



Program Operations Policy and Protocol Handbook

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Preface

Introduction

The creation of West Michigan Partnership for Children (WMPC) is the result of a long-time public-private partnership between local foster care agencies, county government, and the Michigan Department of Health and Human Services (MDHHS) that has been cultivated by the Michigan Child Welfare Partnership Council and legislative champions. WMPC draws from national and local best practices to:

- Require foster care and other service providers to meet key outcomes for youth and families in an efficient and timely manner through performance-based contracts.
- Facilitate a funding model that prioritizes permanency, allows creativity and flexibility for needed services, and rewards early interventions that result in positive outcomes.
- Use cutting-edge technology to identify client needs in real time and mobilize resources to prevent crises.
- Empower a collaborative consortium, leveraging the talent, expertise, and historical knowledge of Bethany, Catholic Charities West Michigan, D.A. Blodgett-St. John's, Samaritas, and Wellspring Lutheran Services.

WMPC has authority for placement of youth in out-of-home care in Kent County, Michigan, and provides foster care and adoption services to these youth. WMPC also provides services to these youth's biological, foster, and adoptive families. WMPC and its child welfare system partners ensure youth have timely permanency and stability in their living situations. The WMPC network values family preservation, continuity of family relationships, and connections for youth.

WMPC ensures youth are placed in safe, family-like settings with culturally responsive and trauma-informed services. WMPC and its partner agencies will strengthen and empower families, increasing reunifications and decreasing the time youth are in the child welfare system. WMPC will prioritize placing youth with relatives and seek nurturing adoptive homes only when returning home is not possible. Partner agencies provide or make referrals for all direct services to youth and families and are available 24/7 to address crises and to make critical decisions for the children in their care. The care coordination team supports each agency in times of crisis, problem solving and leveraging resources as appropriate.

Key to WMPC's model of private administration of foster care through a network of providers is leveraging a collaborative consortium to adapt quickly to a changing environment and utilize private resources, flexible funding through a capitated case rate payment methodology, performance-based contracts to incentivize positive outcomes for youth, and the use of predictive analytics software as a tool to inform decision-making.

WMPC's philosophy includes "one child, one worker, one agency." We encourage our foster care partner agencies to have one case manager remain with a youth and their family for the duration of time the youth is in foster care. Staff turnover at our partner agencies impacts the agencies' ability to consistently embed this practice within their agencies. In addition, agencies are not allowed to transfer cases to another agency without approval from WMPC's CEO.

WMPC values integrating trauma informed practice at WMPC and at our foster care agencies. WMPC and the partner agencies continues its journey to full implementation of the Sanctuary Model.



WMPC works collaboratively with Kent County MDHHS and the five subcontracted, private child placing agencies, the Kent County Circuit Court – Family Division, Network 180 (the community mental health provider), and other child welfare system partners towards the goal of improving permanency, safety, and well-being for youth in out-of-home care in Kent County.

WMPC receives State funds through MDHHS. The grant contains federal pass-through dollars from the following grants to support the case rate and administrative rate:

- Promoting Safe and Stable Families, Federal CFDA Number 93.556
- Temporary Assistance for Needy Families (TANF) Cluster, Federal CFDA Number 93.558
- Foster Care – Title IV-E, CFDA Number 93.658
- Social Services Block Grant, Federal CFDA Number 93.667

Foster care services are funded through the money WMPC receives through its capitated allocation. WMPC subcontracts with five Council on Accreditation (COA) accredited, private, non-profit foster care agencies which are in Kent County. They receive a monthly staffing rate to provide foster care and adoption case management services to the youth and families assigned to them. WMPC contracts with five agencies to provide parent education and supportive visitation, domestic violence, and sexual abuse counseling, Independent Living Plus (ILP) services, and reunification services. WMPC contracts with statewide residential service providers. All contracts establish the services to be provided.

Communication with our providers throughout the WMPC network occurs in a variety of ways. We have a very collaborative approach and meetings occur on a regular basis at each management level with our partners and MDHHS, as well as with service providers. Thorough minutes and actions steps are provided for these meetings.

Updates to WMPC policy and practice are communicated through our care coordinators (who are each assigned to one or two agencies), via email, on our website, and at director meetings which occur monthly.

Our performance and quality improvement (PQI) coordinators meet monthly with our five partner agencies and share WMPC network performance data and trends, as well as best practices to address areas that need further development. WMPC values transparency and provides consistent information about performance at a variety of committees. Presentations are provided at monthly board meetings as well as in leadership meetings with MDHHS and the local court, and at advisory committees.

[Program Operations Policy and Protocol Handbook](#)

The program operations guide provides an overview of the processes and policies of WMPC, largely related to case management services and in accordance with (and superseded by) all state and federal requirements. This manual does not supersede state policy. State policy is referenced throughout this document; however, **there are additional requirements outlined in the child welfare policy manuals that are not included here. For additional requirements please refer to Children’s Foster Care Policy Manuals (FOM).** [Policy Manuals \(michigan.gov\)](#)



Chapter One: Case Assignment and Management

Child Placing Network (CPN) Policy

Overview of Child Placing Network

Youth are referred to the Child Placing Network (CPN) by Kent County Michigan Department of Health and Human Services (MDHHS) Child Protective Services (CPS) when it has been determined that removal from their current caregiver is necessary. All Private Agency Foster Care (PAFC) providers in Kent County participate in a conference call in response to each individual placement request, to collaboratively determine the most appropriate placement. Placements occur 24/7 seven days a week and WMPC, PAFC providers and DHHS are available for these calls to ensure the best placement for each child. The purpose of the CPN is to provide as much lead time as possible to identify the best home for youth based on their needs and history. To promote stability for youth in foster care, the CPN aims to select a proper placement that will allow for a youth to remain in one out-of-home placement, with one placing agency. WMPC staff serve as a liaison between the placing agencies and CPS, providing all available information about the youth and the circumstances that brought them into care to support appropriate placement identification.

Placement Selection Standards

Placement selection standards are based on youth welfare best practices and emphasize a safe environment, placement with relatives and siblings, and the least restrictive setting as appropriate for the youth's needs.

For purposes of placement with an unlicensed relative, a relative is defined as an individual who is at least 18 years of age and related to the child within the fifth degree by blood, marriage, or adoption, including the spouse of an individual related to the child within the fifth degree, even after the marriage has ended by death or divorce, the parent who shares custody of a half-sibling, and the parent of a man whom the court has found probable cause to believe is the putative father if there is no man with legally established rights to the child.

A relative may also be an individual who is at least 18 years of age and not related to the child within the fifth degree by blood, marriage, or adoption but who has a strong positive emotional tie or role in the child's life or the child's parent's life if the child is an infant, as determined by the department or, if the child is an Indian child, as determined solely by the Indian child's tribe. As described under MCL 712a.13a.

Whenever possible and safe for the youth, placement selection will be emphasized with siblings and relatives, stability of school and community settings, and history with an agency. For youth returning into care, re-placement into a previously appropriate foster home will be considered.

WMPC staff will make the placement determination based on a comprehensive review of the information about the youth's needs, the foster home, and the youth's biological family. WMPC case assessment and placement processes are efficient and timely, yet they are also handled with consideration for the best interests of the youth, with safety, permanency, and well-being as guiding principles.

Youth factors that may be considered when making decisions include but are not limited to the following:



- Age.
- Mental health.
- Medical needs.
- Sexually reactive behaviors.
- Aggressive behaviors.
- Educational needs.

Foster parent factors that may be considered include but are not limited to the following:

- Foster family composition.
- Foster family's schedule.
- Openness to working with birth families.
- Willingness to maintain sibling relationships.
- Ages and needs of youth currently placed in foster home.
- Training completed by foster family and/or prior experience.

Placement decisions will be made based on the following order of priorities, with all youth's best interest in mind:

- All siblings with one relative.
- All siblings with one unrelated caregiver.
- Siblings split with two or more relatives.
- School youth is attending.
- Proximity to removal address.
- Siblings split with unrelated caregivers and/or relatives.

In some cases, youth may be placed in residential facilities if their needs necessitate such a placement. These placements are intended to stabilize a youth and meet a current need so that they can transition into a less restrictive setting. Residential placements will only be considered when all of the following criteria have been met:

- The youth's needs cannot be met by any other type of placement.
- The youth's needs can be met in the specific facility requested.
- All community resources have been exhausted.
- The facility is the least restrictive placement to meet the youth's needs.

[See Chapter 3 Residential Placements.]

Through the extensive network of foster care services in Kent County, placement in the least restrictive environment should be prioritized. Efforts including diligently searching for relatives for placement and the continued recruitment of foster families will be exhausted prior to placing youth in shelter care or residential. Creativity and collaboration to put in place extra support services to promote placement stability will decrease the level of disruption for a youth. The partnership established by the foster care network promotes flexibility to meet the unique needs of each case and ensure the safety and well-being of youth.



Placement with Relatives

If an appropriate relative is identified by CPS prior to the removal, a DHHS-5770 Relative Placement Safety Screen, will be completed by MDHHS and the case will be assigned to an agency based on prior significant and relevant history or based on the relative rotation (see below).

If a relative is identified but unable to be assessed prior to removal, a CPN will be initiated to find a home for the youth (s). CPN participants should work together to concurrently plan and identify a home that could provide a stable placement for the youth in the case that the identified relative is assessed as unable to take placement. It is the responsibility of the agency assigned the case to follow up with and assess relatives identified prior to placement in a timely manner.

If a relative is identified and approved for placement with concerns noted on the DHHS-5770 Relative Placement Safety Screen, it is the responsibility of the agency assigned to the case to follow up with the relative regarding the concerns, clearly document how the concerns were addressed and to notify WMPC if any further assistance is needed.

Non-Physical Removals

In some cases, CPS may request a pickup order but not physically remove the youth on the day of that order. These cases include youth who will not be released from the hospital on the day of the pickup order and youth who are Absent Without Legal Permission (AWOLP) on the day of the order.

Newborns with siblings already in care will be placed with siblings whenever possible. The agency with the current sibling group will be contacted for placement and case management.

Unless a home is identified prior to removal based on prior history or siblings in care, a CPN will be initiated in the same manner for non-physical removals as for physical removals. This is to ensure that these youth also have access to the best available foster home in the least restrictive setting. If no home is identified, an agency will be assigned case management based on rotation.

For hospitalized youth, it is best practice for identified foster parents to visit the youth in the hospital when possible and begin to build a relationship. The youth will be discharged directly to the foster parent and will be picked up by the foster parent or assigned worker.

For youth who are AWOLP, CPS will request a pickup order from law enforcement. The assigned PAFC worker will cooperate with law enforcement in attempts to locate the youth. When the youth is found, transportation to the foster home will be arranged by the supervising agency. If the youth is still AWOLP at seven days, the PAFC worker needs to be in contact with the detective and CPS worker assigned to the case to make sure the pickup order continues to be in place.

Case Assignment

It is best practice for a youth to have one agency and one worker throughout their time in foster care. Research indicates the fewer case managers assigned to a case, the higher the rates of reunification. When a youth re-enters care, it is in their best interest for the case to be managed by the agency which has a history with the youth. In some cases, the agency that holds the case may not hold the license for the home that is determined to be in the best interest of the youth.



If a PAFC has a history with the family within the past five years, that agency will be contacted to take the case. The private agency should explore any placement options involving previous foster placements for that youth, even if that foster home is with another agency. A borrowed bed will be implemented if the selected placement is in a licensed foster family with a non-assigned PAFC. If the agency can immediately place the youth, no CPN conference call is necessary. If the agency does not have a home available, the CPN call will occur to locate placement.

If the youth being removed is a sibling to youth currently in foster care, WMPC staff will notify the agency that holds the case management for the siblings and case management will be assigned to that agency. If the agency can immediately place the youth no CPN conference call is necessary. If the agency does not have a home available, the CPN call will occur to locate placement.

When a case is new to the system, the PAFC that holds the foster home license of the selected unrelated caregiver receives the case. If there is a sibling split, the agency with the most siblings will be assigned the case or the one that places the youngest youth if the split is equal.

Individualized Service Agreement and Case Referral and Acceptance DHHS 3600

When a new removal occurs, MDHHS will email a DHHS 3600, Case Referral and Acceptance Individual Service Agreement, created between MDHHS and WMPC to the care coordination manager. The care coordination manager will sign the new DHHS 3600 and return it via email to MDHHS to be uploaded under the designated electronic case record.

Once the CPN has assigned a provider a new foster care case, the WMPC care coordination team has one business day to create a WMPC 3600, Case Referral and Acceptance Individual Service Agreement, for each youth that came into care. The WMPC 3600 is signed by the WMPC intake and placement coordinator. If any irregularity is noted with the case or indicated in the WMPC 3600, a signature by the WMPC Director of Care Coordination or the care coordination manager is required. The WMPC 3600 will then be emailed to the PAFC program manager. The PAFC program manager signs the WMPC 3600 and uploads it into the electronic case record, as soon as assigned, as "Youth Name WMPC 3600".

CPN Protocol

Placement Exception Requests

Business Hours (8:30am – 5pm, Monday – Friday)

Placement Exception Requests (PER) were developed by the Department of Child Welfare Licensing (DCWL) and MDHHS to ensure that safety, permanence, and well-being standards are met for youth in Michigan's foster care program. PER (DHS-396 Residential Placement Exception Request and DHS-399 Foster Care Placement Exception Request) require a thorough evaluation of the youth's needs and documents justification for the requested placement. The PER process should assist in identifying placement options which best meet the youth's needs. If one or more of the following circumstances exist, a PER must be completed and approved by DCWL:

- More than three youth in foster care in the home.
- More than five total youth, including the foster family's birth and/or adopted youth.
- More than three youth, including the foster family's birth and/or adopted youth, under the age of three residing in a foster home.



The following PER approval path must be utilized for WMPC cases supervised by a PAFC provider:

- The PAFC case worker must complete the DHHS-399, Foster Care Placement Exception Request and obtain written approval by their supervisor.
- If the PAFC supervisor agrees with the recommendation, the PAFC supervisor must review and send it to the PAFC director for approval.
- The PAFC Director must send the completed form to the assigned DCWL consultant and DCWL director for final approval.

If approval is not received by DCWL director, placement cannot be made. PERs must be completed and stored in the electronic case management system.

After Hours

For after-hours requests, the following PER approval path must be utilized:

- The PAFC case worker will complete the DHHS-399, Foster Care Placement Exception Request, and submit for review via email to WMPC on-call staff.
- In scenarios where the DHHS-399 Foster Care Placement Exception Request form cannot be completed after-hours, WMPC will request information regarding the potential placement via phone. The following criteria, and other factors, must be evaluated by WMPC when considering approval of placement:
 - Needs of the youth.
 - Placement of sibling groups.
 - Number and ages of youth in the home.
 - Special needs of youth residing in the home.
 - CPS and/or foster home licensing complaints.
 - Changes to caregiver's license or home since last placement.
 - Any change to foster home license needed to accommodate placement.

Once approval is received by WMPC staff, the PAFC Director must send the completed form to the assigned DCWL consultant and DCWL director for final approval within one business day.

Communicable Disease and Information Sharing

To determine the best placement, a youth's specific needs must be discussed during each CPN phone conference. However, all privacy laws including but not limited to The Health Insurance Portability and Accountability Act of 1996 (HIPAA) must be followed when determining placement for a youth with a communicable disease. During a CPN phone conference, all agencies must be made aware if a youth has a communicable disease. However, the youth's specific communicable disease will only be disclosed to the selected private agency representative by the WMPC and/or CPS via a separate phone call. Universal precautions must be followed by the selected placement.

CPN Rotations

For any reason, if an agency is unable to take a case assigned on rotation, then that agency is responsible to arrange placement of that case with another agency and will notify WMPC, who will notify MDHHS.

Straight Rotation



Straight rotation will be utilized if no homes can be identified for a youth and the case is not assigned based on siblings, relatives, or prior significant history.

MDHHS connects the assigned agency with the CPS worker via text for all assignments via CPN. MDHHS will send an email to the parties involved concerning the assignment and providing the deadline for the five-day transfer meeting to occur.

Relative Rotation

The MDHHS will notify WMPC about the relative removal. WMPC will notify the next agency on rotation for relative referral. The agency will be connected with the CPS worker to collect relevant information. MDHHS will send an email to the parties involved concerning the assignment and providing the deadline for the five-day transfer meeting to occur.

Case Transfer from CPS to PAFC

Removal of Youth: Case Management Responsibility

When youth have been removed from their homes by court order and placed in a foster home, shelter facility, or with a relative caregiver(s), the provision of services to abused or neglected youth is a function of foster care staff. When youth are removed from their own homes, it is vital that there is cooperation and coordination with CPS staff to permit a smooth transition of responsibility for working with the youth, parents, and caregiver(s).

The best practice to facilitate a smooth transfer is a case conference outlining CPS activity, safety concerns, objectives, and recommended treatment. The conference is then followed by a written summary.

Responsibilities and Functions

Within five working days of the initial placement, the case will be transferred to the electronic case management system from CPS to foster care. PAFC staff must print transfer information from the electronic case management system and place it in the foster care file.

In alignment with [FOM 722-1 Entry Into Foster Care](#), the transition of case responsibility must be facilitated by a case conference between CPS and PAFC staff within five working days of the youth's placement. Case transfer conferences must be held weekly with Kent County MDHHS. At a minimum, the assigned CPS worker and supervisor, the assigned PAFC worker and supervisor are to attend the case conference. This transfer conference must be scheduled separately from court hearings, family team meetings (FTM), parenting time, and any other case related activity. Prompt completion of the transfer is essential to allow foster care time to develop case plans which must be submitted to the court within 30 calendar days of a youth's removal.

