifying Factors. In addition to general qualifying factors, the  
8385 following apply for relative guardianship:
- 8386 a. The child's prospective guardian is a relative who meets the relationship  
8387 requirements of the Department of Workforce Services Policy 223  
8388 Household Composition -Specified Relative Program, effective June 1,  
8389 2005, which currently includes:
- 8390 (1) Grandfather or grandmother;  
8391 (2) Brother or sister;  
8392 (3) Uncle or aunt;  
8393 (4) First cousin;  
8394 (5) First cousin once removed (a first cousin's child);  
8395 (6) Nephew or niece;  
8396 (7) Persons of preceding generations as designated by prefixes of  
8397 grand-, great-, great-great, or great-great-great;  
8398 (8) Spouses of any relative mentioned above even if the marriage has  
8399 been terminated;  
8400 (9) Persons that meet any of the above mentioned relationships by  
8401 means of a step relationship such as stepbrothers and stepsisters;  
8402 (10) Brothers and sisters by legal adoption;  
8403 (11) Individuals who can prove that they met one of the above  
8404 mentioned relationships via a blood relationship even though the  
8405 legal relationship has been terminated.

- 8406                    b.        If not licensed as a resource parent, the relative has completed kinship  
8407                    screening, including a home study and background checks, in accordance  
8408                    with kinship Practice Guidelines, [Section 500](#).  
8409                    c.        The child's needs may be met without continued Child and Services  
8410                    funding.  
8411                    d.        In order to be considered for a guardianship subsidy, the prospective  
8412                    relative guardian must be a licensed resource parent and demonstrate  
8413                    that they cannot qualify for a Specified Relative Grant. The caseworker  
8414                    must be provided with a copy of a denial letter from the Department of  
8415                    Workforce Services or written proof that the relationship requirements  
8416                    do not apply (such as through relevant birth certificates).  
8417                    (1)      Approval from the regional guardianship screening committee  
8418                    and regional administration is required in making this  
8419                    determination.  
8420                    (2)      If a relative guardian is found to be receiving both a Specified  
8421                    Relative Grant and guardianship subsidy for the same child, the  
8422                    caseworker will notify the Department of Workforce Services and  
8423                    appropriate actions may be taken for repayment.  
8424  
8425 E.        Guardianship as a Concurrent Goal. The following steps should be completed by the  
8426                    permanency caseworker during the selection process while choosing guardianship as a  
8427                    concurrent goal for a child in foster care:  
8428                    1.        Discuss guardianship as a concurrent goal in the context of a Child and Family  
8429                    Team Meeting.  
8430                    a.        Assess the child's physical, emotional, social, and educational needs and  
8431                    how these needs may be met if under the care of a guardian.  
8432                    b.        Consider the appropriateness of the child maintaining a relationship with  
8433                    parents if reunification efforts are discontinued.  
8434                    c.        Assess the appropriateness of adoption as a concurrent goal. If adoption  
8435                    is ruled out, document compelling or justifiable reasons not to terminate  
8436                    parental rights and pursue adoption.  
8437                    d.        Determine if guardianship is the next best permanency goal to the  
8438                    primary goal.  
8439                    e.        Identify prospective guardians who are fit and willing to be ongoing  
8440                    caregivers for the child, and who will support the safety, permanency,  
8441                    and well-being of the child. Prospective guardians can be either relatives  
8442                    or non-relatives. If the prospective guardian is a non-relative, the child  
8443                    must be currently placed in their home or be a sibling of a child placed in  
8444                    the home.  
8445                    f.        Discuss with prospective guardians the long-term view for the child and  
8446                    ability and willingness to be an ongoing caregiver if the current primary  
8447                    permanency goal is discontinued.

- 8448 g. Provide full disclosure of requirements and responsibilities of  
8449 guardianship to the prospective guardians and child's parent(s) including  
8450 continuation of parental visitation and residual parental rights.  
8451 h. Identify factors that must be considered for transition planning if the  
8452 concurrent goal becomes the primary goal.  
8453
- 8454 F. Guardianship as a Primary Goal. The following steps should be completed by the  
8455 permanency caseworker during the selection process while choosing guardianship as a  
8456 primary goal for a child in foster care:
- 8457 1. Discuss guardianship as a primary goal in the context of a Child and Family Team  
8458 Meeting. If available, include the regional guardianship subsidy caseworker as a  
8459 participant in the planning process.
- 8460 2. Assess the child's physical, emotional, social, and educational needs and how  
8461 these needs may be met if under the care of a guardian, including specific  
8462 sources of support such as:
- 8463 a. Availability of financial support for the child (such as Supplemental  
8464 Security Income, Social Security benefits, or other benefits), as well as the  
8465 prospective guardian resources, specified relative payment (if a qualifying  
8466 relative), or guardianship subsidy for non-relatives;
- 8467 b. Ability to address health care needs through health care coverage such as  
8468 the guardian's insurance or Medicaid, if the child qualifies;
- 8469 c. Need for ongoing services from Child and Family Services or the  
8470 Department of Human Services.
- 8471 d. Child's citizenship and legal residency status, and if an undocumented  
8472 alien, how the child's medical needs can be met without Medicaid  
8473 coverage.
- 8474 e. Identify prospective guardians who are fit and willing to be ongoing  
8475 caregivers for the child, and who will support the safety, permanency,  
8476 and well-being of the child. Prospective guardians may be either relatives  
8477 or non-relatives. If the prospective guardian is a non-relative, the child  
8478 must be currently placed in their home or be a sibling of a child placed in  
8479 the home. For relative placement, Kinship Practice Guidelines ([Section  
8480 500](#)) must be followed prior to selecting guardianship as a primary goal.
- 8481 f. Ensure that the identified licensed caregiver or relative meets the  
8482 qualifying factors to become a guardian (see Section C, Guardianship  
8483 Qualifying Factors) and that long-term placement with the caregiver or  
8484 relative is in the child's best interest.
- 8485 g. Obtain commitment of the prospective caregiver to become guardian of  
8486 the child and provide for the child's long-term needs.
- 8487 h. Discuss the appropriateness of the child maintaining a relationship with  
8488 parents despite discontinuation of reunification efforts, including  
8489 continuing visitation and residual parental rights.

- 
- 8490 i. Document that adoption has been ruled out as an appropriate  
8491 permanency option for the child and identify compelling or justifiable  
8492 reasons not to terminate parental rights and pursue adoption.
- 8493 j. Discuss with the prospective guardian the long-term view for the child.  
8494 k. Provide full disclosure of requirements and responsibilities of  
8495 guardianship to the prospective guardian and child's parent(s).
- 8496 l. Arrange for an orientation to be provided to the guardian prior to the  
8497 transfer of custody. The orientation will include full disclosure of the  
8498 benefits and responsibilities of guardianship as well as ensure that they  
8499 understand the guardianship agreement.
- 8500 m. Notify the regional eligibility caseworker of the pending foster care case  
8501 closure and if a guardianship subsidy is planned.
- 8502 (1) If a subsidy is planned, obtain a Medicaid review form (61MR)  
8503 from the eligibility caseworker. Have the prospective guardian  
8504 complete the form 30 days prior to custody and guardianship  
8505 being transferred to the guardian. Give the completed form to the  
8506 eligibility caseworker.
- 8507 (2) If no subsidy is planned and the prospective relative guardian will  
8508 be seeking a specified relative payment, refer them to the local  
8509 Department of Workforce Services office to apply for the specified  
8510 relative payment and Medicaid.
- 8511 n. Select a concurrent goal by identifying the next best permanency goal for  
8512 the child. Collaborate with the Assistant Attorney General and Guardian  
8513 ad Litem to request that the court change the primary goal to  
8514 guardianship and update the concurrent goal in SAFE, the functional  
8515 assessment and Child and Family Plan.
- 8516 o. Prepare a transition plan with the Child and Family Team, including  
8517 parental visitation, safety planning and identification of community  
8518 resources available to support the needs of the child and guardian.  
8519 Ensure that the regional guardianship subsidy caseworker is invited to  
8520 participate in the team planning process.
- 8521 p. Request that the court grant custody and guardianship to the prospective  
8522 guardian, when transition planning is complete.  
8523
- 8524 G. Full Disclosure to the Child's Parents. Full disclosure will:
- 8525 1. Occur prior to the court granting custody and guardianship to the prospective  
8526 guardian, preferably in the context of a Child and Family Team Meeting.
- 8527 2. Include notification to the parents of their residual parental rights. (See Section  
8528 A, Guardianship and Legal Custody.)
- 8529 3. Will include notification of the legal rights and responsibilities of the guardian.  
8530 (See Section A, Guardianship and Legal Custody.)

- 8531 4. Include an explanation to parents of their responsibility to continue payment for  
8532 the child's care until the child reaches age 18. The Office of Recovery Services  
8533 will continue to collect these child support payments until all obligations are  
8534 met.
- 8535 5. Notify the parents that for tax purposes, their child is considered a dependent of  
8536 the guardian.  
8537
- 8538 H. Orientation and Full Disclosure to Prospective Guardian.
- 8539 1. Prior to custody and guardianship being granted to the prospective guardian, the  
8540 permanency caseworker must provide an orientation to fully disclose the  
8541 responsibilities, benefits, and implications of becoming a child's legal guardian.  
8542 Where available, a regional guardianship subsidy caseworker should be included.
- 8543 2. The orientation and full disclosure will occur in the context of a Child and Family  
8544 Team Meeting prior to court. The following individuals must be included:
- 8545 a. Prospective guardian(s);  
8546 b. Parents, particularly when the prospective guardian is a relative and  
8547 when intra and inter-familial tensions between the birth parent and  
8548 caregivers affect the child and family's well-being;  
8549 c. Guardianship subsidy caseworker, where available;  
8550 d. Permanency caseworker;  
8551 e. Child, if age appropriate;  
8552 f. Other Child and Family Team members.
- 8553 3. The orientation includes:
- 8554 a. Legal rights and responsibilities of a guardian (see Section A,  
8555 Guardianship and Legal Custody);  
8556 b. Residual parental rights (see Section A, Guardianship and Legal Custody);  
8557 c. Expectation for continuation of guardianship until age 18;  
8558 d. Financial resources (relative and non-relative);  
8559 (1) Guardianship subsidy for non-relatives;  
8560 (2) Monthly guardianship subsidy payments may be lower than  
8561 current foster care payment.  
8562 (3) Specified Relative grant for relatives through the Department of  
8563 Workforce Services, if eligible;  
8564 (4) Impact on Supplemental Security Income or Social Security  
8565 funding;  
8566 e. Medicaid:  
8567 (1) Qualifying criteria;  
8568 (2) Application process;  
8569 (3) Change in mental health coverage under Medicaid;  
8570 (4) Interstate Medicaid eligibility.  
8571 f. Adoption after guardianship (non-relative):

- 
- 8572 (1) Loss of Federal subsidy if guardian later decides to adopt (if child  
8573 would have qualified for Federal funding while in care);  
8574 (2) No guarantee for adoption assistance (state funded).  
8575 g. Provisions of guardianship agreements, renewals and annual re-  
8576 certifications.  
8577 h. Community resources to support guardianship.  
8578 i. Child and Family Services support resources and contact information for  
8579 follow-up and changes.  
8580 j. Child support requirements and assignment of support.  
8581 k. Resource parent licensure implications (i.e., the child will be considered  
8582 one of the out-of-home caregiver's children after the guardianship has  
8583 been granted with regard to the out-of-home caregiver taking additional  
8584 foster children into the home).  
8585 l. Child counts as a dependent for tax purposes (relative and non-relatives).  
8586  
8587 I. Court Orders. Once approved by the regional guardianship subsidy screening  
8588 committee, the permanency caseworker will request an Assistant Attorney General to  
8589 file a petition with the juvenile court to:  
8590 1. Terminate Child and Family Services custody.  
8591 2. Grant permanent custody and guardianship to the new guardian.  
8592 3. Address the child's visitation with parents.  
8593  
8594 J. Post Guardianship Placement Social Supports and Services.  
8595 1. Each region will designate a caseworker who will respond to requests for  
8596 information, assistance and provide crisis intervention for guardians.  
8597 2. Child and Family Services may provide voluntary home-based or youth advocate  
8598 services to help maintain the guardianship placement, within available region  
8599 resources designated for this purpose.  
8600 3. Child and Family Services may work with the Assistant Attorney General to  
8601 request a petition for court-ordered services when appropriate.  
8602  
8603 K. Medicaid Coverage.  
8604 1. The permanency caseworker is responsible to notify the eligibility caseworker  
8605 that guardianship is the child's permanency plan and the approximate date for  
8606 custody to be terminated. This will help ensure that Medicaid coverage can  
8607 continue without interruption for an eligible child. The permanency caseworker  
8608 will also let the eligibility caseworker know if a guardianship subsidy is planned  
8609 for the child.  
8610 2. The eligibility caseworker will provide the permanency caseworker with a  
8611 Medicaid review form (61MR) to be completed prior to termination of Child and  
8612 Family Services custody.

- 8613 3. The permanency caseworker will work with the prospective guardian to  
8614 complete the review form within 30 days prior to guardianship being granted by  
8615 the court. The guardian's name and address must be specified on the form.  
8616 Income and asset information of the child will be reported on the form.  
8617 (Guardian income and assets are not required.)
- 8618 4. The permanency caseworker is responsible to provide the eligibility caseworker  
8619 with the following information soon after the court has granted custody and  
8620 guardianship but before the SCF case is closed in SAFE:  
8621 a. Completed Medicaid review form.  
8622 b. Copy of Guardianship Subsidy Agreement (if applicable).  
8623 c. Copy of court order terminating DHS/DCFS custody.
- 8624 5. The eligibility caseworker will review the child's Medicaid eligibility and take the  
8625 appropriate action based on the instruction received by the State IV-E Medicaid  
8626 Eligibility Specialist.  
8627
- 8628 L. Unearned Income and Guardianship Subsidies.
- 8629 1. Unearned Income and Guardianship: Unearned income sources must be  
8630 considered when determining if a guardianship subsidy is appropriate for a child  
8631 and in determining the amount of the subsidy. The most common types of  
8632 Federal unearned income received by children in out-of-home care are  
8633 Supplemental Security Income and Social Security Dependent Benefits. The  
8634 Social Security Administration administers both of these income sources.
- 8635 2. Supplemental Security Income Benefits for Children (SSI): SSI benefits are  
8636 payable to blind or disabled children under age 18 who have limited or no  
8637 income and assets/resources or who come from homes with limited or no  
8638 income and assets/resources. The Social Security Administration conducts a  
8639 review when an individual reaches age 18 to determine if benefits may continue  
8640 into adulthood. SSI will generally continue for a child when in the care of a  
8641 guardian. However, SSI income will be reduced if other income becomes  
8642 available to the child, including a guardianship subsidy. A guardianship subsidy is  
8643 not recommended for an SSI recipient because the subsidy will result in the  
8644 reduction or loss of SSI income (which might have continued to be available  
8645 when the child reaches adulthood).
- 8646 3. Social Security Dependents Benefits (SSDB – may also be referred to as SSA):  
8647 Social Security benefits may be paid to a dependent child under age 18 through  
8648 the Retirement, Survivors and Disability Insurance Program based upon the work  
8649 record of a child's parent. For example, a child may receive these dependent  
8650 benefits as a result of a parent's disability or death. Benefits may be extended  
8651 beyond age 18 for full-time students. Social Security benefits will generally  
8652 continue for a child when in the care of a guardian and will not be reduced by  
8653 other earnings, including a guardianship subsidy. The amount of Social Security

8654 benefits must be taken into account when determining the amount of a  
8655 guardianship subsidy.  
8656 4. Other Sources: Children in out-of-home care may also receive other sources of  
8657 unearned income, such as Veteran's benefits, Railroad Retirement benefits,  
8658 Tribal benefits, or insurance settlement funds. The caseworker should contact  
8659 the benefit source prior to termination of State custody to determine the impact  
8660 on receipt and amount of the benefit if the child enters into custody and  
8661 guardianship of a caregiver. Any benefits that will continue in guardianship  
8662 should be taken into account when determining the amount of a guardianship  
8663 subsidy.  
8664

8665 M. Guardianship Subsidy

- 8666 1. Availability/Scope/Duration:
- 8667 a. Guardianship subsidies are available to meet the care and maintenance  
8668 needs for children in out-of-home care:
- 8669 (1) For whom guardianship has been determined as the most  
8670 appropriate primary goal;
- 8671 (2) Who do not otherwise have adequate resources available for their  
8672 care and maintenance;
- 8673 (3) Who meet the qualifying factors described in Section 3B, Non-  
8674 Relative Qualifying Factors; and
- 8675 (4) Who cannot qualify to receive a Specified Relative grant from the  
8676 Department of Workforce Services as described in Section 3C-4,  
8677 Relative Qualifying Factors.
- 8678 b. Guardianship subsidies are available through the month in which the  
8679 child reaches age 18.
- 8680 c. Each region may establish a limit to the number of eligible children who  
8681 may receive guardianship subsidies.
- 8682 d. Guardianship subsidies are subject to the availability of state funds  
8683 designated for this purpose.
- 8684 2. Regional Guardianship Subsidy Screening Committee:
- 8685 a. Each region will establish at least one regional guardianship subsidy  
8686 screening committee. This committee may be combined with another  
8687 appropriate committee such as the adoption subsidy committee or  
8688 placement committee.
- 8689 b. The regional guardianship subsidy screening committee will be comprised  
8690 of at least five members, and a minimum of three members must be  
8691 present for making decisions regarding a guardianship subsidy. Decisions  
8692 will be made by consensus.
- 8693 c. Members of the committee may include the following:
- 8694 (1) Chairperson;
- 8695 (2) Clinical consultant or casework supervisor;