CPS will complete the Transfer to Foster Care Checklist in the electronic case management record and upload the following documents within five business days of the removal date:

1. Copy of the petition and the court order placing the youth in out-of-home placement.
2. Criminal record and central registry check on potential or actual placements with the non-custodial parent, relatives, or unrelated caregivers.
3. Approved DHHS-5770 Relative Placement Safety Screen if the youth was placed with a relative upon removal. The DHHS-5770 must be completed in electronic case management record.



4. DHHS-972, Foster Home Licensing Requirements for Relative Caregivers, if applicable.
5. DHHS-729, Confidential Notice to Friend of the Court of CPS Disposition and Family Court Action, if applicable.
6. DHHS-991, Diligent Search Checklist.
7. DHHS-987, Relative Documentation.
8. DHHS-990, Relative Notification.
9. DHHS-989, Relative Response Form, if returned prior to case transfer.
10. DHHS-988, Relative Search Information.
11. DHHS-1105, FTM Report, if the FTM occurred prior to case transfer.
12. DHHS-0003, Sibling Placement Evaluation, if applicable.
13. DHHS-1555-CS, Authorization to Release Confidential Information.
14. DHHS-120, American Indian/Alaska Native Child Case Notification, if applicable.
15. DHHS-5598, American Indian/Alaska Native Child Ancestry Verification, if applicable.
16. Copy of the DHHS-3762, Medical Authorization Card.
17. Any other reports, as applicable, that are not contained in the electronic case management record (for example, psychological evaluations, medical reports, school reports, etc.).
18. Documentation pertinent to notification of Eligibility Specialist (ES) staff of removal, if applicable.
19. A current photograph of the youth (taken within the past 12 months) must be uploaded to the electronic case management record prior to foster care transfer.
20. DHHS-154, Children's Protective Services Investigation Report, and DHHS-152, Updated Service Plan, if applicable.

Termination at Disposition

In all cases where CPS has filed a petition in the Family Division of Circuit Court to terminate parental rights at the first dispositional hearing, a case conference must be held between CPS and foster care within five working days of placement to discuss the family history of abuse and neglect that led to the termination request. This conference may take place during the five-day transfer meeting or FTM. This transfer conference must be scheduled separately from court hearings, parenting time, or any other case related activity. Minimally, the CPS and foster care worker and their respective supervisors must attend this meeting. Other parties involved and staff should be included, as appropriate.

Case Supervision

The assigned agency will be present at the preliminary hearing. It is the private agency's responsibility to place the youth(s) upon obtaining the removal order. The identified placement agency will attend the preliminary hearing to meet the family and identify possible relative placements.

CPS staff will complete the required face to face contacts, parental visitations and assisting with case management until after they have completed the CPS to foster care transfer meeting (within five working days per Protective Services Manual (PSM) [715-4 CPS Coordination with Foster Care](#) and Foster Care Manual FOM [722-01 Entry Into Foster Care](#)) AND both CPS and foster care workers understand foster care is taking over. Foster care is still required to make a face-to-face visit with the youth within five days of the day assigned.

Case Transfers - General

Overview



To limit disruption and trauma for youth and families, WMPC and its partner agencies are committed to one agency, one caseworker, and one home for youth during their time in foster care. If a case transfer must occur, the focus is on the best interests of the youth and to maintain the existing plan for meeting the youth's needs for safety, permanency, and well-being. The PAFC agency may not transfer a foster care case to another child placing agency (CPA) without written approval of the WMPC's Chief Executive Officer, or designee. [An example of when WMPC may approve a case transfer is if there is a conflict of interest to have the PAFC worker or agency remain assigned to the case.]

Case Transfer Activities

Once WMPC has approved the transfer, the transfer is communicated using a DHHS 69 Foster Care/Juvenile Justice Action Summary.

- Complete a DHHS 69 Action Summary.
- Upload the completed DHHS 69 into electronic case management system.



Chapter Two: Care Coordination

Overview

WMPC care coordinators facilitate the placement of foster care youth through WMPC subcontracted providers. In addition, care coordinators provide case oversight, consultation, and training for subcontracted providers and ensure the effective and efficient authorization of all resources and appropriate services to youth and their families.

Care Coordinator Site Visit

Care coordinators will routinely visit their assigned agency for several hours each week. Foster care case managers wishing to set aside specific time to discuss their cases during site visits are encouraged to email their care coordinator to ensure that time is set aside.

Care Coordinator Roles

See below for general roles specific to the care coordinator:

After-Hours CPN Facilitation	<ul style="list-style-type: none"> Facilitate the after-hours Child Placing Network (CPN), placement referrals, and assignment of youth entering care. Serve as liaison between the agencies and the Michigan Department of Health and Human Services (MDHHS). Work with the network to identify the best placement for youth entering care.
Case Reviews / Utilization Management	<ul style="list-style-type: none"> Conduct case reviews as outlined in WMPC's Utilization Management Manual.
Residential Monitoring and Discharge Planning	<ul style="list-style-type: none"> Oversee the timeliness and quality of Placement Exception Request (PER)s. Aid in residential discharge and permanency planning.
Systems Meeting Facilitation	<ul style="list-style-type: none"> Schedule and facilitate WMPC systems meetings upon request or agreement with the agency.
Placement Break Prevention Assistance	<ul style="list-style-type: none"> When 30-day notice is given (for youth in foster homes or residential), facilitate placement planning with primary worker and schedule systems meeting. Consult on interventions that may prevent placement break or divert youth from additional placement.
Case Service Authorization	<ul style="list-style-type: none"> Approve or route case services for assigned agency within two business days.
Transfer and Closure Process Coordination	<ul style="list-style-type: none"> Review and coordinate case transfers and closures per policy. Attend five-day transfer meetings with MDHHS.



MIC Investigations Monitoring	<ul style="list-style-type: none"> Attend Maltreatment in Care (MIC) and Placement Collaboration Unit (PCU) calls regarding youth served by their agency. Monitor any follow-up or communication needed.
Enhanced Foster Care (EFC) Case Coordination	<ul style="list-style-type: none"> Attend agency specific and WMPC EFC meetings as needed. Consult on levels of care determination and service authorization.
Family Finding Support	<ul style="list-style-type: none"> Understand family finding tools and strategies and share with agency. Encourage relative placement and assistance when barriers arise.
Initial Case Meeting Coordination	<ul style="list-style-type: none"> Attend initial case meetings (family team meeting (FTM), Wraparound meeting, or case conference) to discuss new foster care cases and add context to youth and families being served. Ensure Clinical Pathways is submitted within 30 days of youth entering care.
Post-Trauma Assessment Case Planning	<ul style="list-style-type: none"> Facilitate meeting with worker after completion of trauma assessment to encourage or confirm service referrals and case planning around clinician's recommendations. Consult with worker to identify gaps in service availability.
Data Integration	<ul style="list-style-type: none"> In coordination with Performance Quality Improvement (PQI), coordinators ensure agency access to Provider Services and Activity Management (PSAM) and Mindshare dashboards. Train agencies on PSAM and Mindshare dashboards. Utilize Mindshare dashboards in case planning meetings with agencies.
MDHHS and WMPC Role Clarification	<ul style="list-style-type: none"> Meet with MDHHS PBFS staff quarterly to ensure role clarification and address any system barriers.

Commented [AC1]: @Krystle Bailey Mary asked if this was supposed to be PQI Coordinators or PBFS?

Commented [KB2R1]: @Amber Campo correct. That would make more sense.

Intake and Placement Coordinator Role

See below for general roles specific to the Intake and Placement Coordinator:

Shelter Placement Coordination	<ul style="list-style-type: none"> Coordinate authorization of all shelter placements. Facilitate meetings to discuss youth without placement, including youth in shelter or breaking placement. Facilitate weekly meetings and invite the youth's worker, supervisor, shelter staff, and the MDHHS liaison to determine placement and avoid any youth spending more than 30 days in shelter care. Distribute weekly meeting notes within two business days detailing action steps, including those related to WMPC Shelter Protocol.
CPN Facilitation	<ul style="list-style-type: none"> Facilitate the CPN, placement referrals, and assignment of youth entering care. Serve as liaison between the agencies and MDHHS. Work with the network to identify the best placement for youth entering care.



Residential Placement Coordination	<ul style="list-style-type: none"> • Coordinate authorization of all residential placements. • Schedule and participate in Administrative Review Committees (ARCs). • Conduct case reviews as outlined in WMPC's Utilization Management Manual. • Oversee the timeliness and quality of PERs. • Aid in residential discharge and permanency planning.
Placement Break Prevention Assistance	<ul style="list-style-type: none"> • When 30-day notice is given (for youth in foster homes or residential), facilitate placement planning with primary worker and schedule systems meeting. • Consult on interventions that may prevent placement break or divert youth from additional placement.
Family Finding Support	<ul style="list-style-type: none"> • Understand family finding tools and strategies and share with agency. • Encourage relative placement and assistance when barriers arise.



Chapter Three: Placement – Enhanced Shelter Home (ESH), Transitional Placement Program (TPP), Shelter, Residential, Juvenile Justice (JJ)

Placement Overview

WMPC strives to ensure youth who have been removed from their parents' custody are placed in safe, family-like settings whenever possible. The number of placements, or places where a youth lives, can impact the daily functioning of a youth in foster care. To support the safety, permanency, and well-being of a youth, all placement decisions must take into consideration the following principles:

- Minimizing the trauma experienced by the youth and family during the placement process.
- Striving for the first placement to be timely and the most appropriate placement that will provide stability and match the needs of the youth.
- Prioritizing placement with siblings and in a family-like setting in or close to the youth's community whenever possible.

All factors outlined in this item will be evaluated to ensure that the selected placement is safe and, in the youth's best interest. Depending on the circumstances in each case and the specific needs of the youth, certain factors should be given more weight than others. In no case is any one factor to be given sole consideration.

Enhanced Shelter Homes

Overview

An Enhanced Shelter Home (ESH) is a foster family home available for the short-term emergency care of youth. It is a family-like placement option as an alternative to a shelter facility. A youth may remain in an ESH for up to 30 days, though if the stay is expected to extend beyond 14 days, written approval must be obtained by the WMPC's Director of Care Coordination and Innovation or designee. The fundamental principle underlying the provision of ESH services is to provide a safe, temporary home which promotes and prepares youth to move to their best placement option.

Determination of Eligibility

WMPC refers youth for foster care case management services to subcontracted children placing agencies. When a short-term emergency placement is needed to secure a next least-restrictive placement, the agency may request approval from WMPC's Care Coordination Manager for the placement of the youth in an ESH.

Treatment Team Criteria and Responsibilities

1. Caregiver(s) must be an agency contracted ESH provider. Caregiver(s) must sign a Caregiver Agreement prior to being an ESH provider. Per the Caregiver Agreement, the caregiver shall:
 - a. Demonstrate an understanding of the purpose of ESH, which is to
 - i. Provide a safe home environment in which youth who have been removed from their home can be evaluated for the most suitable placement to meet their needs.



- ii. Ensure an observational assessment of the youth's needs and strengths is completed so that it can assist the assigned caseworker in locating an appropriate placement for the youth.

- b. Carry out the responsibilities and duties of a substitute parent by providing the functions for and/or with the youth placed in the home: physical, emotional, economical, educational and social supports; 24 hours per day general home care and comforts, i.e., heat, electricity, furnishings, reading materials, etc.; meals, no less than three per day; transportation; emergency clothing; medical/dental care; leisure time activities; safety; discipline; grooming and health care; guidance and counseling; problem solving assistance; and any experiences necessary for productive and socially acceptable growth and development. The caregiver serves as a model to the youth through their daily interaction with each other, their own children, and the youth.
- c. Caregivers must work closely with the foster care worker assigned to supervise the home in admitting, supervising, and releasing youth from the home.
- d. Provide beds for the care of youth placed by the foster care agency.
- e. Have the home available 24 hours a day, 7 days a week for a minimum of one calendar month. Caregivers will be considered "active status" when they are available for 31 consecutive days of care. Caregivers may opt in or out of active status by providing 7 days' notice.
- f. Continue to be in active status until youth placed in the ESH have been moved to a permanent placement.
- g. Be continually licensed and in good standing with their agency throughout the life of this agreement in accordance with the applicable rules and regulations relating to foster family homes.
- h. Participate in ESH orientation and in-service training as required by the agency.
- i. Immediately report to the foster care worker any illness or injury of the youth. The caregiver may authorize emergency medical treatment when a physician indicates such treatment is necessary. The foster care worker shall be notified as soon as possible following the emergency treatment.
- j. Immediately report to the foster care worker any disappearance or unplanned absence of the youth, unusual or inappropriate behavior of the youth in the home, school, and community. Keep the agency informed of each youth's adjustment, behavior, and attitude.
- k. A competent adult shall always be placed in charge of the youth. Such adults must be approved by the agency prior to being given responsibility for supervision of youth except in emergencies. Central registry, Criminal History and Sex Offender Registry checks must be completed and on file.
- l. Must parent under the Reasonable and Prudent Parent Standard.
- m. All efforts must be made to keep the youth in the school of origin. The caregiver is responsible for transporting the youth to and from his/her school of origin or facilitating an alternate arrangement to ensure the youth can attend their school of origin.



- n. Record and share with worker a daily observational assessment of the youth's needs and strengths that can assist the foster care worker in locating an appropriate placement for the youth.
 - o. The caregiver shall work with the youth, family, treatment team, and other identified providers as recommended by the foster care worker, to assist the youth in developing and maintaining ties to his/her community and caregivers at the next identified placement.
2. Foster Care Worker: The foster care worker will be the primary worker and contact for the caregiver. Specific responsibilities pertaining to ESH include:
- a. Participate in weekly ESH call and provide updates on placement efforts.
 - b. Update genogram.
 - c. Ensure intensive family finding and placement efforts occur while youth reside in an ESH. Child Welfare Placement Assistance Request CWL 4606.
 - d. Maintain regular contact with care coordinator, EFC staff, and caregivers.
 - e. Ensure collaboration and comprehensive communication between and among other members of the treatment team.
 - f. Utilize Assessment Report (produced by EFC staff) to inform and direct placement planning and decisions.
 - g. Facilitate the admission and release of youth in ESH.
3. EFC Clinical Case Manager / Behavior Specialist: EFC staff will provide ongoing support to the caregiver and youth and assist in service coordination with foster care workers, as deemed appropriate. Specific responsibilities pertaining to ESH include.:
- a. Participate in weekly ESH call and provide updates on placement efforts.
 - b. Maintain daily phone or email contact with caregivers and youth.
 - c. Conduct a minimum of two face-to-face visits with the caregiver and youth per week.
 - d. Complete a weekly Assessment Report until the youth discharges to the next placement.

Caregiver and Agency Rates

Once a youth has been authorized for ESH services by WMPC, the caregiver will be provided a per diem of \$100 per day (unless otherwise determined by WMPC Leadership) per youth placed in the home to be paid only for the number of days a youth is placed in an ESH contracted bed.

The caregiver will also receive a bed subsidy payment in the amount of \$245 per month for maintaining an ESH bed(s) with or without placement of youth. This payment will only be available when the home is in active status. The home must be in active status for an entire month to be eligible for this payment.

Once a youth has been authorized for ESH services by WMPC, the agency will be provided an administrative rate of \$84.00 per day per youth is receiving ESH services.

The per diem and monthly subsidy payment will be billed outside of the electronic case management system and a monthly invoice will be sent to accounting@wmpc.care.

Additional discretionary funds can be requested on a case-by-case basis to provide for auxiliary needs for a youth (example: respite, weighted blanket, etc.). The provision of these funds will be determined per request by WMPC's Care Coordination Team.



Caregiver Agreement Considerations

The caregiver cannot reject placements more than three times within a six-month period without appropriate reasons as determined by the agency. The agency holds the right to terminate an agreement due to the caregiver rejecting more than one placement per active month, this includes youth from partnering agencies.

Borrowed Bed Procedure

If a placement in an ESH results in the need for a borrowed bed, the certifying agency will ensure the completion of a signed ESH agreement and the borrowed bed paperwork. The certifying agency maintains all licensing responsibilities, including special evaluations, for the duration of the Borrowed Foster Home Agreement. The foster home must continue to follow the certifying agencies' policies.

Referral Process During Business Hours

The PAFC team will submit a genogram, updated MDHHS CWL- 4606, and completed ESH Referral Form to the assigned WMPC care coordinator, WMPC Care Coordination Manager, and WMPC Director of Care Coordination and Innovation. The signed referral approval form needs to be uploaded within the document section of the ESH placement in the electronic case management record.

Referral Process During After Hours

The PAFC will connect with WMPC on-call and will discuss all efforts that have been exhausted to find a more permanent placement. The WMPC on-call worker will consult with the WMPC on-call supervisor for approval. Once approval is given, the ESH Referral Form must be completed and submitted to WMPC by the next business day. The signed referral approval form needs to be uploaded within the document section of the ESH placement in the electronic case management record.

Ongoing Review

After the youth is placed within an ESH, the PAFC will continue all efforts to place the youth in a more permanent living situation. The PAFC will present placement efforts and updates on the weekly assigned shelter call with the WMPC. If placement is needed within the ESH beyond the initial 14 days, a request must be communicated to the assigned WMPC care coordinator, intake and placement coordinator, WMPC Care Coordination Manager, and WMPC Director of Care Coordination and Innovation prior to the expiration of the initial request. This approval should be uploaded within the ESH placement document section within the electronic case management record.