- 
- 8696 (3) Regional budget officer or fiscal representative;  
8697 (4) Resource Family Consultant;  
8698 (5) Allied agency representative from agencies such as a community  
8699 mental health center, fostering healthy children nurse, or other  
8700 agencies within the department;  
8701 (6) Regional administrator or other staff with relevant  
8702 responsibilities;  
8703 (7) Adoptive or resource parent or guardian.  
8704 d. The regional guardianship subsidy screening committee is responsible to:  
8705 (1) Verify that a child qualifies for a guardianship subsidy;  
8706 (2) Approve level of need and amount of monthly subsidy for initial  
8707 requests, changes, and renewals;  
8708 (3) Document committee decisions;  
8709 (4) Coordinate supportive services to prevent disruptions and  
8710 preserve permanency.  
8711  
8712 N. Determining Guardianship Subsidy Amounts.  
8713 1. The regional screening committee will determine the subsidy amount by  
8714 considering the special needs of the child and the circumstances of the guardian  
8715 family. The caseworker presents to the committee information regarding the  
8716 special needs of the child, the guardian family income and expenses, and/or the  
8717 guardian family's special circumstances (Forms OH60 and OH61).  
8718 2. The following factors must be considered when determining the amount of the  
8719 monthly subsidy to be granted: All sources of financial support for the child  
8720 including Supplemental Security Income, Social Security benefits, and other  
8721 benefits. (The subsidy committee may require verification of financial support.)  
8722 If a child is receiving benefit income and the income can continue after  
8723 guardianship is granted, this amount will be deducted from the guardianship  
8724 subsidy amount. The guardianship subsidy should not replace other available  
8725 income (such as Supplemental Security Income).  
8726 3. The guardianship subsidy will not exceed the levels indicated below, and may be  
8727 less based on the ongoing needs of the child and the needs of the guardians.  
8728 a. Guardianship Level I (Basic): Guardianship Level I is for a child who may  
8729 have mild to moderate medical needs or medically needy, psychological,  
8730 emotional, or behavioral problems, and who requires parental  
8731 supervision and care. The amount of guardianship subsidy for a child  
8732 whose needs are within Level I may be any amount up to the lowest basic  
8733 foster care rate.  
8734 b. Guardianship Level II (Specialized): Guardianship Level II is for a child  
8735 who may be physically disabled, developmentally delayed, medically  
8736 needy or medically fragile, or have a serious emotional disorder (SED).

- 8737 The amount of the guardianship subsidy may range from the lowest basic  
8738 foster care rate to the lowest specialized foster care rate.
- 8739 c. Children who are receiving the structured foster care rate in foster care  
8740 or who are in a group or residential setting are considered for the  
8741 Guardianship Level II rate.
- 8742 d. Guardianship subsidies may not exceed the Guardianship Level II rate.
- 8743 e. Guardianship subsidies are funded with state general funds within  
8744 regional foster care budgets. A region has the discretion to limit the  
8745 number of guardianship subsidies or reduce guardianship subsidy rates  
8746 based on the availability of funds.
- 8747
- 8748 O. Changing the Amount of the Guardianship Subsidy.
- 8749 1. The amount of a guardianship subsidy does not automatically increase when  
8750 there is a foster care rate change or as the child ages.
- 8751 2. A guardian may request a guardianship subsidy review when seeking an increase  
8752 in the guardianship subsidy amount, not to exceed the maximum amount  
8753 allowable for the child's level of need. The guardian must complete the Request  
8754 for Subsidy Increase Form to provide documentation to justify the request (Form  
8755 OH66).
- 8756 3. The request must be reviewed and approved by the Regional Guardianship  
8757 Subsidy Screening Committee. If approved, a new guardian subsidy agreement  
8758 will be completed.
- 8759 4. Child and Family Services must provide written notice of agency action by  
8760 certified mail at least 30 days in advance if a guardianship subsidy rate is going to  
8761 be reduced.
- 8762
- 8763 P. Guardianship Subsidy Agreement.
- 8764 1. A Guardianship Subsidy Agreement specifies the terms for financial support for  
8765 the child's basic needs.
- 8766 2. A guardianship subsidy caseworker will complete the Guardianship Subsidy  
8767 Agreement (OH62).
- 8768 3. The effective date of the initial agreement is the date of the court order granting  
8769 guardianship.
- 8770 4. A Guardianship Subsidy Agreement must:
- 8771 a. Be signed by the guardian and Child and Family Services prior to any  
8772 payments being made.
- 8773 b. Identify the reason a subsidy is needed.
- 8774 c. List the amount of the monthly payment.
- 8775 d. Identify dates agreement is in effect.
- 8776 e. Identify responsibilities of the guardian.
- 8777 f. Identify under what circumstances the agreement may be amended or  
8778 terminated and time period for agreement reviews.

- 8779 g. Include a provision for a reduction or termination in the amount of the  
8780 guardianship subsidy in the event a legislative or executive branch action  
8781 affects the Child and Family Services' budget or expenditure authority,  
8782 making it necessary for Child and Family Services to reduce or terminate  
8783 Guardianship Subsidies or if a regional office determines that reduction is  
8784 necessary due to regional budget constraints.
- 8785 h. Include a provision for assignment of benefits to the Office of Recovery  
8786 Services in accordance with ORS requirements.
- 8787 i. Include a provision for re-payment of any financial entitlement made by  
8788 DHS/Child and Family Services to the guardian, which were incorrectly  
8789 paid.
- 8790
- 8791 Q. Notification Regarding Changes.
- 8792 1. The guardian must notify Child and Family Services if:
- 8793 a. There is no longer a need for a guardianship subsidy.
- 8794 b. The guardian is no longer legally responsible for the support of the child.
- 8795 c. The guardian is no longer providing any financial support to the child or,  
8796 is providing reduced financial support for the child.
- 8797 d. The child no longer resides with the guardian.
- 8798 e. The guardian has a change in address.
- 8799 f. The child has run away.
- 8800 g. The guardian is planning to move out-of-state.
- 8801
- 8802 R. Reviews.
- 8803 1. A guardianship subsidy caseworker will review each guardianship subsidy  
8804 agreement annually. The family situation, child's needs, and amount of the  
8805 guardianship subsidy payment may be considered.
- 8806 2. The guardian must complete the Guardianship Subsidy Re-certification form  
8807 provided by Child and Family Services to verify that the guardian continues to  
8808 support the child. If the re-certification is not received after adequate notice,  
8809 the guardianship subsidy may be delayed or face possible termination.
- 8810 3. Renewals and Re-certifications:
- 8811 a. Renewals: In order for guardianship assistance payments to continue,  
8812 this Agreement will be renewed at intervals of up to three years until the  
8813 child's 18<sup>th</sup> birthday.
- 8814 b. Renewal Procedure: DHS/Child and Family Services will provide written  
8815 notification to the guardians before the next renewal date and will supply  
8816 the guardian with the appropriate forms.
- 8817 c. Amendment Prior to Next Renewal Date: The parties (DHS/Child and  
8818 Family Services and the guardian) may negotiate the terms of a new  
8819 agreement at any time. In order to be effective, all new agreements will  
8820 be in writing, on a form approved by DHS/Child and Family Services, and

- 8821 signed by the parties. Oral modifications or agreements will bind neither  
8822 DHS/Child and Family Services nor the guardian.
- 8823 d. Re-certification: In order for guardianship assistance payments to  
8824 continue, the guardian must re-certify annually by completing and  
8825 submitting the Annual Guardianship Subsidy Re-certification form to  
8826 DHS/Child and Family Services.
- 8827
- 8828 S. Appeals/Fair Hearings.
- 8829 1. The guardian may appeal a DHS/Child and Family Services decision to deny,  
8830 reduce, or terminate a child's guardianship subsidy awarded through the  
8831 guardianship subsidy agreement by filing a written request for an Administrative  
8832 Hearing with the DHS Office of Administrative Hearings (OAH). The hearing  
8833 request must be filed within 10 working days of receiving the DHS/Child and  
8834 Family Services decision in writing. For further instructions regarding  
8835 Administrative Hearings, contact OAH. [See Utah Administrative Rule [497-100](#),  
8836 Adjudicative Proceedings.)
- 8837 2. Child and Family Services will send by certified mail a written Notice of Agency  
8838 Action when a decision is made to deny, reduce, or terminate a guardianship  
8839 subsidy. The notice will also include information about how to request a fair  
8840 hearing
- 8841 3. A fair hearings officer from OAH may overturn a Child and Family Services  
8842 decision to deny, reduce, or terminate a child's guardianship subsidy when the  
8843 following apply:
- 8844 a. Child and Family Services incorrectly determined that the qualifying  
8845 factors were not met;
- 8846 b. Child and Family Services incorrectly determined the appropriate  
8847 guardianship subsidy level for the child;
- 8848 c. Child and Family Services terminated the subsidy without an applicable  
8849 termination reason existing.
- 8850
- 8851 T. Termination.
- 8852 1. A guardianship subsidy agreement will be terminated if any of the following  
8853 circumstances occur:
- 8854 a. The terms of the agreement are concluded.
- 8855 b. The guardian requests termination.
- 8856 c. The child reaches age 18.
- 8857 d. The child dies.
- 8858 e. The guardian parent dies (in a two-parent family if both guardian parents  
8859 die).
- 8860 f. The guardian parent's legal responsibility for the child ceases.
- 8861 g. DHS/Child and Family Services determines that the child is no longer  
8862 receiving financial support from the guardian parent.

- 
- 8863 h. The child marries.
- 8864 i. The child enters the military.
- 8865 j. The child is adopted.
- 8866 k. The child is placed in foster care.
- 8867 l. DHS/Child and Family Services determines that funding restrictions
- 8868 prevent continuation of subsidies for all guardians.
- 8869 2. A guardianship subsidy payment may be terminated or suspended, as
- 8870 appropriate, if any of the following occur. The decision to terminate or suspend
- 8871 must be made by the regional guardianship subsidy screening committee.
- 8872 a. The child is incarcerated for more than 30 days.
- 8873 b. The child is out of the home for more than a 30-day period or is no longer
- 8874 living in the home.
- 8875 c. The guardian fails to return the annual certification or to complete the
- 8876 renewed guardianship subsidy agreement within five working days of the
- 8877 renewal date.
- 8878 d. There is a supported finding of child abuse or neglect against the
- 8879 guardian.
- 8880
- 8881 U. Closure of the Foster Care (SCF) Case When Termination is for Guardianship Without a
- 8882 Guardianship Subsidy. The caseworker will close the SCF case following normal SAFE
- 8883 procedures using the closure wizard.
- 8884
- 8885 V. Foster Care Case Record Transition and Process for Guardianship (With Guardianship
- 8886 Subsidy Case).
- 8887 1. Guardianship Subsidy Screening Committee
- 8888 1. Schedule Guardianship Subsidy Screening Committee
- 8889 b. Complete Form OH60—Guardianship Subsidy Program Application
- 8890 c. Prepare Form OH61—Guardianship Subsidy Screening/Approval Form
- 8891 d. Attend Guardianship Subsidy Screening Committee
- 8892 e. Complete form OH61—Guardianship Subsidy Screening/ Approval Form
- 8893 2. Attend Court Hearing granting custody to Foster Parents
- 8894 a. Enter an Activity Record in SAFE detailing the outcome of the hearing;
- 8895 b. Navigate to the child's current placement record (Placement Window);
- 8896 select the Permanency Tab and enter the Guardianship Date.
- 8897 3. Open GAM Case in SAFE.
- 8898 a. Create GAM Case through the Case Creation module (Utilize the SCF case
- 8899 number as the prior case id). Designate a caseworker or technician to
- 8900 track the case, make the monthly payments to the guardian, and keep
- 8901 the information updated on the case.
- 8902 b. Complete the GAM Setup Wizard by navigating to the General Tab of the
- 8903 Case Window, and selecting the Case Setup Wizard button.
- 8904 c. Create the Guardianship Agreement Form—Form OH62, in the GAM case.

- 
- 8905 d. Mail/Deliver agreement for signatures.
- 8906 4. Close Foster Care Case (SCF).
- 8907 a. Navigate to the General Tab of the SCF Case Window; Select the Case
- 8908 Closure Wizard button.
- 8909 b. Enter Closure Reason = Custody/Guardianship to Foster Parent,
- 8910 c. Enter Case End Date = [Date Custody granted to Foster Parent]
- 8911 d. Complete Closure Wizard.
- 8912 5. Create Provider Record/Provider Approval in USSDS.
- 8913 a. Most providers will already be opened as a licensed provider in USSDS. If
- 8914 they are not, the following steps must be done:
- 8915 b. Fax a "Request for 9-character Provider Record Creation" to BCM along
- 8916 with a copy of the provider's social security card.
- 8917 c. Once BCM creates the provider record in USSDS, they will notify office to
- 8918 create provider approvals.
- 8919 d. USSDS Provider tech will need to go to PR07 and open the provider
- 8920 approval. Form OH62, attachment A will have the start/end dates along
- 8921 with the rate that the provider needs to be open. If there is more than
- 8922 one child, with more than one rate, open the approval for the highest
- 8923 rate.
- 8924 e. The provider information will download nightly into SAFE. PSA's can be
- 8925 open in the GAM case the following day.
- 8926 6. Create Purchase Service Authorization in SAFE.
- 8927 a. Navigate to the Purchase Service Authorization Window in SAFE (GAM
- 8928 case context).
- 8929 b. Enter the following information:
- 8930 (1) Provider ID;
- 8931 (2) Start Date;
- 8932 (3) Service = GAR;
- 8933 (4) Kind=Month;
- 8934 (5) Units = 1;
- 8935 (6) Rate = [amount determined in agreement]
- 8936 7. Payment Process
- 8937 a. Once the provider approval has been open in USSDS and the PSA open in
- 8938 SAFE, the direct checks for the GAR payment will start the following
- 8939 month.
- 8940 b. A handwritten 520 will need to be filled out for the first month, if the
- 8941 start date was after the 1<sup>st</sup>. The rate for the first month will need to be
- 8942 pro-rated (i.e., if the foster care payment ends on the 20<sup>th</sup>, the GAR
- 8943 payment will start the 21<sup>st</sup>).
- 8944 c. Take the provider monthly approval rate and divide by number of days in
- 8945 that particular month. Then times this rate by the number of days that
- 8946 need to be paid for remainder of the month. (Providers do not have to

- 8947 sign these handwritten 520's for GAR payments for the first month of  
8948 service).
- 8949 d. The automatic check run for GAR will be on the 1<sup>ST</sup> of each month.  
8950 Exceptions to this rule will be if the 1<sup>st</sup> is a Wednesday (day of regular  
8951 check run), or a Saturday/Sunday. If the 1<sup>st</sup> falls on a Wednesday, the  
8952 check run will be the next day. If it falls on a weekend, the check run will  
8953 be on the following Monday. If there are any check runs that fall on a  
8954 holiday Monday, they will run on Tuesday.
- 8955 e. If a provider approval has ended and the client authorization is still open,  
8956 a direct check will not be issued to the provider. The  
8957 agreement/approval needs to be updated before any payments can be  
8958 issued.
- 8959 8. Create Guardianship Subsidy File in the Child's Name.
- 8960 a. Create new file using approved subsidy tabs. If provider is getting  
8961 custody and guardianship of a sibling group, all names can be added and  
8962 maintained in the same guardianship file.
- 8963 b. Copies of OH60 (Guardianship Program Application), and OH61  
8964 (Guardianship Screening/Approval Form) will be placed in both the foster  
8965 care file and the guardianship file. If copies of the birth certificate and  
8966 social security card are available from the family file, copies should be  
8967 placed in the Guardianship Subsidy file also.
- 8968 c. Forms OH62 (Guardianship Subsidy Agreement) and OH64 (Annual  
8969 Recertification Letter), along with any other correspondence, will be  
8970 maintained in the guardianship subsidy file.
- 8971 9. Annual Guardianship Subsidy Re-certification Letter.
- 8972 a. Mail Form OH64—Annual Guardianship Subsidy Re-certification Letter,  
8973 60 days or more prior to the end date of the agreement.
- 8974 b. Request that the GAR provider complete and return the recertification  
8975 letter 30 days prior to the end date of the agreement.
- 8976 c. Upon receipt of the recertification letter, enter Activity Record in SAFE.
- 8977 d. Extend GAR provider approval in USSDS (do not create a new GAR line  
8978 unless the rate is changing).
- 8979 e. If provider fails to return recertification letter 30 days prior to the end  
8980 date of the agreement, mail out a final 30-day notice. This notice will  
8981 notify them that their case will be closed in 30 days if the recertification  
8982 letter is not received. If after the final 30-day notice the recertification  
8983 letter is not received, close PSA to stop the GAR direct checks from  
8984 running.
- 8985
- 8986 W. Closure of a Guardianship Subsidy Case.
- 8987 1. Navigate to the General Tab of the GAM Case Window; Select the Case Closure  
8988 Wizard Button.

- 8989 a. Enter appropriate Closure Reason based on the child's situation. Select  
8990 the closure reason value that most closely applies.  
8991 2. Complete Closure Wizard.  
8992 3. At closure of GAM case, the hardcopy of the Guardianship Subsidy file will be  
8993 closed and archived according the retention for Guardianship Subsidies.  
8994

### 308.3 Transition To Adoptions And Adoption Finalization

**Major objectives:**

If the child's permanency goal is adoption and the child is not already in the adoptive home, Child and Family Services will make intensive efforts to place the child with an adoptive family. [See: [Section 400](#), Adoption, subsections 401.3 through 401.9.]

**Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### 308.3a Contact Between Adopted Child And Birth Family Members

**Philosophy:**

Help children stay connected with birth family members after adoption to help relieve loss, cultivate a pride in their heritage, and answer questions about family histories of medical and mental health conditions.

**Major objectives:**

Child and Family Services will help children who are adopted benefit from contact with birth family members when all parties agree it is safe and appropriate. Contact with birth family members may help a child:

- A. Relieve grief and loss. Children have often lost connections with birth family members through being in out-of-home care and further lose connections after they are adopted.
- B. Cultivate pride in their biological heritage to develop self-worth and good self-esteem. Contact with appropriate birth family members can help an adopted child understand their biological heritage.
- C. Explain things like their genetic traits and possible inherited medical and mental health conditions.