Weekly Shelter Phone Conferences

To assist with placement search, a weekly shelter phone conference is held with each private agency that has youth placed in an ESH. The WMPC care coordination team facilitates the weekly calls that shelter staff and the foster care caseworkers and supervisors. It is expected that the foster care case workers and supervisors with youth in shelter care will participate in these calls weekly until placement is located. The intake and placement coordinator will complete written meeting notes and action steps and will provide this documentation to participants within one business day. Timely completion of the action steps by the designated parties is crucial for ensuring that placement is located for youth in shelter care as soon as possible.



Transitional Placement Program (TPP) Homes

Overview

A Transition Placement Program (TPP) home is a non-Kent County licensed foster home contracted with MDHHS to take placements 24 hours a day, 7 days a week to prevent the need for residential shelter services.

Referral Process

The PAFC team will connect directly with the county where the TPP home is located to discuss utilizing the TPP home. The county will give or deny permission for the PAFC to contact the home directly or will reach out to the home on behalf of the PAFC. If the TPP home agrees with the acceptance of the youth, the PAFC must also obtain approval to borrow the home/bed from that county's director.

Upon approval from the TPP home and the county director, the PAFC team will submit a request to the WMPC for approval to proceed with placement.

Request to WMPC

The PAFC team will submit a genogram, updated Child Welfare Placement Assistance Request CWL 4606., and written request to the assigned WMPC care coordinator, WMPC intake and placement coordinator, WMPC Care Coordination Manager, and WMPC Director of Care Coordination and Innovation. The written request should include the following information:

1. Information on the TPP home (name, location, and county).
2. Approval from that County's Director.
3. Why this is the best placement plan at this time?
 - o Please make sure to include all parties from the PAFC; foster care worker, supervisor, program manager and director.

Approval Process

WMPC will approve or deny and forward any TPP approving correspondence to Regional Placement Unit (RPU) for tracking purposes. WMPC will communicate with the PAFC team as soon as approval is given to WMPC.

Ongoing Review

After the youth is placed within a TPP home, the PAFC will continue all efforts to place the youth into a more permanent living situation. The PAFC will present placement efforts and updates on the weekly assigned shelter call with the WMPC. If replacement is needed within the TPP home beyond an initial 14 days, a request must be communicated to the assigned WMPC care coordinator, WMPC intake and placement coordinator, WMPC care coordination Manager, and WMPC Director of Care Coordination and Innovation prior to the expiration of the initial request. No TPP placements may exceed 45 days, with no exception.

Weekly Shelter Phone Conferences

To assist with placement search, a weekly shelter phone conference is held with each private agency that has youth placed in an TPP Home. The WMPC care coordination team facilitates the weekly calls that shelter staff and the foster care caseworkers and supervisors. It is expected that the foster care case workers and supervisors with youth in shelter care will participate in these calls weekly until placement is located. The intake and placement coordinator will complete written meeting notes and action steps and



will provide this documentation to participants within one business day. Timely completion of the action steps by the designated parties is crucial for ensuring that placement is located for youth in shelter care as soon as possible.

Shelter Care Facilities

Overview

Emergency or temporary shelter facilities are used for youth who are temporarily without a home due to court or police intervention; this includes delinquent, non-delinquent, and neglected or abused youth. Private agencies must balance difficulties finding placement options and weighing the youth's needs with limited space in shelters. Temporary placements in a home environment should be explored prior to requests for shelter care. Shelter care placements will be used as a last resort and must be approved by WMPC.

There are two shelter facilities in the state of Michigan, both on the east side of the state – Children’s Village and Wolverine.

Placement in Emergency or Temporary Facilities

Prior to requesting approval for shelter from WMPC, private agencies will conduct extensive family finding activities, including the completion of a comprehensive family genogram. In addition, private agencies should call their sister agencies and all contiguous counties to Kent County (Muskegon; Newaygo; Montcalm; Ionia; Barry; Allegan; Ottawa) to locate appropriate placement. These efforts should be documented on the CWL 4606 Child Welfare Placement Assistance Request.

If placement is not found prior to 4pm on a business day, the PAFC Manager or Director may contact WMPC to request shelter approval. After-hours shelter care may be considered once local efforts and contiguous counties have been exhausted if it meets the youth's physical and emotional needs immediately following removal (i.e., the youth may need a normal sleep routine, food, or shelter while further placement options are explored).

Placement in Emergency or Temporary Facilities for youth younger than 13 years old

The approval by the BSC 5 Director is required to place youth younger than 13 years of age in a shelter. Youth 10 years of age and younger require the approval of the Children’s Service Agency (CSA) Director.

Time Limit for Shelter Care

As noted above, shelter care is a temporary option and private agencies should work diligently to obtain a next placement as soon as possible. Per policy, youth must not be placed in an emergency or temporary facility for more than 30 calendar days. An exception may be made for:

- Youth who have an identified and approved placement, but the placement is not available within 30 calendar days of the youth’s entry to an emergency or temporary facility.
- Youth whose behavior has changed significantly, and further assessment is critical for the determination of an appropriate foster placement.



If one or more of these circumstances exist, PER will be completed to request extended time in shelter care. Per the Implementation, Sustainability, and Exit Plan (ISEP) requirements, youth will not be placed in an emergency or temporary facility for more than 60 calendar days.

Limits on Number of Shelter Stays

Per policy, youth will not be placed in an emergency or temporary facility more than once within a 12-month period. An exception may be made for:

- Youth who are Absent Without Legal Permission (AWOLP).
- Youth facing a direct threat to their safety, or who are a threat to the safety of others such that immediate removal is necessary.
- Youth whose behavior has changed significantly warrant a temporary placement for the purpose of assessment to aid in the determination of an appropriate long-term placement.

If one of more of these circumstances exists, a PER must be completed. Per ISEP requirements, youth experiencing a second emergency or temporary facility placement within one year must not remain in the emergency or temporary facility for more than *seven* calendar days for youth under 15 years of age and *thirty* calendar days for youth who are 15 years of age and older.

Documentation in the Electronic Case Management System

Business Hours

PAFC staff must complete any required requests in the electronic case management system the same day as the request for placement. PAFC staff must contact their assigned care coordinator via phone for approval.

After Hours Requests

PAFC staff must complete any required requests the next business day from the original request date. PAFC staff must contact the WMPC on-call phone at 616-265-6528 for approval.

Individualized Service Agreement and Case Referral and Acceptance DHHS 3600

Once shelter care is approved by WMPC, the Care Coordination Manager will create a DHHS 3600 between the shelter and WMPC for payment. The Director of Care Coordination and Innovation (or designee) will sign the DHHS 3600 for payment of shelter care placement. The DHHS 3600 will then be emailed to the shelter care staff by a member of the care coordination team with the private agency caseworker and private agency supervisor included within one business day of placement. The shelter care program manager will sign the DHHS 3600 and email it back to the PAFC to be uploaded in the electronic case management system.

Secure Van Request

Due to the safety of transporting our youth across the state to shelter placement the use of the MDHHS secure van may be requested.

Business Hours



The PAFC team will contact via email the assigned WMPC care coordinator to make the request. This request should explain the reason for the secure van. WMPC will then connect the PAFC with the MDHHS team to set up the secure van transport. Other items that will be needed for an approved request include:

- Driver's full name.
- Phone number.
- Driver's license number.
- Estimated time for pick up.

After-Hours Requests

PAFC staff must contact the WMPC on-call phone at 616-265-6528 for approval. WMPC on call will ask about the need for secure van and help determine if all other safe options for transport have been exhausted. If a secure van is still needed, WMPC on call worker will call WMPC on-call supervisor. WMPC on call supervisor will connect with the Kent MDHHS on call supervisor about this request. WMPC will support the communication between MDHHS and PAFC about getting the secure van. If it is determined that secure van is appropriate, the following will also be needed:

- Driver's full name.
- Phone number.
- Driver's license number.
- Estimated time for pick up.

Shelter Protocol

Once youth are placed in shelter care, statewide efforts should continue to find appropriate long-term placement by utilizing the WMPC shelter protocol. Placement in shelter care will be used for assessment purposes to gather information on what needs the youth has while placement efforts continue.

Weekly Shelter Phone Conferences

To assist with placement search, a weekly shelter phone conference is held with each private agency that has youth placed in shelter care. The WMPC care coordination team facilitates the weekly calls. It is expected that the foster care case workers and supervisors with youth in shelter care will participate in these calls weekly until placement is located. The intake and placement coordinator will complete written meeting notes and action steps and will provide this documentation to participants within one business day. Timely completion of the action steps by the designated parties is crucial for ensuring that placement is located for youth in shelter care as soon as possible.

When a youth remains in shelter for 30 days or more, the weekly shelter phone conference will be escalated to include WMPC and MDHHS leadership, as well as DCWL staff and any other pertinent parties to the case.

Residential Care/Placement in Child Caring Institution (CCI)

Overview

Residential care may be used in the event a youth is presenting significant needs that cannot be met safely in a community setting. Such needs may include sexualized behaviors, mental health concerns, AWOLP risk, and/or harmful to themselves or others. The purpose of residential care is to stabilize a youth and develop recommendations for the type of services a youth needs to be successful in a less restrictive environment. Residential treatment may be considered after all the following criteria have been met:



- The youth's needs cannot be met by any other type of placement.
- The youth's needs can be met in the specific facility requested.
- All community resources have been exhausted.
- The facility is the least restrictive placement to meet the youth's needs.

Assessment for Residential Placement

Placement in a residential setting requires thorough assessment after removal to ensure that residential is an appropriate level of treatment to meet the youth's needs.

Efforts to maintain a youth in the community prior to a residential referral will consist of clinical assessment and treatment, including services designated as high intensity services and supports and completing a trauma assessment. Recommendations by clinical service providers will be carried out prior to determining if residential care is necessary, including items outlined in the completed trauma assessment. All efforts will be made to incorporate clinical intervention in the community unless urgent safety issues are present that require consideration for residential treatment (in which case clinical assessment for psychiatric hospitalization will also be considered).

Residential Request Overview

Prior to requesting residential treatment approval from WMPC, the PAFC caseworker will:

- Discuss the case with leadership at their agency to problem solve and review barriers to placing in the community.
- Discuss the case with the assigned WMPC care coordinator to review discussions with the agency leadership and determine if alternate support services and safety plans can be implemented to maintain the youth in the community.
- Complete a state-wide search of foster homes to find an appropriate placement.

Placement Considerations

Best interest factors must be considered when matching a youth to an appropriate facility. These factors include:

1. Least restrictive setting appropriate and available (secure or non-secure facility, abuse and neglect programs or juvenile justice programs).
2. Type of treatment provided by the residential facilities.
 - a. General Residential.
 - b. Mental Health Behavioral Stabilization (MHBS).
 - c. Developmentally Disabled and Cognitively Impaired (DDCI).
 - d. Substance Abuse Rehabilitation.
 - e. Youth with Problematic Sexual Behaviors (YPSB).
 - f. Parent/Baby.
 - g. Juvenile facility.
 - h. Specialized Developmental Disability (SDD).
 - i. Intensive Stabilization (IS).
 - j. Human Trafficking Survivor (HTS).



3. Age of the youth.
 - a. Youth younger than 13 years of age require the approval of the BSC 5 Director to be placed in a residential facility.
 - b. Youth 10 years of age and younger require the approval of the Children's Services Agency (CSA) Director to be placed in a residential facility.
4. Placement of an abuse and neglect ward into a residential foster care- juvenile justice program needs to be approved by DCWL after WMPC approval via the PER process in the electronic case management system.
5. Placement of siblings.
6. Impact on permanency.
7. Distance from family.
8. Disruption from home or school.

Residential Placement Systems Meeting

If the treatment team reaches agreement that the youth's needs cannot be maintained in the community with alternate support services or safety plans, the caseworker will request a meeting to review the case and request with WMPC. The PAFC will submit to their assigned care coordinator and placement and intake coordinator any requests for residential services utilizing the *Request for Placement in Child Caring Institution Form*. A copy of a genogram and Child Welfare Placement Assistance Request CWL 4606 must accompany the *Request for Placement in Child Caring Institution Form*.

At the meeting, the worker must present the following information to WMPC:

- Youth Name.
- Age.
- Date of removal.
- Reason for removal.
- Placement Outline and History.
- Behavioral and/or safety concerns.
- Current services in place for youth and foster parents.
- Expressed interest of the youth.
- Relative search and engagement.
- Mental health needs.
- Physical health concerns.
- Rationale for residential care.
- Recommendation for placement.
- PAFC documentation on placement attempts efforts.

The youth's expressed interest in regard to their preferred placement will be presented, as well as all treatment team members' recommendations that are involved in the case, including but not limited to: the Guardian ad Litem (GAL), Court Appointed Special Advocate (CASA), Judge, Network 180 MDHHS Liaison, Foster Care Case Manager and Supervisor, WMPC Care Coordination Manager, WMPC Director of Care Coordination and Innovation (as needed), WMPC Placement and Intake Coordinator and WMPC care coordinator. The placement plan that is identified will include an order of priorities and any special considerations. All efforts to place the youth in the least restrictive setting and placement identified through the meeting will be documented in the initial residential PER.

If, upon review, WMPC approves residential services and:

1. The youth is 13 years of age or older:
 - a. The process will continue as described below for Qualified Residential Treatment Program (QRTP) and residential referrals.
2. The youth is younger than 13 years of age:



- a. WMPC will facilitate final approval from:
 - I. Youth younger than 13 years of age require the approval of the BSC 5 Director to be placed in a residential facility.
 - II. Youth 10 years of age and younger require the approval of the CSA Director to be placed in a residential facility.
- b. For WMPC to facilitate this request, PAFC staff will send an email to the Director of Care Coordination and Innovation (copying the assigned care coordinator, intake and placement coordinator, and care coordination manager) with the following information and attachments in an email:
 - I. Youth's name, DOB, and age.
 - II. Youth's electronic case management system Person ID.
 - III. Youth's current placement.
 - IV. Request for type of Residential.
 - V. A copy of the completed WMPC request for Placement in CCI Form.
 - VI. A copy of the QRTP Maximus Assessment (if received).
 - VII. A projected time frame for placement to a less restrictive setting.
- c. The Director of Care Coordination and Innovation will then forward the request to the appropriate MDHHS director and will communicate a response to the PAFC once received.

Qualified Residential Treatment Programs (QRTP) Independent Assessment Process

MDHHS contracts with Maximus to administer the state's QRTP Independent Assessment as part of the Family First Prevention Services Act (FFPSA). QRTP assessments are conducted for eligible youth to determine appropriateness of receiving care in a residential facility and creating individualized recommendation for the youth's care.

Every youth that is involved within a WMPC Residential Placement Systems Meeting will need to have a QRTP Referral and Maximus Assessment completed when transitioning to a residential placement. The PAFC team will need to submit a completed MDHHS 5847 Assessment for Determination of Placement Referral form with all needed attachments to the WMPC intake and placement coordinator and their assigned WMPC care coordinator. This step can be complete before or after the WMPC Residential Placement Systems Meeting. Upon approval from WMPC Director of Care Coordination and Innovation or designee, WMPC will submit the referral packet to the RPU. The RPU will then submit the referral packet to Maximus to begin the assessment process and begin contacts. The PAFC team will need to assign the RPU Departmental Manager to the electronic case management system case as Permanency Resource Manager (PRM) supervisor secondary so that the RPU analyst can be assigned to make sure that the QRTP assessment gets uploaded correctly.

1. If placement is urgently needed, the residential referral process will begin.
2. If placement is not urgent, then you will wait for the outcome of the Maximus assessment, and it will need to be sent to the court by the PAFC once received.
 - a. If residential is approved the approval is good for 30 days starting the date the residential is received. The court will also have to agree with this approval.
 - b. If residential is not approved by Maximus and the court agrees with Maximus, then the process is completed.
 - c. If residential is not approved by Maximus and the court orders residential for the youth, then follow the residential referral process.



Please note that once the QRTP Maximus Assessment has been received by the PAFC team it is on the PAFC to submit the QRTP Maximus Assessment to the court within *five business days* of receiving the assessment.

Residential Referral Process

WMPC Care Coordination team will be completing the residential placement referrals for each approved youth to enhance the assignment process and better support the PAFC staff. The PAFC team will ensure items from the MDHHS-5928 Residential Referral Checklist have been submitted along with a brief strength-based narrative to the WMPC intake and placement coordinator and their assigned WMPC care coordinator. This step can be completed before or after the WMPC Residential Placement Systems Meeting.

The WMPC care coordination team will identify the most appropriate and least-restrictive residential programs for the youth and begin to send electronic referrals to said programs, documenting each referral on the CWL 4606 Child Welfare Placement Assistance Request form and within the electronic case management system under the Placement Referral tab. The Care Coordination team will document the referrals, responses, and a description of extra support offered on CWL 4606 and within the electronic case management system. Until a residential program is identified, the care coordination team will provide a weekly update to the PAFC team via the CWL 4606.

Once a Placement is Identified

When a residential placement is identified (i.e., the youth has been accepted for placement), the care coordination team will notify the PAFC team within 24 hours. The PAFC team will then determine if this placement is appropriate to move forward with or if there needs to be continued searching. If the team agrees upon the accepted residential placement, then the care coordination team will connect the PAFC team with the intake team at the residential.

Once the PAFC team has connected with the intake team at the residential facility, the care coordination team will then draft the placement so that the PAFC can start within the PER. Once the PER has been approved by appropriate parties then the care coordination team will complete the Residential DHHS 3600.