**Applicable Laws**

Utah Code Ann. [§62A-4a-205.6](#). Adoptive Placement Time Frames.

9030 Utah Code Ann. [§78B-6-146](#). Post Adoption Contact Agreement.

9031

9032 Practice Guidelines

9033 [See: Practice Guidelines [Section 401.8a.](#)]

9034

### 9035 **308.4 Transition To Independent Living**

9036

9037 (This section has been replaced by [Section 303.7.](#))

9038

### 9039 **308.5 Transfer To Other Agencies**

9040

9041 Major objectives:

9042 Child and Family Services will team with other agencies to ensure each foster child receives  
9043 appropriate services from other agencies as needed.

9044

#### 9045 **Applicable Law**

9046 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

9047

#### 9048 Practice Guidelines

9049 A. The caseworker should screen the case with the appropriate agency to determine if the  
9050 child is eligible for services from another agency such as Youth Corrections, DSPD, or  
9051 Division of Aging and Adult Services.

9052

9053 B. If the child is under age 18 years and is eligible for DSPD services, DSPD will not assume  
9054 full responsibility for the case until the child is age 18 years or in some cases age 21  
9055 years. Therefore, Child and Family Services must work in conjunction with DSPD.  
9056 However, once a child reaches age 18 or 21 years, the case may be transferred to DSPD.

9057

9058 C. Once it is determined a child is eligible for service from another agency and the case has  
9059 been accepted for services by the agency, the caseworker will meet with the child and  
9060 necessary family members and explain the transfer of services to the new agency. The  
9061 caseworker will assist the child and new caseworker in making a smooth transition.

9062

9063 D. Once the transition is complete, Child and Family Services may close the foster care  
9064 case.

9065

## 308.6 Termination Of Out-Of-Home Services

### Major objectives:

When a child's permanency goal is achieved, Child and Family Services out-of-home services will be terminated.

### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### Practice Guidelines

No later than 30 days after the issuance of the court order to terminate Child and Family Services custody and guardianship of a child, the caseworker will:

- A. Complete the risk assessment, which shows the child will be safe in the permanent placement.
- B. Update the Functional Assessment.
- C. If parental rights have not been terminated, notify the parents, in writing, that the case is being closed. A copy of the letter should be sent to the Guardian ad Litem.
- D. Notify the Office of Recovery Services with a closure date.
- E. Notify the regional eligibility caseworker for reassessment or referral of Medicaid eligibility.
- F. If the child is receiving SSI or SSA or some other entitlement benefit, notify the Social Security Administration or other entitlement source in writing of the change in payee and notify the business office at the regional office to close out the child's trust fund.
- G. Write a termination summary addressing the original risk factors, achievement of the service plan goals and the reason for closing the case, etc.
- H. Complete the closure wizard on SAFE.
- I. The case must have a copy of the court order terminating Child and Family Services custody and involvement in the record before the case can be closed.
- J. The case should be reviewed by the caseworker's supervisor and a QA review completed and put in the record to ensure all documentation is complete on the case before it is closed.

- 9107  
9108 K. If the child is from another state, refer to [Section 703](#) Interstate Compact On The  
9109 Placement Of Children.  
9110

### 308.7 Foster Youth Petitioning The Court For Release From Child and Family Services

#### Custody

##### Major objectives:

9114 Minors over the age of 18 who are in the custody of Child and Family Services may petition the  
9115 court to be released from the custody of Child and Family Services if the minor came into  
9116 custody based on abuse, neglect, or dependency.  
9117  
9118

#### Applicable Laws

9119  
9120 Utah Code Ann. §62A-4a-105. Division responsibilities.  
9121  
9122

#### Practice Guidelines

9123  
9124 A. If a minor over the age of 18 years requests to be released from the custody of Child and  
9125 Family Services, the caseworker will inform the minor of the process.

9126 1. The minor may petition the juvenile court to be released from the custody of  
9127 Child and Family Services if the minor came into custody based on grounds of  
9128 abuse, neglect, or dependency.

9129 2. The minor is responsible to file the petition, which must include:

9130 a. A statement from the parent or guardian if rights are not terminated,  
9131 agreeing that a release from custody should occur, and

9132 b. Both the child and the parents' signature on the petition.  
9133

9134 B. Prior to the review of the minor's petition by the court, the caseworker will provide the  
9135 following information, if applicable, to the court to assist the court in determining if it is  
9136 appropriate to grant the release from custody:

9137 1. That the minor does not pose an imminent threat to self or others. This  
9138 includes, but is not limited to:

9139 a. Substance abuse issues.

9140 b. Threat of homelessness or human trafficking.

9141 c. Mental health impairment.

9142 d. Ability to live independently as an adult, including work and education.

9143 e. Disability.

9144 f. Threat of exploitation due to disability.  
9145

9146 C. If the court grants the petition, the minor may petition the court to re-enter Child and  
9147 Family Services custody within 90 days of the original petition being granted. If the

- 
- 9148 court does grant the petition to have the minor re-enter Child and Family Services  
9149 custody, the caseworker will:  
9150 1. An SCF case will be opened on the date the court granted the petition to re-enter  
9151 Child and Family Services custody.  
9152 2. Determine if the minor should be considered for an Independent Living  
9153 Placement (ILP) (see: Section 303.7). If it is determined the minor should be  
9154 placed in an ILP, the caseworker will follow Section 303.7.  
9155 3. If the minor is assessed to need a higher level of care, the caseworker will staff  
9156 the case with the regional contract manager to determine if there are  
9157 placements available that can serve a minor over the age of 18.  
9158 4. The caseworker will assess for possible kinship connections, as well as other  
9159 permanent connections following Section 301.2 to determine appropriate  
9160 permanency goals for the minor.  
9161

9162 **309 Peer Parent Services**

9163 Major objectives:

9164 Peer Parent services may be appropriate for families who have parenting or household  
9165 management challenges. Peer Parent services are also appropriate for families who are at risk  
9166 of having their children removed (as a preventative measure) or whose children have been  
9167 removed. Families will be assigned a peer parent who is a specially trained individual, who may  
9168 be a licensed out-of-home caregiver or an individual from the community, to work intensively  
9169 with the parents to provide information; to teach and provide an opportunity to practice  
9170 positive parenting and household management skills; and to model the skills.

9172 Peer Parent services are not designed to ensure safety of the children in the home or to monitor  
9173 the family's compliance with court orders or Child and Family Services requirements.  
9174

9177  
9178 **Applicable Law**

9179 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
9180

9181 Practice Guidelines

- 9182 A. Eligibility requirements for families to be referred by a caseworker to Peer Parent  
9183 services are:
- 9184 1. Families or caregivers in need of extra help or support in order to maintain the  
9185 child in the home.
  - 9186 2. Families whose child has been removed from the home due to insufficient  
9187 parenting skills.
- 9188
- 9189 B. The role and responsibilities of the peer parent is:
- 9190 1. To teach parenting skills by engaging the parent and the child in interactive  
9191 experiences.
  - 9192 2. To teach and model household management skills needed by the parent.
  - 9193 3. To fully document all sessions as they work with the family.
  - 9194 4. To submit documentation to both the peer parent area coordinator and the  
9195 caseworker on a monthly basis.
- 9196
- 9197 C. All peer parents will use a skills-based curriculum approved by Child and Family Services  
9198 as a basis for working with the family. The peer parent may supplement the curriculum,  
9199 when needed, with other materials approved by the peer parent area coordinator.  
9200
- 9201 D. A manual, and/or other materials used by the peer parent when working with the  
9202 family, will remain with the family as a resource when peer parenting has ended.

- 9203
- 9204 E. Accessing, Initiating, and Terminating Peer Parent services:
- 9205 1. The caseworker will staff all referrals to Peer Parent services with the peer
- 9206 parent area coordinator, who will determine if the referral is appropriate for
- 9207 Peer Parent services.
- 9208 2. Peer Parent services will not be provided simultaneously with homemaker,
- 9209 family preservation, or parent advocate services.
- 9210 3. The caseworker will include Peer Parent services in the Child and Family Plan.
- 9211 4. Peer Parent services will begin with an initial meeting between the peer parent,
- 9212 caseworker, and parent to clarify expectations and the skills to be addressed,
- 9213 and to formally include Peer Parent services in the Child and Family Plan.
- 9214 5. The caseworker will ensure that correct service codes are entered into SAFE in
- 9215 order to provide the requisite compensation to the peer parent.
- 9216 6. The caseworker will assist the potential peer parent and/or the peer parent area
- 9217 coordinator in completing other forms required in order to initiate services.
- 9218 7. The caseworker will ensure that the service codes are closed in a timely manner
- 9219 upon completion or termination of Peer Parent services.
- 9220
- 9221 F. Time Requirements and Limitations: Peer parents will engage the parent in hands-on,
- 9222 practical parenting opportunities for a minimum of 20 hours per month with a
- 9223 maximum of 40 hours per month. Peer Parent services are not to exceed 120 days
- 9224 unless staffed for an exception. Exceptions to this time frame include court orders or
- 9225 approval from the region director.
- 9226
- 9227 G. Payment code:
- 9228 1. The payment code of PPO will be used when Peer Parent services are initiated on
- 9229 a case where the child is currently in state custody. The PPI code is utilized when
- 9230 the child remains in the custody of the parent or guardian and Peer Parent
- 9231 services are being offered.
- 9232 2. Peer Parent services will be opened with the parent or guardian identified as the
- 9233 primary client (not the child). In most cases only one parent may be opened for
- 9234 the service.
- 9235 3. The peer parent will receive a standard reimbursement rate. In order for the
- 9236 payment to be processed, Child and Family Services must receive completed
- 9237 documentation for total hours billed and a signed form 520 from the peer parent
- 9238 who is providing the services. Documentation must be received prior to the
- 9239 payment being issued.
- 9240
- 9241 H. Peer Parent Program Staff:
- 9242 1. Peer parents are specially trained individuals, who may be licensed out-of-home
- 9243 caregivers or an individual from the community, who work intensively with the

- 
- 9244 parents to provide information, to teach and provide an opportunity to practice  
9245 positive parenting and household management skills, and to model the skills.  
9246 2. Peer parent area coordinators administer the Peer Parent services in the regions.  
9247 The peer parent area coordinators recruit, train, supervise, and assist individual  
9248 peer parents.  
9249 3. A program administrator from the State Office is assigned to manage Peer  
9250 Parent services statewide and inform the peer parent area coordinators of  
9251 Practice Guidelines and procedures of Child and Family Services pertaining to  
9252 Peer Parent services.  
9253  
9254 I. Requirements for being a peer parent:  
9255 1. Peer parents will be certified by Child and Family Services to provide Peer Parent  
9256 services.  
9257 2. Peer parents will have completed basic peer parent training delivered by the  
9258 peer parent area coordinator and maintain a working knowledge of the  
9259 competencies outlined in the current Peer Parenting Manual.  
9260 3. Peer parents will be current with their required advanced training hours  
9261 delivered by the peer parent area coordinator.  
9262 4. Peer parents must show an understanding of the major objectives and  
9263 procedures of Child and Family Services.  
9264  
9265 J. Peer Parents Certification:  
9266 1. Peer parents may be licensed Child and Family Services out-of-home caregivers  
9267 who have received training and certification specific to providing Peer Parent  
9268 services.  
9269 2. Peer parents may also be individuals from the community that are not licensed  
9270 out-of-home caregivers, but who have gone through the peer parent training  
9271 and certification process and are approved to provide Peer Parent services by  
9272 the region director.  
9273 3. The peer parent area coordinator will facilitate the certification process by  
9274 documenting that the prospective peer parent has:  
9275 a. Passed the background screening process,  
9276 b. Completed the necessary training, and  
9277 c. Gained an understanding of Child and Family Services processes.  
9278 4. The peer parent area coordinator will notify the region of all certified peer  
9279 parents and their status as either licensed out-of-home care providers or  
9280 certified peer parents.  
9281  
9282 K. Role of the Peer Parent Area Coordinators: The peer parent area coordinator will:  
9283 1. Recruit and train peer parents throughout the region as needed.



### 310 Levels Of Care Evaluation Model

Major objectives:

A child will be placed in a placement consistent with the child's needs, first taking into consideration preference of placement found in Practice Guidelines [Section 700](#). The type of out-of-home placement for the child, either the initial placement or change in placement, will be determined within the context of the Child and Family Team. Placement level decisions will be made based upon the needs, strengths, and best interests of the child according to the following criteria (these are in no particular order, rather they should be considered in the context of each case and situation):

- A. Safety factors in regards to the potential placement, including the threats of harm to the child or that the child poses to others, the protective capacities of the caregiver, and the child's vulnerabilities.
- B. Reasonable proximity to the child's home.
- C. Placing siblings together unless there is a safety concern.
- D. Educational needs, including proximity to the child's school and child's need for maintaining connections to school.
- E. Needs specific to the child's age, including developmental level.
- F. Cultural factors, language, and religion specific to the child.
- G. Existing relationships between the child and a caregiver or other significant individuals in the child's life.
- H. Health and mental health needs.
- I. Potential for ongoing care or permanency with the caregiver to prevent unnecessary changes in placement.

**Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

9344 Practice Guidelines

9345 General Philosophy:

9346 Child and Family Services has the responsibility to determine the least restrictive and most  
9347 appropriate placement based on the child's needs. The placement provides for the safety of  
9348 the child and others, as well as assists in maintaining the child's connections with their family.  
9349 For children who are unable to return home, the placement will have the capacity to prepare a  
9350 child for another planned permanent relationship and/or provide for connections to  
9351 relationships that will endure through adulthood.

9352

9353 A. The Levels of Care Evaluation Model promotes the belief that children should live in  
9354 family settings, not in a treatment program.

9355

9356 B. The Levels of Care Evaluation Model is designed to allow flexibility in meeting the needs  
9357 of children while keeping safety, permanency, and well-being at the forefront  
9358 throughout the decision-making processes used by the Child and Family Team.

9359

9360 C. The Levels of Care Evaluation Model is designed to identify the level of care, supervision,  
9361 and services that a child requires and NOT identify a specific placement.

9362

9363 D. Services will be outcome driven and provided in the most cost effective manner within  
9364 available resources.

9365

9366 Levels of Care - General Description:

9367 A. The Levels of Care Evaluation Model is based on a continuum of care with seven levels  
9368 of care. As the levels of care progress, each level is designed to provide more intensive  
9369 services and supervision than the prior level of care.

9370

9371 B. The first three levels (Level I, Level II, and Level III) are most frequently provided in  
9372 foster family homes licensed by the Department of Human Services (DHS), Office of  
9373 Licensing (OL). Occasionally these services are provided to children in proctor homes,  
9374 such as when foster family homes are not available or when siblings of a child in proctor  
9375 care are placed together.

9376 1. Level I is family-based care that provides safe, adequate, standard parental  
9377 supervision and care. Children in this level of care may have mild to moderate  
9378 medical or mental health treatment needs and mild behavioral problems.

9379 2. Level II is family-based care that provides a safe environment with adequate  
9380 parental supervision that may be slightly or moderately more intense than that  
9381 of a child in Level I care. Children at this level may be physically disabled,  
9382 developmentally delayed, medically needy or medically fragile, or have a serious  
9383 emotional disorder (SED), and may require outpatient treatment services more  
9384 frequently than once a week, such as day treatment and/or special education  
9385 services.

- 9386 3. Level III is family-based care that provides intensive treatment services and  
9387 constant supervision in a family living environment by a well-trained,  
9388 experienced out-of-home care provider. Children at this level may have severe  
9389 behavioral, emotional, or medical problems that can still be managed in a foster  
9390 home. Level III care is for children who are unable to be successful in  
9391 placements with a lower level of services and supervision. Children in Level III  
9392 care have behaviors, medical concerns, or other needs that could generally be  
9393 improved by working with skilled, experienced out-of-home care providers that  
9394 have completed advanced training through the Utah Foster Care and have  
9395 demonstrated skills in working with the issues. A Level III placement is a safe  
9396 intervention phase to help stabilize and improve the behavior of a child ages  
9397 eight to 18 years and to teach them skills to help them form healthy  
9398 relationships and achieve goals congruent with their age and developmental  
9399 level.
- 9400 a. Level III care is based on the needs of the child, not the level of training  
9401 the out-of-home care provider has received.
- 9402 b. The out-of-home care provider may be required to participate in  
9403 supplemental training to learn how to deal with the specific needs and  
9404 behaviors of a child assessed for Level III placement. Level III placement  
9405 may also include a specific, individualized plan (which may be  
9406 incorporated into the Child and Family Plan) tailored to improving  
9407 problematic behaviors of the child and/or meeting the child's specific  
9408 needs.
- 9409 c. Screening for placement in Level III:
- 9410 (1) A child who is recommended for a Level III placement will be  
9411 screened by the Placement Screening Committee or equivalent  
9412 committee in the region to determine if a Level III placement is  
9413 the most appropriate placement for meeting the child's needs.
- 9414 (a) The region director or designee is required to approve  
9415 placing a child under the age of eight years in a Level III  
9416 placement.
- 9417 (2) Level III is to assist in preparing the child for transition into a  
9418 permanent family setting, such as returning the child home;  
9419 adoption; custody and guardianship to kin or with an out-of-home  
9420 care provider; or another planned, permanent living arrangement.
- 9421 d. Requirements for prospective Level III out-of-home care providers: Out-  
9422 of-home care providers must meet the following requirements before  
9423 they can be approved to provide Level III care:
- 9424 (1) A minimum of six months experience as an out-of-home care  
9425 provider OR the Resource Family Consultant (RFC) or other  
9426 designated regional staff determines that the family has the skills