Please note that at this point the QRTP Maximus Assessment should be received and must be submitted to the judge's clerk on the youth's case so that the court can complete JC15o order about the QRTP assessment. As a reminder the QRTP Maximus Assessment needs to be submitted to the court within five business days of the PAFC receiving the order.

If the youth is younger than 13 years of age, please note the following needs to be completed:

1. WMPC will facilitate final approval from:
 - a. Youth younger than 13 years of age require the approval of the BSC 5 Director to be placed in a residential facility.
 - b. Youth 10 years of age and younger require the approval of the CSA Director to be placed in a residential facility.
2. For WMPC to facilitate this request, PAFC staff will send an email to the Director of Care Coordination and Innovation (copying the assigned care coordinator, intake and placement coordinator, and care coordination manager) with the following information and attachments in an email:
 - a. Youth's name, DOB, and age.



- b. Youth's electronic case management system Person ID.
 - c. Youth's current placement.
 - d. Name of residential program requested for the youth.
 - e. Anticipated date of admission if approved (for initial and changes in placement).
 - f. A copy of the completed WMPC request for Placement in CCI Form.
 - g. A copy of the QRTP Maximus Assessment (if received).
 - h. A copy of the PER narrative for the youth and any relative assessment that may help decide for residential services.
 - i. A projected time frame for placement to a less restrictive setting.
3. The Director of Care Coordination and Innovation will then forward the request to the appropriate MDHHS director and will communicate a response to the PAFC once received.

Placement Exception Request

The Residential Placement Exception Request is completed in the electronic case management system and will be used to document those efforts made to place the youth in the least restrictive environment. The WMPC PER template should be followed. (Routing process-> PAFC caseworker -> PAFC supervisor -> PAFC director -> WMPC. This includes Pre-Ten Waivers.) After the PER is approved, WMPC will generate a signed DHHS 3600, Individual Service Agreement. The WMPC will submit the signed DHHS 3600 to the residential placement through email and will include the worker, supervisor, and program manager of the case.

For the continuation of a youth within a residential facility, the PAFC caseworker will:

1. Review the needs of the youth to see if the youth continue to meet the following requirements:
 - The youth's needs cannot be met by any other type of placement.
 - The youth's needs can be met in the specific facility requested.
 - All community resources have been exhausted.
 - The facility is the least restrictive placement to meet the youth's needs.
2. Conduct a FTM within each reporting period of the Updated Service Plan (USP) and address the reason continued residential treatment is recommended. The assigned WMPC care coordinator will be invited to these meetings.

Per FOM 722-03, a Residential PER will be completed in the electronic case management system to formally maintain the placement.

Individualized Service Agreement DHHS 3600

The residential PER is completed in the electronic case management system. (Routing process-> PAFC caseworker -> PAFC supervisor -> PAFC director -> WMPC. This includes Pre-Ten Waivers). After the PER is approved by the WMPC, the care coordination team will create a DHHS 3600 between the residential placement and WMPC for payment. The care coordinator will have the WMPC Director of Care Coordination and Innovation or care coordination manager sign DHHS 3600. The private agency will inform the Care coordinator when they need the DHHS 3600 for the residential move. WMPC will submit the signed DHHS 3600 to the case manager, who will in turn submit it to the residential facility via email, copying the care coordinator. The residential will sign the DHHS 3600 and email it back to the PAFC to be uploaded in the electronic case management system.



Ongoing Reviews of Residential Placement

If the youth is determined to need ongoing residential treatment, then a PER request needs to be submitted to WMPC every three months to approve additional time. Follow the PER approval path to make sure that approvals are being approved by the correct parties.

If the youth is young than 13 years of age, please note the following needs to be completed:

- a. WMPC will facilitate final approval from:
 - i. Youth younger than 13 years of age require the approval of the BSC 5 Director to be placed in a residential facility.
 - ii. Youth 10 years of age and younger require the approval of the CSA Director to be placed in a residential facility.
- b. For WMPC to facilitate this request, PAFC staff will send an email to the Director of Care Coordination and Innovation (copying the assigned care coordinator, intake and placement coordinator, and care coordination manager) with the following information and attachments in an email:
 - i. Youth's name, DOB, and age.
 - ii. Youth's electronic case management record Person ID.
 - iii. Youth's current placement.
 - iv. Length of stay time frame request to be approved.
 - v. A copy of the completed WMPC request for Placement in CCI Form.
 - vi. A copy of the QRTP Maximus Assessment.
 - vii. A copy of the PER narrative for the youth and any relative assessment that may help decide for residential services.
 - viii. A projected time frame for placement to a less restrictive setting.
- c. The Director of Care Coordination and Innovation will then forward the request to the appropriate MDHHS director and will communicate a response to the PAFC once received.

WMPC will review youth placed within residential facilities monthly according to the WMPC utilization meeting protocol. WMPC team will continue to work with MDHHS regarding the ongoing QRTP reviews with youth that continue placement within a residential facility. Please contact the care coordination team for more information regarding the QRTP reviews.

Moving from One Residential Placement to a New Residential Placement

If there is a request for a youth to move to a different residential program due to concerns, lack of progress or to step down into a less restrictive residential facility, a residential placement system's meeting will need to occur. This also includes if the youth is moving programs within their current residential facility and a new DHHS 3600 would be needed.

Once the PAFC team determines that the youth need to move, a written request must be submitted to the WMPC placement and intake coordinator, assigned care coordinator and care coordination manager as soon as received. The care coordination team will then set up residential placement system's meeting.



Prior to and/or after the scheduled meeting the care coordination team and PAFC will work together to begin gathering information for the *QRTP Independent Assessment Process* and *Residential Referral Process*.

If the youth is young than 13 years of age, please note the following needs to be completed:

- a. WMPC will facilitate final approval from:
 - i. Youth younger than 13 years of age require the approval of the BSC 5 Director to be placed in a residential facility.
 - ii. Youth 10 years of age and younger require the approval of the Children's Services Agency (CSA) Director to be placed in a residential facility.
- b. For WMPC to facilitate this request, PAFC staff will send an email to the Director of Care Coordination and Innovation (copying the assigned care coordinator, intake and placement coordinator, and care coordination manager) with the following information and attachments in an email:
 - i. Youth's name, DOB, and age.
 - ii. Youth's electronic case management record Person ID.
 - iii. Youth's current placement.
 - iv. Name of residential program requested for the youth.
 - v. Anticipated date of admission if approved (for initial and changes in placement).
 - vi. A copy of the completed WMPC request for Placement in CCI Form.
 - vii. A copy of the QRTP Maximus Assessment (if received).
 - viii. A copy of the PER narrative for the youth and any relative assessment that may help decide for residential services.
 - ix. A projected time frame for placement to a less restrictive setting.
- c. The Director of Care Coordination and Innovation will then forward the request to the appropriate MDHHS director and will communicate a response to the PAFC once received.

30-day notices from Residential Placement

When a residential facility notifies the PAFC that a 30-day notice is being given on their youth within that facility the WMPC team will need to be notified. The PAFC needs to gather the formal 30 day written notice from the residential facility. Once the written notice is received the PAFC team needs to submit the notice to the WMPC placement and intake coordinator, assigned care coordinator and care coordination manager as soon as received. The care coordination team will then set up residential placement system's meeting as soon as possible.

Prior to the scheduled meeting the care coordination team and PAFC will work together to begin gathering information for the *QRTP Independent Assessment Process* and *Residential Referral Process*.

Juvenile Justice

Trauma is often the underlying cause of inappropriate or unsafe behaviors for youth in care. The impact of historical trauma on youth and the potential for further disruption will be considered when referring youth to restrictive settings, such as juvenile justice programs. Trauma informed and treatment-oriented placements that can adequately meet a youth's needs should be prioritized. For youth who are abuse/neglect wards, abuse/neglect placements must be exhausted before juvenile justice facilities are explored.



Placement in a Non-Secure Juvenile Justice Facility

The same criteria will be followed as choosing a residential program, when considering placement in a juvenile justice facility. Placements will only be considered when all the following criteria have been met and the proposed facility is in the youth's best interest:

- The youth's needs cannot be met by any other type of placement.
- The youth's needs can be met in the specific facility requested.
- All community resources have been exhausted.
- The facility is the least restrictive placement to meet the youth's needs.

Note: Placement of abuse and neglect ward in a secure juvenile justice facility is prohibited.

Discharge from Detention or Jail

The worker will notify their assigned care coordinator and the placement and intake coordinator when a youth is scheduled to be discharged from detention or jail and begin supportive discharge planning. The case manager will consult with their care coordinator and the placement and intake coordinator to determine if a residential placement system's meeting is needed to identify appropriate placement and assess the youth's needs during their transition.

Detention or Jail Facilities

Secure detention or jail is to be used for abuse/neglect wards or MCI wards only if:

- A delinquency complaint or petition has been filed.
- A adult criminal charge has been issued.
- The judge has issued an order for detention.

The caseworker will notify their assigned WMPC care coordinator and the WMPC placement and intake coordinator as soon as they are aware that a youth has been detained in a jail or detention facility, or if they suspect that detention is possible. If a judge has issued an order for detention, that order should be forwarded to the care coordination team as soon as possible.

If the youth is in jail or a detention center without a delinquency charge and signed court order (or adult criminal charge), the caseworker will consult with their care coordinator as soon as possible. The PAFC team should also submit a WMPC critical incident form within three business hours of finding out the youth was detained. Staff will schedule a residential placement system's meeting, if appropriate, to establish a plan for moving the youth to a foster care placement within five calendar days.



Chapter Four: Consortium Permanency Planning Policies

Adoption Policy

Overview

If termination of parental rights is granted by the court and the permanency goal is changed to adoption, an adoption referral must occur. Adoption referrals are initiated by WMPC. The private agencies have continuum of care contracts, and adoption is considered part of that continuum. As part of providing cohesive case management services, it is the responsibility of the private agency to follow a case to completion, even if the case has been referred to an alternative private agency for adoption. As part of this, it is the responsibility of the private agency to ensure that WMPC is provided with information needed to track adoption outcomes.

WMPC 3600

To continue working toward permanency in a timely manner, the private agency will provide WMPC with a copy of the Order Terminating Parental Rights for all parties, within one working day of receipt. WMPC will in turn issue a WMPC 3600, Individual Service Agreement, to the adoption supervisor within one working day of receiving the order via e-mail. The WMPC 3600 will be signed by the WMPC care coordinator. If any irregularity is noted with the case or indicated in the WMPC 3600, signature by the WMPC Director of Care Coordination and Innovation or the care coordination manager will be required. The effective date and WMPC signature date will reflect the date that WMPC issues the WMPC 3600 to the private agency. If the WMPC issues the WMPC 3600 after 4:00 pm, the effective date and WMPC signature date will reflect the following business day.

The private agency must accept or decline the adoption referral within seven working days of receipt of the WMPC 3600. If the referral is accepted, the adoption supervisor must sign and return the WMPC 3600 via e-mail to WMPC and assign the case to an adoption worker within three working days to initiate the DHHS 1927, Child Adoption Assessment Identifying Information, and identify and recruit a qualified family for adoption. The signed WMPC 3600 must also be uploaded into the electronic case management system by the adoption agency once upon assignment to the permanent ward case.

If the referral for adoption services is denied by the private agency, WMPC will be notified of the decision by e-mail. Within the denial, information will be provided regarding the reason for denial. Upon receipt of the decision for denial, WMPC will issue a referral for the youth's adoption services to an alternative private agency within one business day.

The case acceptance date for the adoption agency will be the adoption supervisor's signature date on WMPC 3600. The adoption agency may amend the effective date on the WMPC 3600 by writing in the adjusted date and initialing if the date does not reflect the date of the adoption supervisor's signature date. The case acceptance date must also be inputted by the adoption agency into the adoption case details section in the electronic case management system for billing purposes.

Case Rejection



The continuum of care model highlights that it is the responsibility of the private agency to monitor all foster care and adoption outcomes until an adoption is finalized. A private agency may reject an adoption referral within seven days of the WMPC signature date on the WMPC 3600. All case rejections must be reviewed by WMPC. Within the first seven days of the adoption case referral, the PAFC director or their designee must submit a request in writing to the WMPC, explaining the reason for case rejection. This request should be emailed to the WMPC care coordinator.

WMPC will refer the adoption case to an alternative private agency in Kent County within one business day of receiving a case rejection request from the private agency. WMPC will send this determination via email to both the foster care agency and assigned adoption agency. A meeting or phone conference may be scheduled at the discretion of WMPC if further clarification or planning is needed.

Case Transfers

A Child Placing Agency (CPA) may not directly transfer adoption cases to another CPA. After acceptance of an adoption referral, the agency may not transfer the case back to WMPC except upon the written approval from the WMPC Chief Executive Office or designee.

WMPC must track all adoption case transfers and case transfer reasons. All case transfer requests, and case transfer reasons must be emailed to the WMPC care coordinator.

Individual Service Agreements

In lieu of a sub-subcontract, an individual service agreement will be drafted when the youth's agency differs from the prospective adoptive family's agency. An individual service agreement will be created any time the youth's agency will be sharing or delegating adoption roles and responsibilities to the prospective adoptive family's agency. The individual service agreement will highlight the roles and responsibilities of each private agency and will be signed by each agency. The youth's agency will continue to maintain the WMPC 3600 when an individual service agreement is being utilized. The youth's agency will also remain responsible for ensuring that dissolution, disruption, and finalization outcomes are reported to WMPC. A copy of the individual service agreement shall be kept in the youth's and family's case file.

Additional Services for Prospective Adoptive Parents

During the adoption process, situations may arise where additional services are needed to assess a family. These services may come at the recommendation of the private agency, the court, or the Michigan Children's Institute (MCI). The private agency will explore payment for services such as counseling, psychological evaluations, or substance abuse assessments through the family's private insurance, Medicaid, and/or Network 180. If payment is not available through these avenues, the private agency and/or the prospective family will be responsible for payment.

WMPC will provide payment for any drug screens that are needed to assess a prospective adoptive family. If a drug screen is needed for a prospective adoptive family, the adoption agency will email the following items to their care coordinator: reason for requested drug screen, amount of drug screens that will be utilized, and the type of drug screens requested. Additionally, the request will include who is recommending that drug screens be completed. The care coordinator will submit this information to WMPC contract and financial analyst for tracking and billing purposes. A case service will not be entered into the electronic case management system for drug screens for prospective adoptive families.



Adoption Case Closing

An adoption agency will remain assigned to an adoption case until adoption finalization and case closure occurs. If the youth's adoption agency differs from the adoptive family's adoption agency, the youth's adoption agency will end their electronic case record assignment at adoptive placement but continue to ensure that dissolution, disruption, and finalization outcomes are reported to the WMPC. Additionally, in the event of a dissolution or disruption after adoptive placement but before finalization, the youth's adoption agency will be reassigned and responsible for case responsibility.

Once adoption finalization is achieved, the adoption case will be routed to the WMPC care coordinator for sealing and closure in the electronic case management system. All necessary adoption reports and subsidy paperwork will be completed and uploaded by the adoption agency prior to seal and closure. Prior to routing for sealing and closure the adoption agency will ensure that both the foster care program type and Child Welfare Continuum of Care (CWCC) program type have been closed. If the CWCC program type has not been closed, the adoption agency will contact the WMPC care coordinator with a request of closure. The WMPC care coordinator will then request the CWCC program type to be closed by the Performance Based Funding Specialist (PBFS). Once the adoption sealing has been routed by the adoption agency to the care coordinator, the electronic case record will be reviewed by the care coordinator within one business day. Once reviewed, the request to seal will be routed to MDHHS to approve sealing and closing of the case.

Permanent Placement with a Fit and Willing Relative (PPFWR) and Another Planned Permanent Living Arrangement (APPLA) Policy

Overview

There is a continuum of legal permanency, with reunification being the most preferred permanency goal, followed by adoption then guardianship. When legal permanency cannot be achieved, Permanent Placement with a Fit and Willing Relative (PPFWR) and Another Planned Permanent Living Arrangement (APPLA) are goals that can provide documented, long-term, achievable, permanent plans for youth in foster care.

Caseworkers must fully explore and document all reasonable efforts to finalize a permanency plan with the preferred goals of reunification, adoption, or guardianship. The caseworker may only consider PPFWR or APPLA as potential permanency goals, when there are documented compelling reasons, which support the decision that reunification, adoption, and guardianship are no longer viable options for the youth. The youth's permanency plan must be based on their own best interests and individual needs and must be determined on a case-by-case basis.

Note: A youth's age, placement, or disability alone should never be a disqualifier for a more preferred permanency goal, such as adoption or guardianship.

For youth who cannot be reunified, adopted, or placed with a guardian, the permanency goal must reflect a permanent placement with a nurturing adult with whom there is a strong attachment and sense of belonging. In cases where the youth is not placed with an adult who is committed to their long-term care



and welfare, every effort must be made to secure a network of supportive people who will assist and be responsive to the youth's needs while in foster care and after the foster care case closes.

Permanent Placement with a Fit and Willing Relative (PPFWR)

The goal of Permanent Placement with a Fit and Willing Relative (PPFWR) was established to provide youth a permanent home with a relative, who may be unable or unwilling to pursue adoption or guardianship.

Note: The relative's reasons for not pursuing adoption or guardianship must be documented in the case service plan.

PPFWR does not provide youth with a permanent legal parent or guardian; however, when reunification, adoption, and guardianship have been ruled out, PPFWR is the preferred goal. When PPFWR is a youth's permanency goal, the goal must be reviewed annually to ensure that another goal is not more appropriate for the youth.