- 9427 and abilities to successfully parent a child placed in their care that  
9428 would qualify as a child that requires a Level III placement;  
9429 (2) One parent available in the home full-time when the child is  
9430 present;  
9431 (3) Complete the training designated by Child and Family Services  
9432 through the Utah Foster Care for Level III out-of-home care  
9433 providers;  
9434 (4) Successful demonstration of the skills taught in the training;  
9435 (5) Successful completion of an evaluation by the RFC or other staff  
9436 designated by the region at the end of a six-month probationary  
9437 period;  
9438 (6) Completion of any additional requirements as outlined by the  
9439 region.
- 9440 e. The RFC or other staff designated by the region will monitor the out-of-  
9441 home care provider to assess their ability to provide Level III care. A  
9442 formal, written evaluation of the out-of-home care provider's abilities  
9443 will be completed annually and documented in SAFE or in the out-of-  
9444 home care provider's file in order to determine that they are able to  
9445 provide care and structure at an appropriate level for the child placed in  
9446 their home.
- 9447 g. If needed, the RFC or other designated regional staff will identify or  
9448 provide additional training and/or assistance to the family to help the  
9449 out-of-home care provider in meeting the specific needs of the child  
9450 placed in their home.
- 9451
- 9452 C. Children with severe emotional or behavioral difficulties that cannot be managed in  
9453 traditional family settings because of a need for more intensive supervision and  
9454 treatment may be placed in higher levels of care through contracts with licensed  
9455 providers.
- 9456 1. Level IV is proctor family care through a private licensed child-placing agency.  
9457 The proctor agency generally has access to highly skilled caregivers as well as a  
9458 variety of wraparound services needed for the higher, intensive needs of the  
9459 child. It also includes Transition to Adult Living services in a supervised  
9460 apartment setting.
- 9461 2. Level V is residential support or residential treatment, generally for children with  
9462 moderate level treatment and supervision needs, requiring 1:6 staff to client  
9463 ratio.
- 9464 3. Level VI is residential treatment for children with high level treatment and  
9465 supervision needs, generally requiring 1:4 staff to client ratio with awake night  
9466 staff. This is the highest level of care before institutional care at a psychiatric or  
9467 acute care hospital.

9468 4. Level VII is institutional care at a psychiatric or acute care hospital, such as the  
9469 Utah State Hospital.  
9470

9471 D. Categories of primary treatment needs for Levels IV, V, and VI: Children entering a  
9472 higher level of care provided by a contract provider (Levels IV, V, or VI) will have  
9473 behavioral concerns. These levels are based on the intensity of supervision required by  
9474 direct care staff and/or proctor parents. It is what is behind the behaviors that will  
9475 indicate primary treatment needs of the child.  
9476

9477 Within the Levels of Care Evaluation Model, Levels IV, V, and VI contain five categories  
9478 of service that are designed to address specific treatment needs of a child. For children  
9479 entering higher levels of care, an assessment and determination must be made  
9480 regarding which treatment category is appropriate for the child.

9481 1. Sexual Behaviors: Children who have sexual behaviors that have not been  
9482 managed while living with their families or while living in lower levels of care.

9483 2. Mental Health: Children whose negative behaviors are a result of a mental  
9484 illness (such as seriously emotionally disturbed, bipolar disorder, major  
9485 depression, PTSD, etc.).

9486 3. Substance Dependent: Children who have been diagnosed as being substance  
9487 dependent through a psychological or substance abuse assessment.

9488 4. Behavioral Disorders: Children whose presenting problems are behavioral in  
9489 nature such as non-compliance, acts of physical aggression, property offending,  
9490 or substance abuse. Children placed in this category have been ruled out of the  
9491 sexual behavior, mental health, and substance dependant treatment categories.

9492 5. Individual Residential Treatment for Severe Needs (IRTS): Children with a  
9493 combination of cognitive impairments or other significant physical disabilities  
9494 AND severe emotional or behavioral disorders that cannot be served in the other  
9495 treatment categories due to their intensive needs. Children placed in the IRTS  
9496 category require a more intensive staff to client ratio from 1:1 to a maximum of  
9497 1:3 client ratio and other intensive services, which are based on the individual  
9498 needs of the child. The treatment plan for a child placed in this category is  
9499 highly individualized and based on the child's needs.

9500 a. The IRTS category is a 24-hour individual residential program. Highly  
9501 trained staff provide an intensely structured environment, general  
9502 guidance, supervision, behavior management, and other rehabilitation  
9503 services designed to improve the child's condition or prevent further  
9504 regression so that services of this intensity will no longer be needed. The  
9505 program has the capacity to significantly increase or decrease the  
9506 intensity of services and supervision for the child, depending on their  
9507 needs, without a change in the placement setting. There are two types of  
9508 IRTS placements:

- 9509 (1) Community living residential support: This service is available to  
9510 those persons who live alone or with roommates in an apartment-  
9511 like setting based on an individualized staff to client ratio ranging  
9512 from 1:1 to 1:3. This is a residential service designed to assist the  
9513 child to gain and/or maintain skills to live as independently as  
9514 possible and fully participate in a community setting. The type,  
9515 frequency, and amount of required support in these settings are  
9516 based on the individual client's needs.
- 9517 (2) Professional parent home: A family home-like setting for one  
9518 child with IRTS qualifying needs. This service provides  
9519 individualized habilitation, supervision, training, and assistance in  
9520 a certified private home for no more than one child client at a  
9521 time. This service includes daily supports to maintain individual  
9522 health and safety, and assistance with activities of daily life.
- 9523 b. Requirements for IRTS professional parent homes:
- 9524 (1) The provider will place no more than one child client in the home  
9525 of a professional parent.
- 9526 (2) The provider will ensure there is no more than one child client in  
9527 the professional parent home who is unrelated to the professional  
9528 parents, including the child client who is being served.
- 9529 (3) One professional parent will be in the home at all times when the  
9530 child client is in the home, or the caseworker will need to approve  
9531 other agency staff to provide supervision. A professional parent  
9532 will be available for immediate contact when the child client is not  
9533 in the home.
- 9534
- 9535 E. General Requirements for all treatment providers in Levels IV, V, and VI:
- 9536 1. No Mixing of Treatment Populations: Child populations in different treatment  
9537 categories may not be mixed in the same residential facility or proctor home.  
9538 Providers will have residential programs that specifically target the population  
9539 they are working with. In addition, low supervision need children generally  
9540 should not mix with moderate to high-risk children, unless they are stepping  
9541 down and the caseworker and Child and Family Team make a determination that  
9542 placement of the children together is safe and appropriate.
- 9543 2. Gender Considerations: Male and female children need to be housed and  
9544 treated separately. There may be an exception granted in family-based  
9545 placements for siblings or for a child in custody who has a child of their own. It is  
9546 also expected that any program working with female clients, even where there is  
9547 a mixed gender population in the program, will implement gender-responsive  
9548 best practices. Training and guidance will be given to providers regarding gender  
9549 responsive practices.

- 9550 3. Multiple Diagnoses: For children with multiple diagnoses, the diagnosis of  
9551 greatest concern will dictate the treatment needs and, ultimately, the placement  
9552 (though the provider will still be required to address all of the treatment needs).  
9553 4. Changes in Placement: Before a provider requests to change a child's  
9554 placement, the provider must first attempt to stabilize the placement through  
9555 adjusting treatment and wrap services based on the child's variable needs.  
9556 5. Requirement for Written Authorization: The provider must obtain written  
9557 authorization from the caseworker prior to providing services or increasing  
9558 services for a child.  
9559

9560 Process for Making Placement Decisions:

- 9561 A. Child and Family Assessment (CFA): Caseworkers will complete a CFA on each child in  
9562 order to assist in making an appropriate determination for the level of care the child will  
9563 be placed in. The CFA will include a Levels of Care Evaluation.  
9564 1. CFA: The CFA is developed through a process of teaming and assessing each  
9565 child in Child and Family Services custody. Information available from formal  
9566 assessments (health, mental health, psychiatric, school, etc.) and informal  
9567 assessments (client interviews, family history, etc.) is brought together and  
9568 synthesized into the CFA. Through the Child and Family Team process, the  
9569 caseworker completes the CFA by gathering information about the child in the  
9570 following areas:  
9571 a. Threats of harm that can affect the safety of the child;  
9572 b. Placement and treatment history;  
9573 c. Child's family history, including the family's strengths, concerns, and  
9574 protective capacities;  
9575 d. Child's strengths, motivations, and interests;  
9576 e. Health issues/concerns, including medication history;  
9577 f. Developmental and educational levels;  
9578 g. Behavioral/emotional concerns about the child, including those that pose  
9579 a risk to self and others;  
9580 h. Mental health issues and history, including psychotropic medication;  
9581 i. History of delinquent behavior;  
9582 j. Permanency goal, including enduring relationships that can provide  
9583 safety and permanence.  
9584  
9585 B. Levels of Care Evaluation tool: Caseworkers will use input and information from the  
9586 Child and Family Team and from other known assessments to complete a Levels of Care  
9587 Evaluation on every child to determine the appropriate level of care and services  
9588 needed to promote stabilization for the child. The Levels of Care Evaluation will inform  
9589 the CFA. Children will be placed in the level and category of treatment and supervision  
9590 that is best suited to meet individualized needs based on the conclusions drawn in the  
9591 CFA and the Levels of Care Evaluation tool.