Note: The annual permanency goal review of PPFWR is required when the relative becomes licensed.

Another Planned Permanent Living Arrangement (APPLA)

Another Planned Permanent Living Arrangement (APPLA) was established as a permanency option to be used when all the other goals have been ruled out. Planned means the arrangement is intended and deliberate; Permanent means it will be enduring and stable; and Living Arrangement includes the physical placement of the youth and the quality of care, supervision, and nurturing that the youth will be provided by a significant adult(s).

APPLA is the least preferred permanency goal as it does not provide youth with permanent legal parent/guardian. The youth need to be at least 16 years old or older. When APPLA is a youth's permanency goal, it must be reviewed annually to ensure that another goal is not more appropriate for the youth.

A permanency goal of APPLA must include a stable, secure living arrangement that includes relationships with significant adults in the youth's life that will continue beyond foster care. A youth with the goal of APPLA may continue to reside in their placement with a foster family, in a long/short term facility, or may choose to live independently.

Process

Please review [FOM 722-07F Permanency Planning- PPFWR and APPLA](#) to follow the policy of obtaining the goal of PPFWR and APPLA. For consortium placements, the PAFC director must submit the approved permanency plan packet to WMPC care coordinator for the WMPC Chief Operating Officer to review for final approval. The PAFC agency can create the Independent Living Placement (ILP) in the electronic case record.

Transitional Age Youth Considerations

Semiannual Transition Meeting



Overview

Beginning at age 14, semi-annual transition meetings must occur once every 180-calendar days to discuss a youth's permanency goal and identify supportive adults. The semiannual meetings must begin within 30 calendar days after the youth's 14th birthday and every six months thereafter. For youth entering out-of-home placement at age 14 or older, the semi-annual transition meeting must be held within 30 calendar days of the removal date; see the Semi-Annual Transition Plan DHS 901-A for Youth Age 14-15 and/or Semi-Annual Transition Plan DHS-901-B for Youth Age 16 and Older for more specific meeting requirements.

Note: For youth participating in Young Adult Voluntary Foster Care (YAVFC); see FOM 722-16, Young Adult Voluntary Foster Care, for specific requirements that must be addressed during the meeting.

Case Plan Team Members

Youth may select up to two adults, who are not the youth's foster parent/caregiver or caseworker, to be a part of their case planning team. The team members' role is to be the youth's advisor and advocate for their permanency, wellbeing, and normalcy, through the application of the Rights and Responsibilities of Children and Youth in Foster Care; see [FOM 722-06J, Rights of Children in Foster Care](#).

The team member will assist the youth in developing their case plan by participating in semi-annual transition meetings. Case planning team members must be invited to each semi-annual transition meeting. The supervising agency may reject an individual selected by a youth if the supervising agency has good cause to believe that the individual would not act in the best interests of the youth. The caseworker must document the reasons for rejecting an individual chosen by the youth in the case service plan.

Additional participants in the semi-annual transition meeting should include all people the youth identify as supportive; it is not meant to be a one-on-one meeting with the youth.

Participants may include but are not limited to the following:

- Foster parents.
- Biological parents.
- Relatives.
- Court Appointed Special Advocate (CASA).
- Education planner.
- WMPCC care coordinator.
- Lawyer guardian ad litem (LGAL).
- Michigan Youth Opportunities Initiative (MYOI) coordinator.
- Therapists.
- The youth's friends.
- School staff.
- Employers.
- The youth's supportive adult(s), if applicable.
- Tribal representatives for American Indian youth.
- Anyone the youth consider to be a support person.



DHS-901, Semiannual Transition Plan Report

The [DHS-901](#), Semi-Annual Transition Plan Report, must be updated to reflect progress toward goals during each meeting. Once completed, the DHS-901, Semi-Annual Transition Plan Report, becomes the youth's transition plan. A copy of the Semi-Annual Transition Plan Report must be given to the youth and all individuals responsible for assisting the youth. The original plan must be uploaded into the electronic case management system.



Note: Progress toward the youth's goals must also be documented in all case service plans. The meeting must cover all areas identified in the Semi-Annual Transition Plan Report including but not limited to:

- Housing.
- Supportive relationships.
- Independent living skills.
- Education.
- Employment.
- Transportation.
- Financial management skills.
- Review of the youth's credit report.
- Emotional/mental/physical health.
- Substance abuse.
- Participation in age and developmentally appropriate activities.

Other areas that will assist the youth in successfully transitioning from foster care. During the meeting, the following must be identified:

- Goals for each area.
- One or more supportive adults assisting the youth in achieving each goal.

Note: The DHS-901, Semi-Annual Transition Plan Report, is completed in lieu of the DHS-1105, Family Team Meeting Report.

Coordinating Multiple Family Team Meetings (FTMs)

If another FTM is held within 30 days of the required semi-annual transition meeting, the meetings may be combined to address all identified areas. Each meeting must be documented in the electronic case management system using the FTM hyperlink and all the appropriate forms must be completed for each type of meeting.

Youth in Transition (YIT)

The Youth in Transition (YIT) program is a funding source available to cover expenses related to self-sufficiency for youth who experienced out-of-home care after the age of 14 and have not yet reached age 23. Eligible expenses must not be covered by any other government or community resources. See FOM 950, Youth in Transition Program for allowable YIT expenses. YIT requests are approved by DHHS.

YIT fund requests are requested and documented as a case service in the electronic case management system. In addition to the case service, the following documents must be uploaded with the request:

- Request for Youth in Transition Funds Checklist ([DHS-5305](#)).
- Youth in Transition Exception Request ([DHS-720](#)).
- Receipt for cost of item requested.



Chapter Five: Trauma Screenings and Assessment Protocol

Kent County Trauma Screening Checklist Protocol

Overview

A completed Trauma Screening Checklist provides information for workers to recognize trauma, its impact, and assists with case planning and building resilience. The Trauma Screening Checklist is not intended to be used to make a clinical diagnosis. The Trauma Screening Checklist can be used as a tool to monitor progress and document changes in mood, behavior, attachment, and school functioning with each completion of the screen.

Client Eligibility:

Caseworkers are required to administer the Trauma Screening Checklist to each youth victim involved in a foster care case.

- Ages 0-5 years old: [MDHHS 5719 Trauma Screening Checklist](#)
- Ages 6-18 years old: [MDHHS 5720 Trauma Screening Checklist](#)

When to Complete the Trauma Screening Checklist:

Caseworkers are required to administer the Trauma Screening Checklist during the following times:

1. Within 30 days of the foster care case opening.
2. Every 180 days following the initial screening.
3. After significant changes (placement, goal changes, etc.).
4. Prior to case closure.

Completion Process:

1. Caseworker will complete the [MDHHS 5719 Trauma Screening Checklist](#) or [MDHHS 5720 Trauma Screening Checklist](#).
2. If the screen scores four or higher the clinical liaison will complete a review of the screen.
 - a. Clinical liaison will respond with:
 - i. Current mental health provider information.
 - ii. Need for mental health assessment.
 - iii. Any recommendation for mental health services.
3. If the screen scores six or higher the caseworker will convene the team to discuss current services, referrals, needs, etc. This team meeting could be a Family Team Meeting (FTM) or Wraparound meeting. Team members should include the Michigan Department of Health and Human Services (MDHHS)/Private Agency Foster Care (PAFC) team, parents, family member(s), caregiver(s), Community Mental Health (CMH) or current mental health provider, other providers and support persons identified parents.

Documenting Trauma Screen Checklist:

1. Once the Trauma Screening Checklist is submitted the copy of the PDF form should be uploaded into the electronic case record under the person profile- document section.
 - a. This should be Labeled as: Trauma Screening Checklist, followed by the date it was administered.



2. Social work contacts should also be completed noting the completion of the checklist and any communication with the clinical liaison.

**If a comprehensive trauma assessment needs to be completed, please refer to the most recent Trauma Assessment Protocol*



Kent County Trauma Assessment Protocol

Overview

A trauma assessment can determine strengths as well as clinical symptoms of traumatic stress. It assesses the severity of symptoms and can determine the impact of trauma on the youth's functioning in the various well-being domains. These assessments can give a caseworker a look into how thoughts, emotions, and behaviors of a youth have been changed by trauma.

Eligibility

For a youth to qualify for a trauma assessment:

1. The child or youth has a current open MDHHS foster care, children's protective services (CPS), or MDHHS juvenile justice (JJ) case. The current open MDHHS foster care, CPS, or JJ case must remain open until the comprehensive trauma assessment report is completed and sent to the worker, recommendations are reviewed with the family and plans are made for implementation, and the invoice is paid.
2. The youth must be ages 0-17. Prior to referral for a comprehensive trauma assessment, any youth less than the three years of age must have been referred to all the following:
 - Medical professional/Pediatrician.
 - Early On.
 - CMH for Infant/Early Childhood Mental Health treatment services.

***NOTE:** At least one of the professionals listed above must recommend a referral for a comprehensive trauma assessment. Documentation of the decision to refer, including applicable reports, must be included with the MDHHS-5594, Comprehensive Trauma Assessment Referral/Invoice.*

In addition, at least one of the following must be met:

3. Residential placement is being considered for the youth because of disrupted community placements due to the youth's behavior and/or functioning.
4. The assessment is recommended by a mental health clinician or medical professional.
5. The child or youth is in a residential placement and continues to struggle with functioning and behaviors despite treatment.
6. The youth received an 11+ on the Trauma Screening Checklist AND is not benefiting from current services.

Referral Process

1. Complete the [MDHHS 5594 Trauma Screening Checklist](#).
 - a. Verify that all sections are fully completed and the PAFC worker and supervisor have signed under section 1F.
 - b. Complete section 1H – Documentation must be included if completed/applicable.
 - i. A trauma screen form (MDHHS 5719 or MDHHS 5720) should always be completed for each youth being referred and attached to the trauma assessment referral.
 - ii. If a required document is missing/not attached, document why in the notes section.
 - iii. If this is a new foster care case, make sure at a minimum the trauma screen form (MDHHS 5719 or MDHHS 5720) and petition for removal are attached. Note within the notes section when the Initial Service Plan (ISP) will be completed.



- If the ISP is due within a ***two-week time frame***, then the referral will remain pending until completed. Please note a drafted ISP can be submitted.
2. Email the completed MDHHS 5594 Trauma Assessment Referral and all attached documentation to the WMPC clinical liaison with the subject "Trauma Assessment Referral."
 - Within the body of the email please include the Performance-Based Funding Specialist (PBFS) worker that is assigned to this case as well as the youth's PID#.
 3. Within 72 hours, the WMPC clinical liaison will review and forward the referral to the MDHHS PBFS worker.
 - If documentation is missing, the WMPC clinical liaison will email the PAFC worker and supervisor about the needed documentation and a timeframe for submission.
 4. The MDHHS PBFS worker and supervisor will review the referral and submit it to the MDHHS county director for contractor assignment.
 5. MDHHS PBFS supervisor will notify the PAFC as soon as an agency is assigned via email so that a release of information can be completed and signed by all appropriate parties.
 6. A service authorization is created and completed by the MDHHS PBFS, and then assigned to a contractor in the electronic case management system.



Chapter Six: Enhanced Foster Care

Program Overview

It is West Michigan Partnership for Children's (WMPC) philosophy that it is in a youth's best interest to have their needs met in a family-like setting whenever possible. In April 2018, WMPC launched the Enhanced Foster Care (EFC) program. An innovative addition to the foster care continuum, EFC is a community-based service that facilitates permanency and stability for youth in foster care who present with significant behavioral and emotional concerns. Through comprehensive training and support from an EFC clinical team, caregivers are empowered to implement individualized treatment interventions that facilitate skill development in youth, including skills related to communication, emotion-regulation, cognitive flexibility, and social thinking.

Program Goals and Objectives

Goal #1: Youth will have permanency and stability in a family-like setting.

- *Objective 1a:* To return youth from residential care back to the community.
- *Objective 1b:* To maintain placement stability in a family setting.

Goal #2: Families will have enhanced capacity to provide for youth's needs.

- *Objective 2a:* To provide youth- and family-specific training to implement active and structured treatment interventions in the context of a therapeutic family environment.
- *Objective 2b:* To provide support and nurturing to foster families in the form of concentrated clinical intervention, coaching, and consultation.

Youth Eligibility

Youth eligible to receive EFC services include those who are:

1. At risk of placement disruption, including those that would lead to placement in residential care.
2. Discharging from residential care.
3. In need of emotional and behavioral stabilization.

EFC Case Assignments

Each Private Agency Foster Care (PAFC) will be assigned a total number of allowable EFC cases, determined by the overall number of youth in care that are assigned to the PAFC.

Levels of Care

EFC levels of care reflect high, medium, and low treatment needs that are above and beyond traditional foster care services. The following chart outlines the three levels of care, including descriptions for each level:



LEVEL	DESCRIPTION	SCORE
Three	<p>Youth with high treatment needs require intensive services to be maintained in a community setting. Psychiatric or behavioral issues, including frequent acting out behaviors and/or history of multiple hospitalizations. Unable to attend school without added services and a structured environment.</p> <p>Behaviors may include severe impairment, which may include causing property damage in the school or home, destructive or aggressive behavior towards self or others, intense mood irregularity, and/or distorted thinking.</p>	<p>Child Assessment of Strengths and Needs (CANS) score -5 in Mental Health and Well-Being</p> <p>AND/OR</p> <p>Child and Adolescent Functional Assessment Scale (CAFAS) score 120 or more on the Child/Adolescent Section</p>
Two	<p>Youth with moderate treatment needs, who have significantly disrupted functioning in school or placement, aggressive behaviors or require frequent behavioral intervention.</p> <p>Behaviors may include persistent non-compliant or irresponsible behaviors, sexually inappropriate or delinquent behavior, angry outbursts, or frequent mood disruption.</p>	<p>CANS score -3 or -2 in Mental Health and Well-Being</p> <p>AND/OR</p> <p>CAFAS score 80 or more on the Child/Adolescent Section</p>
One	<p>Youth are generally stable and able to function well at home and school. Ideally used to step down youth receiving EFC services that show tremendous progress and stability.</p> <p>Behaviors may include occasional disobedience, argumentative or annoying interaction with caregiver, problems at school or in relationships, or emotional distress.</p>	<p>CANS score 0 or higher in Mental Health and Well-Being</p> <p>AND/OR</p> <p>CAFAS score less than 80 on the Child/Adolescent Section</p>



Service Authorization and Reauthorization

Each private agency will construct service provision standards that are flexible in meeting the needs of individual youth. The levels noted above reflect high, medium, and low treatment needs that are above and beyond traditional foster care services. The private agency will provide outlines of the services that they provided at each level to WMPC for approval. All available information pertaining to the youth's needs at time of intake or authorization will be utilized to determine the appropriate level of care. The level of care will be reassessed every time the CAFAS score is completed or if the youth have a significant change in their needs. The CAFAS score will be reassessed every 90 days or whenever a significant change in need has become evident.

Referral Process

When a caseworker identifies that EFC services may be appropriate for a youth, they will complete the EFC referral form in Provider Services and Activity Management (PSAM). A current CAFAS and CANS that has been completed within the last three months will be submitted with the referral along with any additional relevant documentation of the youth's needs. Documentation may include but is not limited to; Individualized Education Programs (IEPs), trauma screens, psychological assessments, mental health records, safety plans, residential reports, or medical records. If the request for EFC service authorization is made at the time of removal and there are no CAFAS or CANS completed, the worker will indicate that the request is for a 30-day provisional approval. The care coordination team will work in collaboration with private agency staff to assess if EFC services are appropriate for the youth. If a provisional approval is authorized, the 30-day period will be utilized to further assess the youth's needs as well as obtain a CAFAS and CANS score.

Initial Assessment

The CAFAS will be used to determine the level of care for youth in EFC. If a CAFAS was not completed before the initial authorization of EFC services, one must be completed and submitted to the assigned care coordinator within 30 days of authorization of EFC services.

30 Day Provisional Assessment

In the case of a 30-day provisional authorization, the 30-day assessment period will be utilized to confirm or to re-determine the level of service and in-home behavioral support necessary for the youth. During that time, EFC staff will complete an Initial Service Agreement (ISA), initial treatment plan, quarterly report, and a CAFAS or Preschool and Early Childhood Functional Assessment Scale (PECFAS) score for the youth. These documents will be uploaded in the electronic service management system under the EFC Placement in the document section and used to confirm or redetermine the level of service prior to the end of the 30-day authorization.

Ongoing Assessment and Reauthorization

The clinical case manager will continuously evaluate the efficacy of interventions to assess if the youth's needs are being fully met. The CAFAS score and supporting documentation will be submitted to WMPC on a quarterly basis (or more if needed) to monitor progress and the on-going need for services.



The clinical case manager will submit authorization requests at least 5 business days prior to the reauthorization date. The clinical and utilization analyst will process the reauthorization request within three business days. Reauthorization requests will address the continuing need for service through the case progress report and include the latest case progress report as well as any other relevant supporting documentation. Upon approval of the reauthorization, the caseworker will upload the documentation to the electronic case management system under the EFC Placement in the document section. The timetable for quarterly review will begin upon the youth's approval for EFC services.

Discharge from Residential Care

Youth demonstrate better long-term outcomes with reduced time in residential care and when frequent contact with their familial systems is maintained. A youth will maintain and build relationships with their support system during their time in residential care, through any available opportunity (family therapy, visits, phone calls, etc.). This includes building supportive relationships with families identified for future placement.

When a foster family is identified as a placement for a youth in a residential facility, the private agency will work with the family to provide orientation about the expectations and services associated with EFC. Upon identification of a placement, the private agency will encourage the family to begin building a relationship with the youth through regular visitation. EFC services can be arranged to begin with the family as soon as the youth is discharged to the home. As soon as discharge is determined to be appropriate for the youth, the private agency will work with residential and treatment staff, as well as foster parents, to identify and implement a supportive transition plan.

To promote a strong transition plan that includes consistent support, both the caregiver and private agency can receive an incentive payment for their participation in facilitating residential step-down transitions in advance. An EFC referral will be made to WMPC at least 30 days prior to the planned discharge. The referral will indicate that it is for a planned discharge and will include a section outlining the caregiver's supportive involvement plan with the youth. If the family participates in the transition plan for 30 days and the youth is successfully placed in the home, then upon placement the family and the PAFC can each receive \$500.00 as compensation for time and resources spent facilitating a positive transition. The incentive fund given to the private agency will support case management activities within the EFC program. The PAFC provider will invoice WMPC for both payments upon placement.

Case Progress Report

The case progress report will be completed prior to reauthorization of EFC services or for a request of level change. If the report is completed more than 14 business days prior to the reauthorization request, the caseworker must attach a memo documenting their current recommendations and the youth's current level of need.

Case progress reports can be completed on the same time schedule as the case's Initial Service Plan (ISP) or Updated Service Plan (USP) but must be updated to reflect current information about the youth for reauthorization of EFC services. Case reports written more than 14 business days prior to reauthorization date must have an addendum attached to reflect the youth's current needs. The most recent case progress



reports and any addendums will be submitted for quarterly reviews of the EFC level through PSAM in MindShare.

Level Change

The EFC team can request a change of service level at any time. A request for a change of level is treated as a reauthorization request and includes an updated case progress report, ISA, CAFAS score, and any supporting documentation. If it is too early to update the official CAFAS score for the youth, the caseworker will indicate that it is too early and provide a projected CAFAS score.

Temporary Bed Breaks

If a youth in EFC temporarily breaks placement, the process for temporary bed holds will be utilized. Bed hold paperwork for over 6 days will be emailed to the care coordinator. Approved bed hold paperwork will be uploaded in the document section under the EFC placement.

WMPC can approve extended bed holds in special circumstances. The clinical case manager will consult with their care coordinator in these scenarios.

Caregiver Partnership

The partnership of caregivers involved in the treatment of EFC youth is essential to providing care in the community. Appropriate placements that can meet a youth's level of needs must be emphasized for youth who present with intensive therapeutic needs. Treatment will be provided by caregivers who can provide the needed attention, nurturance, supervision, and support to the youth. As always, caregivers need to encourage the youth's religious preference and strive to meet the cultural needs of the youth and their family. A trauma-informed approach is required for any caregiver participating in EFC services. Effective caregivers who are maintaining stability in their home will also have access to EFC when the youth placed in their home meets the required eligibility requirements. Early and frequent utilization of the service is intended to prevent burnout and increase the longevity of highly effective homes.

Training Expectations

The private agency will provide the training and support necessary to the caregivers to produce an environment conducive to the care and treatment of the individual youth placed in the home. Families should be prepared for the challenges of providing EFC services through trauma informed parenting training.

All families that have completed the Pressley Ridge Treatment Parenting Model are considered qualified caregivers to provide EFC services. However, EFC services will be authorized based on eligibility criteria regarding youth and provided even when the associated caregivers have not completed this training module. These incidences will be documented as exceptions in the file and be approved on an individual basis by the PAFC director.

All EFC caregivers will be trained in the evidence based "Together Facing the Challenge" model of care. Ongoing training that includes trauma-informed parenting techniques will be provided to all caregivers as needed and additional training may be required of the family to meet a youth's specific needs. The private



agency will document the plan for meeting training recommendations in the service agreement completed with the family.

Documentation of the families providing EFC services and their training credentials as well as the PAFC's program statement indicating training requisites for EFC caregivers will be periodically reviewed by WMPC.

Caregiver and Agency Rates:

Once a youth has been authorized for EFC services by WMPC, the caregiver will be provided a daily per diem per youth placed in the home. Caregiver rates are as follows:

Level Three: \$100 per day
Level Two: \$88 per day
Level One: \$75 per day

The PAFC will be provided an administrative rate of \$84 per day for providing EFC services. Youth are eligible for EFC whether they are placed in a relative's home or with an unrelated caregiver. If the caregiver is unwilling to participate in the service agreement, the youth is still eligible for EFC services, however the caregiver is not eligible to receive the EFC per diem.

If a caregiver is not willing to facilitate the additional needs for the youth within the treatment plan, the private agency can designate that their daily rate be reduced to an alternative rate structure determined by the private agency (including a lower EFC rate, DOC, or general foster care rate) and maintain placement, as well as EFC services. This decision must be signed off on by an EFC supervisor and the family will be notified of the decision in writing. If a PAFC determines a reduced rate is necessitated or not to provide the per diem rate to a family with placement of a youth receiving EFC services, this decision will be documented on the ISA.

Payments

Additional discretionary funds can be requested on a case-by-case basis to provide for auxiliary needs for a youth (example: assisted care, weighted blanket, higher per diem). The provision of these funds will be determined per request by the WMPC care coordination team.

Per diem payments will be paid directly to the foster parent by the private agency and will be reimbursed by WMPC through the roster verification currently used for general foster care placements.

The private agency will pay the incentive payment directly to the foster parent. PAFC will email an invoice to accounting@wmpc.care for reimbursement for the foster parent incentive payment as well as the separate incentive payment due to the PAFC.

Individual Service Agreement

An ISA will be created in conjunction with the caregiver's providing placement both when EFC services are authorized and any time the level changes. The initial ISA will be created in conjunction with the family and completed within 30 days of authorization of EFC services. The ISA is intended to be part of the continuous case assessment process and will be updated whenever changes are needed to communicate



expectations with the caregiver. The ISA will be reviewed and updated with the caregivers no less than quarterly and is to be reviewed with the caregiver at reauthorization even if the level has not changed. The ISA will be shared with and signed by the caregiver for reauthorization or change of service level.

The ISA will outline the additional responsibilities that the caregivers are committing to provide to the youth receiving EFC services. Services provided by caregivers will include maintaining a youth with high needs in their home, as well as these factors at each level:

- Increased supervision.
- Behavior management.
- Involvement in school.
- Participation in training that specifically pertains to the identified youth placed in the home.

The ISA will also address the training needs of the caregiver(s) who are providing treatment to the youth placed in the home. If the placement is with an unlicensed relative, this service agreement will incorporate a plan for licensure. If a relative waiver is approved, this will be noted in the ISA along with the corresponding alternative plan for the foster parent to receive training. The ISA will be uploaded quarterly in the electronic case management system under the documents hyperlink in the EFC placement, as well as into PSAM. If the PAFC provider determines a reduced daily rate in accordance with a family's involvement in services, this decision will be documented in the ISA.

Caregiver Expectations

LEVEL	CAREGIVER EXPECTATIONS	EXAMPLES
Three	The caregiver engages in additional case services provided through EFC, as well as additional clinical services provided to the youth several times per week, unless another frequency is recommended by the EFC clinical case manager.	Examples of a caregiver's interventions could include seeing the EFC clinical case manager and behavioral specialist multiple times per week, engagement in wraparound services and therapy with youth, using de-escalation techniques, responding to emergencies at school, and implementing crisis safety plan when needed.
Two	The caregiver engages in additional case services provided through EFC, as well as additional clinical services provided to the youth more than weekly unless another frequency is recommended by the EFC clinical case manager.	Examples of a caregiver's interventions could include seeing the EFC clinical case manager and behavioral specialist each weekly, using positive behavior supports, transporting the youth to needed treatment, and incorporating treatment plan components in the home.



One	The caregiver engages in additional case services provided through EFC, as well as additional clinical services provided to the youth at least weekly unless another frequency is recommended by the EFC clinical case manager.	Examples of a caregiver’s interventions could include seeing the EFC clinical case manager and behavioral specialist weekly, attending family team meetings (FTM) at a higher frequency, exercising good control when provoked, providing consistency and predictable behavior towards the youth, and setting realistic expectations for the youth.
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Services Post-Reunification

Biological families are an essential part of a child’s treatment and support team. The clinical case manager will involve biological families in treatment and behavioral plans for their youth. If appropriate, the clinical case manager will build in treatment planning and support activities with the biological family in addition to the service agreement with the placement family.

While the biological family members on the petition are not eligible to receive the per diem, EFC services are intended to follow the child and can be authorized post-reunification. This is intended to assist the biological family with the training and support necessary to meet the needs of the youth as they transition into their home. The EFC staff will include recommendations for the timing of EFC services considering the case discharge plan. Services post-reunification will focus on equipping the parent to address the identified emotional and behavioral needs of the youth and building a sustainable support network in the community for the family.

Administrative Review Process

If the PAFC provider or caregiver disagrees with the approved EFC level or per diem rate, or if the family is not notified of decisions in a timely manner, an administrative review process may be initiated within 30 calendar days of the decision. The caregiver will be notified of their right to an appeal upon initial authorization of EFC services.

The agency will initiate the request for the administrative review on behalf of the caregiver. It is the foster parents or relative caregiver’s right to the administrative review. The request must be submitted even if the PAFC provider agrees with WMPC’s decision. Administrative review decisions by WMPC regarding EFC levels or per diem are final and will be completed within 14 days of the review request. Once a WMPC decision is received, the PAFC must implement any change in service or payment, as determined by WMPC. If an administrative review is requested, payment will not be reduced until the administrative review is complete.



Treatment Team Criteria and Responsibilities

The EFC treatment team includes an EFC supervisor, clinical case manager, and behavior specialist, all of whom work in partnership with service providers and caregivers to develop and implement treatment specific to a youth's behavior and mental health needs.

Instability can have substantial effects on the timeliness of reaching permanency; however, progress towards a youth's permanency goal is essential to providing for the needs of youth and families. The additional provision of EFC staff tied to complex cases will allow for increased availability for general foster care staff assigned to focus on case progression. As biological families become better equipped to care for the youth's level of need, they will be supported in their progression towards permanency. The case manager will continue to document all progress by the youth receiving EFC services in the ISP and USP reports.

Team Member	Role	Education/Experience Requirements	Ratio Requirements
Supervisor	<ul style="list-style-type: none"> Provide oversight, supervision, and direction to EFC staff. 	Relevant master's degree, or bachelor's degree with at least 4 years' relevant experience.	1:5
Clinical Case Manager	<ul style="list-style-type: none"> Focus on the youth's clinical and stability needs. Provide coaching and support to foster parents utilizing the Together Facing the Challenge (TFTC) curriculum. Develop the ISA with families. Complete quarterly case progress reports in PSAM. 	Relevant master's degree, or bachelor's degree with at least 2 years' relevant experience.	1:8 <i>When calculating a blended caseload, EFC cases are considered weighted 2:1.</i>
Behavior Specialist	<ul style="list-style-type: none"> As directed by the clinical case manager and associated treatment plan, deliver intensive support and skill-building activities focused on addressing the identified emotional and behavioral concerns. 	Relevant bachelor's degree with at least one year of relevant experience. Individuals who are pursuing a relevant degree and/or have significant relevant experience will also be considered.	8-10:1, varies by agency



Foster Care Case Manager	<ul style="list-style-type: none">• Collaboration with EFC team.• Focus on case progression.	Bachelor's degree in human services.	1:13
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Agency Role

Managing services provided to youth that meet EFC eligibility criteria is an extensive role fulfilled by the private agency. The provision of successful services that support youth with high needs in a community setting will require a creative and flexible treatment team and interventions. A focused teaming approach will be vital to ensure non-duplicative services, as well as coordination of service goals to meet outcomes. The role of the private agency is to provide support and coordinate the services necessary to maintain a youth in a community setting. The private agency will provide added crisis response support or coordination for a youth who may be at risk of harm to self or others. The private agency will prepare the caregiver thorough training and coaching, to create a trauma-informed environment for the youth's treatment needs and help the caregiver to plan to respond to behaviors that arise.

Level Three Services

At level three, the private agency will assign an EFC clinical case manager, behavioral specialist, and other staff as needed to deliver intensive youth-specific support focused on addressing the identified emotional and behavioral concerns more than weekly, unless another frequency is recommended by the EFC clinical case manager.

Level Two Services

At level two, the private agency will assign an EFC clinical case manager, behavioral specialist, and other staff as needed to deliver intensive youth-specific support focused on addressing the identified emotional and behavioral concerns at least weekly, unless another frequency is recommended by the EFC clinical case manager.

Level One Services

At level one, the private agency will assign an EFC clinical case manager, behavioral specialist, and other staff as needed to deliver intensive youth-specific support focused on addressing the identified emotional and behavioral concerns *at least* monthly, unless another frequency is recommended by the EFC clinical case manager.

Additional Supports

Interdisciplinary involvement will be essential to the coordination of treatment for youth receiving EFC services. High intensity services and supports will be needed to maintain the youth in a community setting. Assessment and allocation of mental health services will be determined by the Clinical Pathways process promptly upon entrance into care. The level of mental health services and supports will be considered throughout the provision of EFC services. Quarterly reviews of services will be directed by the care coordination team and utilized to gauge if an appropriate level of service is being provided and to facilitate collaboration across case team members.



Chapter Seven: Supportive Services

WMPC contracts with several agencies to provide supportive services to youth and families serviced in Kent County.

Independent Living Plus (ILP) Program

Program Overview

Independent Living Plus (ILP) is a short-term intervention designed to meet youth's specific independent living needs and goals. ILP provides staff supported housing and services for youth ages 16 through 19 who have been identified by individual needs and assessment to not currently be appropriate for general independent living. The program is designed to provide youth with life skills to better prepare them for independence and a successful transition into adulthood.

Currently, Samaritas is the contracted provider for ILP services.

Eligibility Criteria

Client must have an open foster care case and have the permanency goal of Another Planned Permanent Living Arrangement (APPLA).

Referral Information and Process

Private Agency Foster Care (PAFC) workers will complete in its entirety the ILP referral packet and approved APPLA packet. This will be submitted to WMPC care coordinator.

Approval and Assignment Process

WMPC will review all referrals to determine the appropriateness of services.

- Referrals considered appropriate will be assigned to the service provider within 72 business hours of the referral. Assignments will be communicated via email to the service provider, with the PAFC worker copied and the referral packet and approved APPLA packet attached to the email. Further correspondence will be between the service provider and the PAFC worker and does not need to include WMPC. The service provider must contact the PAFC worker within five days of accepting the referral.
- If a referral is considered inappropriate for services, WMPC will communicate this denial via email to the PAFC worker within 72 business hours. The email must include the reasons for the denial.

Exceptions

Any exception related to eligibility or services beyond the contractual timeline must be approved by WMPC.



Kent Reunification Program (KRP)

Program Overview

The Kent Reunification Program (KRP) provides intensive and individualized family therapeutic, psychoeducational, and support services that center around the specific strengths and needs of the family. Through the program, the family receives increased supportive services in preparation for and after reunification.

Currently, Wellspring Lutheran Services is the contracted service provider for KRP services.

Eligibility Criteria

KRP services are available to families with a youth residing in out-of-home placement and who have an open foster care program type. Out-of-home placement includes, but is not limited to, youth placed with a non-custodial/non-respondent parent, family foster care, group foster care, relative placement, and detention (if dual ward).

A youth must be anticipated/planned to return home within 30 days of a referral to KRP. If the youth is not returned home within 30 days of the referral, the case shall be closed. Referrals may be accepted within 30 days after reunification.

Referral Information and Process

PAFC workers will complete in its entirety the KRP referral form and submit it to WMPC care coordinator.

Approval and Assignment Process

WMPC will review all referrals to determine the appropriateness of services.

- Referrals considered appropriate will be assigned to the service provider within 72 business hours of the referral. Assignments will be communicated via email to the service provider, with the PAFC worker copied and the KRP referral form attached to the email. Further correspondence will be between the service provider and the PAFC worker and does not need to include WMPC. The service provider must contact the PAFC worker within 24 hours of accepting the referral.
- If a referral is considered inappropriate for services, WMPC will communicate this denial via email to the PAFC worker within 72 business hours. The email must include the reasons for the denial.

Exceptions

Any exception related to eligibility or services beyond the contractual timeline must be approved by WMPC.



Foster Care Supportive Visitation (FCSV)

Program Overview

The In-Home Parent Education Program aka Foster Care Supportive Visitation (FCSV) provides an intensive, individualized parent-youth visit approach that centers around the specific needs of the youth. The program allows for the parents to receive increased supportive services, in preparation for, and after each visit, to assist in achieving reunification in a timely manner.

Currently, D.A. Blodgett – St. John’s and Samaritas are the service providers for FCSV services.

Eligibility Criteria

Client must have an open foster care case, with a current goal of reunification, and whose youth have been in out-of-home placement for *eight months or less*.

Referral Information and Process

PAFC worker will complete in its entirety DHS-599, Foster Care Supportive Visitation or In-Home Parent Education Referral, and submit to WMPC care coordinator.

Approval and Assignment Process

WMPC will review all referrals to determine the appropriateness of services.

- Referrals considered appropriate will be assigned to the service provider within 72 business hours of the referral. Assignments will be communicated via email to the service provider, with the PAFC worker copied and the DHS-599, Foster Care Supportive Visitation or In-Home Parent Education Referral, attached to the email. Further correspondence will be between the service provider and the PAFC worker and does not need to include WMPC. The service provider must contact the PAFC worker within five days of accepting the referral.
- If a referral is considered inappropriate for services, WMPC will communicate this denial via email to the PAFC worker within 72 business hours. The email must include the reasons for the denial.