- 9592 1. The Child and Adolescent Needs and Strengths (CANS) assessment will serve as  
9593 the Levels of Care Evaluation tool for children in the custody of Child and Family  
9594 Services. The CANS assessment is meant to be completed using information that  
9595 is contributed by the members of the Child and Family Team. The result of the  
9596 CANS assessment is a recommendation for a level of care, as well as a  
9597 recommended treatment category for Levels IV, V, and VI.
- 9598 2. The CANS assessment results may be superseded by recommendations of other  
9599 assessments (such as a NOJOS assessment or Mental Health Assessment) or by  
9600 the decision of the Child and Family Team or the Placement Screening  
9601 Committee when determining the appropriate level of care for the child.
- 9602 3. When a decision is made to place a child at a level of care that differs from the  
9603 recommendation of the CANS assessment, the rationale for the placement  
9604 decision will be documented in the SAFE database in the CFA.

- 9605
- 9606 C. When the placement recommendation indicates the need for a Level III placement and  
9607 above, the caseworker will take the completed CANS assessment and the CFA, and will  
9608 present the information to the region Placement Screening Committee. The Placement  
9609 Screening Committee will ask clarifying questions and assist the caseworker in refining  
9610 the evaluation in order to determine an appropriate recommendation for a level of care  
9611 for the child. The placement will be within the least restrictive environment for the  
9612 shortest, appropriate duration to help the child achieve the outcomes defined for that  
9613 child and to help the child progress towards enduring safety and permanency in a family  
9614 setting.

9615

9616 Ongoing Assessment of Progress:

9617 In order to assess for progress, the caseworker will hold regular reviews to determine whether  
9618 the child is making progress and/or needs to remain at the current level of care. The review  
9619 should include the completion of a new CANS assessment, review of other assessments that  
9620 have been completed since the last review, input from the Child and Family Team, and any  
9621 other relevant case information.

- 9622
- 9623 A. For placements at Level I, II, and III, reviews will be conducted a minimum of every six  
9624 months or more frequently as needed.
- 9625
- 9626 B. For each child placed at a Level IV or higher, reviews will be conducted a minimum of  
9627 every three months or more frequently as needed.
- 9628
- 9629 C. For children in Level III placements and above, these reviews must be done with the  
9630 region Placement Screening Committee.
- 9631 1. Review of Level III placement: The review process of a Level III placement will  
9632 follow the region protocol, but at a minimum will be staffed with the supervisor  
9633 and the caseworker.



9663 **311 Research Involving Children In Child And Family Services**  
9664 **Custody**

9665 Major objectives:

9666 Child and Family Services will cooperate with bona fide research by providing information on or  
9667 allowing recruitment of children in the custody of Child and Family Services as long as the  
9668 research is approved in accordance with the standards and procedures of the Department of  
9669 Human Services Institutional Review Board, which may be found on their website at  
9670 <http://www.hs.utah.gov/irb/index.htm>.

9671  
9672 **Applicable Law**

9673 FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46.

9674 Utah Code Ann. [§52-4 et seq.](#) Open and Public Meetings.

9675 Utah Code Ann. [§53A-13-301](#). Application of State and Federal Law to the Administration and  
9676 Operation of Public Schools.

9677 Utah Code Ann. [§63G-2 et seq.](#) GRAMA.

9678 Utah Code Ann. [§62A-3-302](#). Purpose of Adult Protective Services Program.

9679 Utah Code Ann. [§62A-4a-403](#). Reporting Requirements.

9680  
9681 **Practice Guidelines**

9682 A. When a researcher proposes a research study that involves children in Child and Family  
9683 Services custody, the following steps must be taken to grant informed consent prior to  
9684 the researcher being given any confidential information or having contact with clients or  
9685 their private data. Federal regulations define "research" as "*a systematic investigation,*  
9686 *including research development, testing, and evaluation, designed to develop or*  
9687 *contribute to generalizable knowledge.*" This may include, but is not limited to,  
9688 accessing individual client records, interviewing the child or others about the child,  
9689 observing the child, or treating a child as part of the research study.

- 9690 1. The Child and Family Services research representative to the Department of  
9691 Human Services Institutional Review Board (DHS IRB) must review and approve  
9692 the research. The Child and Family Services research representative will consult  
9693 with the division director and/or region directors when the research impacts  
9694 regional workload or is of greater than minimal risk. Risk level is determined by  
9695 the DHS IRB or the research representative. Minimal risk means that the  
9696 probability and magnitude of harm or discomfort anticipated in the research are  
9697 not greater in and of themselves than those ordinarily encountered in daily life  
9698 or during the performance of routine physical or psychological examinations or  
9699 tests. The review will consist of evaluating whether or not the research is in the  
9700 best interests of Child and Family Services and its clients (including the children),  
9701 the researcher has made adequate provision for obtaining all required informed  
9702 consents and informed assents, the research protocols and procedures are

- 9703 designed to ensure confidentiality, respect, and ethical treatment during the  
9704 researcher's gathering of the data, storage, retrieval of the data, and publication  
9705 of the data, the research study involves no more than minimal risk to subjects or  
9706 the direct benefits to the subjects outweigh the risks, the research methodology  
9707 is sufficiently sound to yield results that offer a potential benefit to the  
9708 Department or Child and Family Services, and the research protocol protects  
9709 individual privacy rights and complies with the Department's Vision and Mission  
9710 Statements, the Department Code of Ethics, and any applicable rules or statutes,  
9711 including Utah Code Annotated [§63G-2-202](#). Approval will be documented on  
9712 the Division Level Approval of Research Form (see Section 311--Foster Children  
9713 Research Involvement - Caseworker Consent Form).
- 9714 2. The DHS IRB must review and approve the research in accordance with  
9715 Department of Human Services policy "Protecting the Rights of Human Research  
9716 Subjects Policy and Procedures", FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR  
9717 46; Utah Code Annotated [§52-4 et seq](#) Open and Public Meetings; Utah Code  
9718 Annotated [§53A-13-301](#) Application of State and Federal Law to the  
9719 Administration and Operation of Public Schools; Utah Code Annotated [§63G-2 et](#)  
9720 [seq](#) GRAMA; Utah Code Annotated [§62A-3-302](#) Purpose of  
9721 Adult Protective Services Program; Utah Code Annotated [§62A-4a-403](#) Reporting  
9722 Requirements.
- 9723 3. Informed consent for children in Child and Family Services custody (unless  
9724 written consent has been waived by the DHS IRB):
- 9725 a. The Child and Family Services caseworker for the child will consult with  
9726 the foster parents (adoptive parents in research with adoptive children)  
9727 and may contact therapists, school personnel, and others who work  
9728 closely with the child to determine if the child will be available and ready  
9729 to participate in the proposed research, and to consider if there are any  
9730 concerns about the child participating in the research. If it is decided that  
9731 the child can participate, the caseworker must sign the informed consent  
9732 and document on the "Foster Children Research Involvement –  
9733 Caseworker Consent Form" who they consulted prior to deciding to give  
9734 consent.
- 9735 b. If the research is greater than minimal risk and the child is under 18 years  
9736 of age and the goal of the child is 'Return Home' or 'Custody to Relative  
9737 Guardian' or if parental rights have not been terminated, the parents or  
9738 relatives must be consulted and give their permission for the child to  
9739 participate. If they give their permission they must also sign the  
9740 informed consent form. If they do not give their consent the child cannot  
9741 participate in the research.
- 9742 c. If the child has the maturity to understand the implications of  
9743 participating in research, they must be consulted about their potential  
9744 participation. It must be explained that participation is voluntary, if they

- 9745 do not assent it will not in any way affect services they or their families  
9746 receive from Child and Family Services, and if they do assent they can  
9747 withdraw from the research project at any time without penalty.  
9748 Evaluation of the child's level of maturity is done by the Child and Family  
9749 Services caseworker after consultation with foster or adoptive parents  
9750 and other appropriate collateral contacts (i.e., education representatives,  
9751 a therapist, caretaker, etc.). If the child (younger than 18 years of age)  
9752 agrees to participate, he or she must sign an informed assent form. If the  
9753 child is 18 years or older they must sign the informed consent form. If  
9754 the child does not agree they cannot participate in the research.
- 9755 d. If the research is greater than minimal risk, the office of the Guardian ad  
9756 Litem (GAL) must be contacted. The GAL representing the child must be  
9757 given a description of the research project. If the GAL expresses concerns  
9758 regarding the child's participation in the research, the child cannot  
9759 participate. The GAL may be contacted via phone or certified mail. They  
9760 need to be provided the anticipated start date for the research. They  
9761 also need to be provided a date by which response is required so that  
9762 they can express any concerns they have prior to then. The GAL must be  
9763 given at least 10 days to review and respond to the research proposal.  
9764 Contact with the GAL must be documented for each child.
- 9765 e. Copies of consent forms, assent forms, and the "Foster Children Research  
9766 Involvement – Caseworker Consent Form" will then be sent to the Child  
9767 and Family Services research representative to be stored with the  
9768 research proposal.
- 9769
- 9770 B. Once these steps have been completed and if proper consent and assent have been  
9771 given, the Child and Family Services research representative may release information to  
9772 the researcher or the caseworkers may allow participation of foster children and the  
9773 researcher may proceed with their research project.  
9774