Exceptions

Any exception related to eligibility or services beyond the contractual timeline must be approved by WMPC.



Parenting Nurturing Program

Program Overview

The Parent Nurturing program through Arbor Circle provides a group-based parent education curriculum over a maximum period of six months. Topics presented include:

- Youth's basic needs (nutrition, medical, safety).
- Normal stages of youth growth and development (physical, mental, emotional, and intellectual).
- Family communication skills including active listening and positive verbal interaction.
- Appropriate methods of disciplining and behavior management.
- Alternatives to hitting, spanking, and yelling.
- Reinforcing positive behavior.
- Development of nurturing skills to build self-esteem and self-worth in youth.
- Setting behavior and time limits and appropriate and enforceable family rules.
- The need for and development of consistent parenting practices.
- Appropriate methods of handling parental stress.
- Developing an awareness and use of community resources.
- Techniques to help youth express and handle feelings.

Eligibility Criteria

Those qualifying for the Parent Nurturing Program are:

- Families with one or more youth in WMPC supervised out-of-home placement (including juvenile justice).
- WMPC adoptive families for whom a need for post-adoptive services has been identified by WMPC or PAFC provider to prevent disruption or dissolution.

Referral Information and Process

PAFC workers will contact the Arbor Circle directly to make a referral for services.



Domestic Violence Services

Program Overview

The YWCA West Central Michigan is the contracted provider for domestic violence intervention services. Services are provided to adults and youth (including victims and perpetrators) in individual and group formats.

Eligibility Criteria

Those qualifying for domestic violence services are:

- Adults whose youth reside in out-of-home placements due to abuse and/or neglect and who are victims or perpetrators of domestic violence.
- Youth who reside in out-of-home placements due to abuse and/or neglect.

Referral Information and Process

PAFC workers will contact the YWCA directly to make a referral for services.



Parent Child Interaction Therapy (PCIT)

Program Overview

Parent Child Interaction Therapy (PCIT) is an evidenced-based, short-term parent coaching program designed to increase positive parent-youth interactions for families with young youth.

Wellspring Lutheran Services is the provider of PCIT services in Kent County.

Eligibility Criteria

PCIT is designed for youth ages 2 through 7 who exhibit these behavioral challenges:

- Parent-youth relational problems.
- Refusal and defiance of adult requests.
- Easy loss of temper.
- Purposeful annoyance of others.
- Destruction of property.
- Difficulty staying seated.
- Difficulty playing quietly.
- Difficulty taking turns.

Referral Information and Process

1. The PAFC worker will contact Wellspring Lutheran Services directly to make a referral for services utilizing the PCIT Referral Form.
2. Upon authorization of services provided by Wellspring Lutheran Services, the PAFC worker will submit a Miscellaneous Funding Request to their assigned care coordinator.
3. WMPC will process the Miscellaneous Funding Request and provide a copy of the approval letter to the PAFC worker, who will in turn share the approval with Wellspring Lutheran Services.
4. Treatment may not begin until approvals are solidified.



Chapter Eight: Payments

Miscellaneous Funding Requests

Private Agency Foster Care (PAFC)s may request funding from WMPC for other non-funded items. Generally, these funding requests should be focused on items that maintain placement or create placement stability. WMPC does not fund requests under \$100.

Financial Policies

Please see WMPC Financial Policies and Procedures Manual for the following:

- Paid Service Authorization Policy (Board and Care, Case Service Payments, Shelter Care, Independent Living)
- Payments for Foster Family Care
- Determination of Care (DOC) Supplements for Foster Care
- Payments for Teen Wards with Children
- Child's Medical Assistance Eligibility
- Child Care Services
- Independent Living for Wards Age 18 or Older with Children
- Minor Parents Under the Age of 18
- Case Service Parents
- Clothing Allowance for Youth of a Minor in Foster Care
- Temporary Breaks and Bed Holds
- AWOLP, Jail, and Detention
- Medical and Psychiatric Hospitalization
- Case Service Payments
 - Clothing Payment Authorization
 - Semi-annual Clothing Payment
 - Special Clothing Authorization
 - School Tutoring
 - Summer School
 - Driver's Education
 - Graduation Expenses
 - Medical and Dental Expenses
 - Behavioral Health
 - Transportation
- Assisted Care
- One-to-One Supervision
- Adult Foster Care (AFC) Placement
- Exceptional Request
- Out-of-State Tuition

Commented [SN1]: @Pamela Martinez @Ebonie Byrdon-Field @Krystle Bailey can you please review and make edits as appropriate?

Commented [MB2]: Where is WMPC Financial Policies and Procedures Manual publicly located?

Commented [AC3R2]: @Sonia Noorman do you know where we publicly share this?

Commented [SN4R2]: This will be on line as well with this manual. @Pamela Martinez can you work with Amber on that when they are available/approved 🙏



Chapter Nine: Notifications and Reporting

Overview of Reporting to WMPC

WMPC is committed to the safety and well-being of youth in foster care, and therefore, requires all private agencies to report significant incidents occurring with youth in care. The private agencies, shelter and residential program staff, and foster parents will report emergencies, as appropriate, to 911, local law enforcement, and Child Protective Services (CPS).

Critical Incidents also require direct notification to be sent to WMPC. Upon notification, WMPC will report applicable incidents to the Michigan Department of Health and Human Services (MDHHS) county director for entry into the MDHHS alert system. The private agencies must report critical incidents to the WMPC on-call staff by phone and submit the WMPC-210, Critical Incident Report, by e-mail, as applicable.

The subject of the email should include: Private Agency Foster Care (PAFC) name, Critical Incident, and last names of the youth.

[Example: “DABSJ Critical Incident – Smith/Johnson”]

Emergency Incident Reporting to WMPC

The following scenarios are considered emergency critical incidents and necessitate immediate (but no later than four hours notification by:

1. phone to the WMPC on-call staff at (616) 265-6528
2. email a WMPC critical incident report form within the same time frame to WMPC intake at wmpcintake@wmpc.care for any active foster care case:
 - **Death of a youth, parent, or caregiver.**
 - Serious accident or injury of a youth requiring emergency medical hospitalization and involving potentially **life-threatening conditions.**

Significant Incident Reporting to WMPC

The following scenarios are considered significant critical incidents and necessitate e-mail notification no later than four business hours to wmpcintake@wmpc.care for any active foster care case:

- Victimization or alleged victimization of a youth (rape, physical or sexual assault, human trafficking, etc.).
- Substantiated abuse or neglect of a foster youth, including within a foster home.
- Law enforcement investigation of a youth’s criminal actions or conduct, including any instance of placing a youth in detention or jail.
- Any instance when a youth is admitted into a medical or psychiatric hospital. *Note: If hospitalization is due to a serious accident or injury of a youth, the incident is considered an emergency. Any other reason for hospitalization is categorized as a significant incident.*
- Any attempted removal or removal of a foster youth from the foster home by any person who is not authorized by the child placing agency.
- A court order reflects that reasonable efforts were not found.
- Absent Without Legal Permission (AWOLP) youth ONLY when entered into Michigan Law Enforcement Information Network (LEIN).



- Any agency Division of Child Welfare Licensing (DCWL) investigation.

Critical Incident Follow Up

The goal of the critical incident reporting process is to ensure that serious issues are elevated quickly to WMPC and MDHHS. Follow-up regarding critical incidents must incorporate consultation and updates to the assigned care coordinator. The private agencies must also report critical incidents to the DCWL, as applicable to state licensing requirements.

Notification to the Kent County Family Court

The Kent County Court Administrator will be notified by the private agency of any incident described below that involves a Kent County foster youth. The court will also be notified if an incident described below involves an out-of-county youth but results in significant impact or trauma to a Kent County foster youth. This list is not comprehensive and other case specific scenarios may be categorized as a critical incident by WMPC.

- Death of a youth.
- Serious accident or injury of a youth requiring emergency medical hospitalization and involving potentially life-threatening conditions.
- Victimization or alleged victimization of a youth (rape, physical or sexual assault, human trafficking, etc.).
- Substantiated abuse or neglect of a foster youth, including within a foster home.
- Law enforcement investigation of a youth's criminal actions or conduct, including any instance of placing a youth in detention or jail.
- Notification of AWOLP youth within 24 hours (see AWOLP Policy below).

NOTE: The court must also be notified if an incident described above involves an out-of-county youth but results in significant impact or trauma to a Kent County youth.

WMPC Chief Executive Officer or Chief Operating Officer, in consultation with PAFC program and administrative staff, is responsible for determining if an incident must be reported to the court and will direct court notification as appropriate.

Notification to the court must be made within 24 hours of the PAFC's knowledge of the incident and will include:

- The name of Kent County youth impacted by the incident.
- Date of incident.
- Worker's name.
- Contact person – the person the court should contact if they have questions/concerns or for follow up regarding the youth.
- Brief and concise description of incident.
- Known and/or presumed impact on youth and plans to address.
- Incident response – including steps already taken in response to the incident and immediate next steps.



Notification will be made via email to ensure documentation of notification. Initial notification may be made by phone but must be followed by a secure email describing known elements of the incident.

AWOLP Policy

AWOLP is defined as a youth who is placed with WMPC for care and supervision and who is absent from an approved placement without legal permission.

Notifications

Immediate Notification

Foster parents, relative/unrelated caregivers, parents, and/or residential facility staff must immediately notify law enforcement agencies (state police, local police, or the sheriff's department) and the supervising agency when a youth under their care fails to return at the expected time or leaves a home without permission.

NOTE: The supervising agency must establish procedures to implement this policy during non-working hours. The assigned caseworker must be notified on the next business day.

Upon notification, the supervising agency must immediately file a missing person report with the local law enforcement agency, classifying the youth as missing and endangered.

Upon notification, PAFC providers must immediately notify the performance-based funding specialist (PBFS) of the youth's absence and the WMPC care coordinator within one business day and must document the notification in the social work contacts in the electronic case management system.

Within 24 Hours

Within 24 hours of the youth's absence, the supervising agency must notify:

- The court of jurisdiction.
- The parents, if appropriate.
- Lawyer-guardian ad litem (LGAL).
- The National Center for Missing and Exploited Children (NCMEC) to inform the agency that the youth is missing and endangered. The phone number for NCMEC's 24-hour call center is 1-800-THE- LOST (1-800-843-5678).

Within One Business Day

The supervising agency must take the following actions within one business day of the youth's absence:

- Update the electronic case management system.
- Document action taken to locate the youth in the electronic case management system.
- Complete the [DHS-3198A, Unauthorized Leave Report to Court/Law Enforcement](#).
- Send a copy of the [DHS-3198A, Unauthorized Leave Report](#), to the court.
- Send/take a copy of the [DHS-3198A, Unauthorized Leave Report](#), to the local law enforcement agency to ensure that the youth is entered on the LEIN as missing and endangered.
- Upload a copy of the [DHS-3198A, Unauthorized Leave Report](#), and a current photo of the youth to the electronic case record.



- Complete the [DHS-710, Clearance to Publish Children AWOLP on DHS Web](#), obtain required signatures, and forward to the Child Locator Centralized Unit; see Criteria to Place a Child/Youth on the Child Locator Website, see [FOM 722-03A](#).
- Document the report to the National Center for Missing and Exploited Children (NCMEC), as an AWOLP contact in the social work contacts in the electronic case record.
- Notify PBFS and the WMPC care coordinator that a copy of the [DHS-3198A, Unauthorized Leave Report](#), and a current photo of the youth has been uploaded to the electronic case record.
- Complete a WMPC critical incident report and submit to wmpcintake@wmpc.care once youth has been entered into LEIN.

PBFS Responsibilities

- Confirm that the youth has been classified as missing and endangered on LEIN.

NOTE: *PBFS* has one day from the date of notification that the [DHS-3198A](#) has been uploaded to confirm the youth has been entered on LEIN.

- Obtain the National Identification Number (NIC) from the law enforcement agency where the missing youth was reported missing. The NIC is assigned by the National Crime Information Center (NCIC) to all records and is verification that the missing youth was entered into NCIC.

NOTE: If local law enforcement refuses to place a youth on LEIN, the caseworker must document in the electronic case record system and forward information to the Child Locator Centralized Unit.

- Document all contacts in the electronic case record system.

Diligent Search

Within Two Business Days

As soon as possible, but within two business days of the youth's absence, the supervising agency must commence a diligent search for the youth. Actions required are:

- Review all available information in the electronic case file records to identify information on the potential location of youth, for example, family members, unrelated caregivers, friends, known associates, churches, and/or a neighborhood center.
- Contact the school that the youth last attended. Verify that the youth is not in attendance and determine if there are friends/teachers of the youth who may have information.
- Contact the local school district office(s) to determine if youth has enrolled in a new school.
- Complete an internet search and/or search social networking sites; for the youth, the youth's parents, known relatives and/or acquaintances, if applicable.
- Document results of all contacts in the electronic case management system.
- Forward any new results of contacts to the court and law enforcement.

PBFS Responsibilities

As soon as possible, but within two business days of notification, PBFS must commence a diligent search for the youth by completing the following actions:

- Complete automated systems check; for example, BRIDGES, Secretary of State, and LEIN, to search for the youth or known family members.



- Review any additional MDHHS electronic case records to identify information on the potential location of youth; for example, family members, unrelated caregivers, friends, known associates, churches, and/or a neighborhood center. Forward any new information to the court, law enforcement and the supervising agency.

Ongoing AWOLP Diligent Search

At a minimum, the assigned caseworker and PBFS must repeat a diligent search every calendar month until the youth is located. The assigned caseworker must document all efforts to locate a youth and any youth-initiated contacts in the case service plan.

The caseworker must continue to notify law enforcement of any new information to aid in their efforts to locate the youth.

The assigned caseworker, PBFS, and WMPC care coordinator will maintain collaborative communication around updates regarding search efforts.

When an AWOLP Youth is Located

Notifications

As soon as possible, but no later than one business day after locating the youth, the supervising agency must take the following actions:

- Notify the NCMEC that the youth has been located.
- Notify local enforcement that the youth has been located.
- Notify PBFS.
- Notify the WMPC care coordinator.

As soon as possible, but no later than five business days after locating the youth, the supervising agency must meet with the youth to determine the following:

- The primary factors that contributed to the youth running away.
- The ways in which the youth's placement should respond to those factors.
- The youth's activities while AWOLP, including if the youth was a victim of sex trafficking.

Return from AWOLP Conversation Guide

Caseworkers may utilize the [DHS-5333, Conversation Guide on Return from AWOLP](#), during the discussion with the youth.

If it is suspected that the youth was a victim of human trafficking, the caseworker must immediately contact Centralized Intake at 1-855-444-3911, for a complete investigation.

Please see [FOM 722- 03A AWOLP](#) for further information regarding AWOLP.



Chapter Ten: Utilization Management Plan

Overview

WMPC Utilization Management (UM) is the process of coordinating, authorizing, and monitoring services or placement for youth and families on a continuum of care from entry to exit. The UM system is designed to ensure a seamless service delivery system that maximizes resources, mitigates fragmentation and duplication, and builds upon natural support within the community to support and sustain families' long term.

Guidelines for Utilization Management

The utilization management process will link youth and families with the appropriate level of service within the following service guidelines. Services must:

- Be adequate to meet identified needs.
- Be delivered in the least restrictive placement possible.
- Fall within approved protocols and pathways.
- Be community-based and close to home as possible.
- Be culturally sensitive and competent.

Utilization Management Activities

WMPC facilitates a variety of UM activities, including the following targeted case reviews for youth:

- In residential placements.
- Receiving Enhanced Foster Care (EFC) services.
- In foster care at varying intervals and timeframes.
- Not placed with relatives.
- Other reviews that support permanency, safety, and well-being.



Chapter Eleven: Guides and Protocols

The following are guides and protocols that have been referenced in other sections of the manual.

Guides: Residential Placement Exception Request (PER) Template

WMPc requires the following information within the narrative section of the electronic case record system for PERs:

Section 1: Introductory Information

- "This PER is a _____ (type: 3, 6, 9, 12 month) for placement at _____ (facility) from _____ (date) to _____ (date)."

Section 2: Residential Information

- Facility and program name.
- Type of residential facility.
- The specific residential treatment components that will meet the youth's treatment needs at this facility.

Section 3: Health

- List diagnosis(es).
- List medications and frequency of medications.
- For Pre-Ten Waivers – Provide the results of the fetal alcohol spectrum disorder (FASD) pre-screening.

Section 4: Educational Needs

- Is the youth able to attend a community school? School of origin? Why or why not?
- Are there specific educational needs to be considered for placement?

Section 5: Placement

- List number of placements for the youth, indicate why each placement was not successful and/or factors contributing to disruption of placement.
- Provide a detailed description of assisted care, Wraparound, or other interventions that have been used to maintain this youth in the community. Include services provided to prevent replacements.
- List efforts to locate less restrictive placement (since last PER, if applicable).
- List all referrals including program name, date of referral, and reason for rejection.

Section 6: Treatment Progress

- Provide detailed description of the youth's behaviors and progress in the program since the last request that necessitates the continued need for the residential placement.
- Include the number of seclusions and restraints since the last reporting period and any pertinent, related details.
- Detailed progress and barriers to the youth's exit from the residential program.
- List independent living skills.

Section 7: Permanency and Placement Plan

- List youth's legal status and permanency goal.
- If a temporary ward, list efforts to engage parents in youth's treatment, parenting time, and assessment of youth's ability to return home.
- Is a family identified as the next placement, and what efforts are being made by this county to assist the family in participating in youth's program?
- When is the last time relative finding and genogram have been completed? If more than six months, the state updated efforts including dates of efforts.

Section 8: Third-Party Review and Approval

- Has the youth's Legal Guardian ad Litem (LGAL) been consulted regarding this continued placement? If so, list date and LGAL recommendation. If not, explain.
- When is the last time this case has been reviewed with WMPC (with care coordinator, through ARC/systems/utilization management meeting, etc.)?
- If six-month PER, did you get approval/memo from the agency's WMPC board member?

Guides: Projected Determination of Care (DOC) for Adoption Protocol

The following protocol should be followed when submitting projected DOC:

1. The Private Agency Foster Care (PAFC) adoption worker will complete the Projected DOC.
2. The PAFC adoption worker will submit the projected DOC to the PAFC adoption supervisor for review and signature. (Please note that Legacy Adoption Services (LAS) will also need the signature of the foster care program manager).
3. The PAFC adoption worker will email the projected DOC and any supporting documentation to the WMPC care coordinator.
4. The WMPC care coordinator will review the projected DOC and send it to the WMPC program manager or director within **one business day** of receipt.

Items to be Reviewed:

- a) The WMPC care coordinator will ensure that the projected DOC has signatures for the foster parent, adoption worker, and adoption supervisor. The care coordinator for LAS will also ensure that the foster care program manager has signed the projected DOC.
 - b) The WMPC care coordinator will ensure that additional documentation to support the Projected DOC rate has also been received.
 - c) The WMPC care coordinator will ensure that the projected DOC outlines the services that will be in place post adoption to justify projected DOC rate.
5. WMPC program manager or director will review projected DOC within **two business days** and will ensure that by the end of the second business day, the adoption worker and supervisor have been emailed a copy of the approved projected DOC with WMPC signatures or the denied projected DOC that includes the reason for WMPC denial.

Guides: Permanent Court Ward (PCW) Case Creation Checklist

The following protocol and accompanying checklists should be utilized for PCW case creations:

Step 1:

PAFC will provide the following to the care coordinator and adoption supervisor and/or adoption program manager via email:

- a) Case Name, Case ID, Youth Needing PCW, Assigned Performance Based Funding Specialists (PBFS)
- b) Checklist verifying the following actions:
 - ✓ All contacts have been completed for the youth listed above.
 - ✓ No pending case services for the youth listed above.
 - ✓ The care coordinator and Adoption Supervisor and/or Adoption Program Manager have been included in this email.
 - ✓ Service plans have been completed. (None left in draft status)
 - ✓ PAFC has confirmed with their accounting department that the case is ready for permanent ward creation.
 - ✓ **All** case services for the birth parents of the youth above have been entered, completed, and approved in the electronic case record system.
 - ✓ All assessments are in completed status.

Step 2:

WMPC care coordinator will “reply all” to PAFC and add the PBFS worker, verifying in writing that the following steps have been completed:

- ✓ WMPC has verified that the PAFC has completed Steps 1 and 2 of the Permanent Ward Case Creation Checklist.
- ✓ WMPC has added PBFS to the Permanent Ward Case Creation Email.

Step 3:

PBFS staff will “reply all” verifying that the following steps have been completed:

- ✓ PBFS will create Permanent Ward Case.
- ✓ PBFS will confirm Permanent Ward Case Creation and new Case ID when they reply to all.

Step 4:

WMPC will issue the Adoption 3600 to the designated adoption supervisor and/or adoption program manager immediately following the creation of the Permanent Ward Case.

Step 5:

The foster care supervisor staff will “reply all” verifying that the following steps have been completed:

- ✓ Foster care supervisor will assign adoption supervisor and/or adoption program manager **within one business day** of the Permanent Ward Case creation.
- ✓ Foster care supervisor will send an email once Permanent Ward Case is assigned to adoption supervisor and/or adoption program manager **within the same business day.**

Guides: Family Finding Protocol

Description

Family Finding seeks to build or maintain a network for all youth who are disconnected or at risk of disconnection through placement outside of their home and community. The process identifies relatives and other supportive adults, estranged from or unknown to the youth, especially those who are willing to become permanent connections for the youth. Upon completion of the process, youth have a range of commitments from adults who can provide permanency, sustainable relationships within a kinship system, and support in the transition to adulthood and beyond. Keeping safety at the forefront and using a family-driven process, families are empowered to formulate highly realistic and sustainable plans to meet the long-term needs of youth. Youth outcomes may include increased reunification rates, improved well-being, and placement stability, transition out of the child welfare system, decreased re-entry rates, and stronger sense of belonging for youth.

Goals

The goals of Family Finding are to:

- Support foster youth in developing meaningful and enduring connections with adults who will support them across their lifespan.
- Ensure safe and stable family-based living arrangements for all youth with dependency needs. For youth in out-of-home care due to protection needs, ensure a timely and permanent exit from the formal service system through the development of a resilient and comprehensive network of supportive adults.
- Support youth in developing a healthy sense of identity and regaining dignity as well as providing family members with the opportunity to meet the needs within their family system. Enable young adults emerging from care to live safely and productively within their communities.
- For individuals with lifetime care needs, increase connectedness, decrease dependence on the formal service system, and enhance family-driven decision making.
- For all individuals, prevent recidivism within or between formal service systems, including prevention of youth “graduation” into the adult correctional system.

Family Engagement

A strength-based approach should be used to engage families and workers should operate from the standpoint that families are the experts on their own family. Every family is unique and has their own culture, personality, family dynamics, and history. Everyone has something to contribute, and active family participation is essential for good outcomes.

Case Identification

Family Finding should be completed for all youth in the Kent County foster care system. Specifically, WMPC expects that intensive Family Finding activities are completed on the following case examples:

- Youth at risk of placement break.
- Youth placed within shelter.
- Prior to any request for residential placement.
- Youth that have been placed within a residential setting for 6 months or more.
- Youth that are split from their siblings within placement.

Search Venues

The Family Finding process should involve searches within the following venues:

- Case File
 - Workers should review the case file in its entirety, even if familiar with it. This includes past Child Protective Services (CPS) reports.
- Parents
 - Ask the parents about possible relatives/fictive kin.
 - Ask the parents to develop a genogram with the worker.
- Youth
 - Ask the youth about possible relatives/fictive kin.
 - Ask the youth to develop a genogram with the worker.
 - Complete a Youth Connections Scale with the youth.
- School
 - Talk with school staff.
 - Review the school file.
 - Who did the family label as the emergency contact?
- Medical Office / Primary Care Physician
 - Review medical records.
 - In the medical record, who did the family list as supports?
 - Did anyone else bring the youth to appointments?
- Obituaries
 - If a family member is deceased, review their obituary to obtain names of possible relatives.
 - Search the funeral home noted in the obituary.
- Websites
 - Google
 - Social media
 - Legacy.com
 - Voterrecords.com
 - GRcourt.org
 - Pipl.com
 - Truepeoplesearch.com
 - Peoplefinder.com
 - Familytreenow.com
 - Findagrave.com
 - Archives.com
 - Privateeye.com
 - Zabasearch.com
 - Whitepages.com

Documentation

To document Family Finding contacts, utilize the [DHS-987- Relative Documentation form](#). This document should be a working document between CPS, Foster Care, and the Family Finding/ Relative Engagement Specialist.

- A genogram should also be completed within the Genopro Program reflecting the Family Finding efforts. Per FOM 772-06, a genogram must be completed for each family as part of the case service plan.
- The [DHS-987- Relative Documentation form](#) and updated genograms should be uploaded within the document section in the electronic case record system and updated on a quarterly basis.

Guides: Denial-of-Service Appeals Process

Appeals Process Procedure

An appeal can be filed if authorization for services or funding has been denied. Examples of denials may include special funding requests, Enhanced Foster Care (EFC) levels, incentivized pay rates for foster parents who take placement of a high-risk youth, and any other matters pertaining to services provided for youth in the WMPC network.

1. A step-by-step procedure can be found below.

Step One:

- a. The private agency foster care (PAFC) worker should send the completed the Denial-of-Service Appeal Form to their assigned WMPC care coordinator.
- b. The care coordinator will share with the CUA, or clinical liaison if applicable, and review completeness of the appeal form and supporting documentation and make a recommendation for the director.
- c. Care coordinator will provide the appeal packet to the Director of Care Coordination & Innovation via email.
- d. The Appeal Form will include the following:
 - i. A clear reason for the appeal.
 - ii. An outline of the factors that should be reviewed/ reconsidered in the decision-making.
 - iii. Any supportive documentation/ evidence that further clarifies the reason(s) for the appeal.
 - iv. A recommendation from the care coordinator, CUA, or clinical liaison on what the outcome should be and detailed evidence as to why the recommendation is valid.

Step Two:

- a. The Director of Care Coordination & Innovation will review the appeal form and supporting documentation and recommendations offered by the WMPC team member and make a final decision. The decision to either grant or deny the appeal will be documented on the Denial-of-Service Appeal Form. The summarization of the presented evidence and a reason/ rationale for the pronouncement will be noted on the form.
- b. If the Director of Care Coordination & Innovation approves the appeal, then the form will be forwarded to the care coordinator, CUA, or clinical liaison who is then responsible for ensuring the decision reaches the foster care worker.
- c. If the Director of Care Coordination & Innovation denies the appeal, then the entire matter will be forwarded via email to the Chief Operations Officer (COO) to review along with a copy of the Denial-of-Service Form.
- d. If the COO overrides the denial by the Director of Care Coordination and Innovation, then it will be indicated on the appeal form and sent to the assigned care coordinator, CUA, or clinical liaison who is then responsible for ensuring that the decision reaches the foster care worker.
- e. If the COO agrees with the decision to deny the appeal, it will be indicated on the Denial-of-Service Appeal Form and then forwarded to the assigned care coordinator, CUA, or clinical liaison who then ensures the decision reaches the foster care worker.

Step Three:

- a. If an appeal is denied and the foster care worker and/or dissatisfied parties (i.e., foster parents or other providers) believes that the denial was unfair, inequitable, or discriminatory, the Provider or Client Grievance form can be completed.
2. An appeal should be completed in a timely manner and depends on the urgency of the issue. The Director of Care Coordination and Innovation will review the appeal form and supporting evidence and will then communicate the decision in time for the service recipient to enter or continue services without interruption. The Director of Care Coordination will provide a response within two business days from receipt of the Denial-of-Service Appeal Form. If the Director of Care Coordination denies the appeal, it will be sent to the COO who will review and provide a decision within 2 business days from receipt of the Denial-of-Service Appeal Form.



Consortium Approval Routing Pathways

PAFC Approved	
DOCs and MEDICALLY FRAGILE: <ul style="list-style-type: none"> Level 1 Level 2 	PAFC Caseworker → PAFC Supervisor
APPROVALS: <ul style="list-style-type: none"> Education Transportation 	PAFC Caseworker → PAFC supervisor → PBFS*
APPROVALS: <ul style="list-style-type: none"> Parental Visit Transportation Sibling Visit Transportation Assisted Care Clothing Allowance (<i>except Special Clothing Allowance</i>) Holiday Allowance Drug Screens Substance Use Evaluations Independent Living Services 	PAFC Caseworker → PBFS* → PAFC Supervisor
PLACEMENTS: <ul style="list-style-type: none"> Licensed Placements Child Caring Institutions (CCI) Independent Living EFC 	PAFC Caseworker → PBFS* → PAFC Supervisor
PLACEMENT EXCEPTION REQUESTS (PERs): <ul style="list-style-type: none"> High Risk Placement Residential – 3 Months (exception: dual ward, Pre-10, or Pre-13) Residential – Outside Contracted Geographic Area / Exceeds 75 Miles Siblings Placed Apart 	PAFC Caseworker → PAFC Supervisor → PAFC Manager → PAFC Director
APPROVALS: <ul style="list-style-type: none"> Online Education School Tutoring 	PAFC Caseworker → PBFS* → PAFC Supervisor → PAFC Director



WMPC Approved	
PLACEMENT EXCEPTION REQUESTS (PERs): <ul style="list-style-type: none"> • Bed Hold 	PAFC Caseworker → PAFC Supervisor → WMPC
APPROVALS: <ul style="list-style-type: none"> • One-to-One Supervision Case Service • Adult Foster Care • Special Clothing Allowance • Paternity Testing • Out-of-State School Tuition • Summer School • Psychological Evaluation • Psychiatric Evaluation 	PAFC Caseworker → PBFS* → PAFC Supervisor → WMPC
RESIDENTIAL PLACEMENT EXCEPTION REQUESTS (PERs): <ul style="list-style-type: none"> • Emergency or Shelter Care Placement (<i>More Than Once in a 12-Month Period, but More Than Seven Days</i>) • Emergency or Shelter Care Placement (<i>In Excess of a 30-Day Period</i>) • Initial Residential Placements • Residential Placement (<i>6, 9 months and 12 months</i>) • Short-Term Residential • One-to-One Supervision PER • Change in Residential Placement • Treatment Foster Care (<i>Initial and more than 12 Months</i>) • Court Ordered Juvenile Detention PER (<i>more than 30 days</i>) 	PAFC Caseworker → PAFC Supervisor → PAFC Director → WMPC
DOCs and MEDICALLY FRAGILE: <ul style="list-style-type: none"> • Level 3 • Level 4 	PAFC Caseworker → PAFC Supervisor → WMPC
APPROVALS: <ul style="list-style-type: none"> • Comprehensive Transdisciplinary Trauma Assessment • Comprehensive Team Trauma Assessment • Case Closures and Adoption Seals 	PAFC Caseworker → PAFC Supervisor → WMPC → PBFS*

**Please ensure that appropriate services are routed to the PBFS worker so that the correct funding source can be verified.*



Externally Approved

RESIDENTIAL PLACEMENT EXCEPTION REQUESTS (PERs): <ul style="list-style-type: none"> Pre-Ten Waiver Residential Placement Beyond 12 Months 	PAFC Caseworker, PAFC supervisor, PAFC director, WMPC, BSC Director
RESIDENTIAL PLACEMENT EXCEPTION REQUESTS (PERs): <ul style="list-style-type: none"> Placement of an Abuse/Neglect Ward into a Residential Foster Care – Juvenile Justice Facility 	PAFC Caseworker → PAFC Supervisor → PAFC Director → WMPC → DCWL
RESIDENTIAL PLACEMENT EXCEPTION REQUESTS (PERs): <ul style="list-style-type: none"> Placement of a Juvenile Justice Ward or Dual Ward into a Residential Foster Care Abuse/Neglect Program Placement of a Dual Ward into a Residential Foster Care – Juvenile Justice Facility 	PAFC Caseworker → PAFC Supervisor → PAFC Director → WMPC → JJAU → DCWL
RESIDENTIAL PLACEMENT EXCEPTION REQUESTS (PERs): <ul style="list-style-type: none"> More Than Five Youth in Total in the Provider Home More Than Three Foster Youth in the Home More than Three Youth in a Provider Home Under the Age of Three 	PAFC Caseworker → PAFC Supervisor → PAFC Director → DCWL
Facility Not Under Contract with MDHHS Placement Exception Request	PAFC Caseworker → PAFC Supervisor → PAFC Director → WMPC → DCWL
Placement Outside of the Contracted Bed Capacity	PAFC Caseworker → PAFC Supervisor → PAFC Director → WMPC → DCWL
NON-CONSORTIUM CASE SERVICES: <ul style="list-style-type: none"> Medical Expense Not Covered by Medicaid 	PAFC Caseworker → PAFC Supervisor → PBFS* → PBFS Supervisor → FCD

Commented [BM(1): Beyond 12 months needs to be moved to Externally as it requires finally approved by BSC

Commented [SN2R1]: @Krystle Bailey and @Eboni Byndon-Fields is this being done in practice? And if this is accurate it does need to be moved. I can move it but want to be sure first

Commented [SN3R1]: I did move to external approval. Just confirm please ☺

Commented [KB4R1]: yes, it was not previously but ever since I learned this was the case we have been doing it this way (routing through to BSC Director).

Commented [AC5]: From Mary- this needs to be approved by DCWL

Commented [AC6R5]: @Sonia Noorman

Commented [AC7R5]: @Sonia Noorman

Commented [AC8]: From Mary: Please note according to the CWCC2-2023 Grant The Grantee is not responsible for payment of the following: Physical health care costs of children and youth not otherwise paid by a parent, Medicaid, or other third party when in accordance with state policy. **Exception:** Items covered by County Child Care fund for temporary wards are the responsibility of the WMPC.

Commented [SN9R8]: @Pamela Martinez can you address this in the grid if it isn't? Thanks!

Commented [PM10R8]: @Krystle Bailey @Sonia Noorman Medical expenses not covered by Medicaid can be approved through Special Funding Approvals. So these would have to go to WMPC for approval, not the PAFC.

Commented [11R8]: Is that process in the OM manual?

Commented [KB12R8]: @Pamela Martinez @Sonia Noorman I wonder if this is for the ones we do not approve to pay for and sent on to DHHS after we didn't agree? There was a reason I added this here. We sent 1-2 through to DHHS in the last year and other funding was used to pay I think, Right Pamela? As far as question about being in the OM I would think the best spot with be under the financial section maybe if not already there?

Commented [SN13R8]: @Krystle Bailey and @Pamela Martinez i don't know the details of the payments anymore... :) Can you fix this to make sure it's accurate and addresses Mary's question? Thanks.

