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1.0 INTRODUCTION

1.1 PURPOSE

A. The Mission of the Office of Children's Services (OCS):

The Office of Children's Services works in partnership with families and communities to support the well-being of Alaska's children and youth. Services will enhance families' protective factors to give their children a healthy start, to provide them with safe and permanent homes, to maintain cultural connections and to help them realize their potential.

Employing the most effective strategies available, the Office of Children's Services strives to fulfill its mission to protect and serve Alaska's children and families.

The division strives to accomplish its mission by focusing on four broad goals:

- Child Safety
- Permanency for Children
- Cultural Continuity for Children
- Child and Family Well-being

1. Child Safety: The child welfare system must protect children. All child welfare protective activities and intervention must be toward the goal of protecting the child from harm. In the provision of services the safety of the child is always the first consideration in performing risk and safety assessments, developing case plans, and identifying services for children and families. Safety of the child is paramount in all decisions effecting children.

2. Permanency for Children: Child welfare services must promote permanence for all children. All children have a right to a permanent and safe home environment. The most desirable plan for a child is to work with the family to remedy the conditions that led to the child's safety concern. The Division has a firm commitment to the concept of permanency planning and will strive to maintain the child in his/her own home whenever possible, and when it is not possible, the division will work steadfastly to promote an alternate permanent home for the child. When appropriate, concurrent planning will be implemented to expedite permanency for the child.

3. Cultural Continuity for Children and Families: Child welfare services must be culturally competent. Cultural competence is the capacity to relate with persons from diverse cultures in a sensitive, respectful, and productive way. Sensitivity to a child and family's culture is important throughout the child and family's experience with the Division. As the state agency responsible for making decisions on behalf of children and families from different cultural backgrounds, the Division has a firm commitment to cultural competence. The Division's practice is guided by the Indian Child Welfare Act of 1978, the Multiethnic Placement Act, and the NASW Code of Ethics. Preference is also given to culturally relevant services.

4. Child and Family Well-being: Child welfare services must be child-focused and family centered. It is always in the child's best interests to remain with his or her own

family, if the family can be helped to provide an environment that provides basic care and nurturance, and is safe from abuse and neglect. When children have experienced maltreatment in whatever form or duration, they will require remedial or treatment services. The Division is committed to creating and maintaining strong linkages to the variety of service providers who are partners in remedying the effects of abuse and neglect on a child and changing the conditions in the family that led to the Division's involvement with the family.

A. The OCS Practice Model:

1. The Department of Health and Social Services, Office of Children's Services (OCS) has implemented a child safety driven intervention system that defines who the agency serves and is grounded in key core principles. While safety of children has always been a focus of the Department, OCS Practice Model brings clarity and purpose to child protective services and establishes clear parameters for the safety of children and how families are served within the system. Child safety is the determinate for each key decision point throughout involvement with the family from intake to case closure.

2. Who We Serve: OCS serves families whose children have been determined to be unsafe or at high risk of maltreatment by their parent or caregiver. Every family served will be treated with dignity and with consideration to their cultural values. Services to families will always be done in the least restrictive, least intrusive manner possible. Decisions regarding needed interventions with families are based on thorough information collection that guides the initial and ongoing assessment of safety and risk.

3. Outcomes: OCS' Practice Model works in concert with the seven outcomes required by the Federal Child and Family Services Review.
   - Children are, first and foremost, protected from abuse and neglect.
   - Children are safely maintained in their homes whenever possible and appropriate.
   - Children have permanency and stability in their living situations.
   - The continuity of family relationships and cultural connections is preserved for children.
   - Families have enhanced capacity to provide for their children's needs.
   - Children receive appropriate services to meet their educational needs.
   - Children receive adequate services to meet their physical and mental health needs.

4. Guiding Principles: OCS Practice Model is grounded in the following principles:
   - A child's safety is paramount.
   - A determination that safety threats are present within a family does not equate with removal of a child from their home. The assessment of safety threats directs staff to make informed decisions about safety planning that will control and manage the threats identified. These actions may be in- home, out- of-home or a combination of the two.
   - Relevant services will be sought with respect for and understanding of the families' culture and specific needs.
   - Collaboration with Alaska Native Tribes is fundamental to best practice.
   - Families are treated respectfully, thoughtfully and as genuine partners.

- A person's right to self determination is valued and supported.
- A safety intervention system is congruent with strengths based and family centered practice.
- Assessing for the safety of children is what we do; family centered practice is how we do it.
- Interventions are identified using the family's perspective about what needs and strengths exist that are selected in collaboration through family engagement.
- By engaging in a collaborative problem solving process with the family, case plans will be specific to the uniqueness of each family served.
- Enhancing parent/caregiver protective factors are essential for the ability of families to protect their children.
- OCS needs partnerships within the community and stakeholders to achieve strong outcomes for children and families.

5. Five Core Components:

a. Intake:
Intake is a critical function and provides the first assessment of child safety. Intake is the process of receiving reports of allegations of child maltreatment, called a Protective Services Report (PSR). All reports of child maltreatment will be entered into ORCA, our automated case management system of record. OCS will respond to all reporters promptly and respectfully, capturing all the necessary information known to the reporter, including the extent of the alleged maltreatment, circumstances surrounding the alleged maltreatment, family/adult functioning, child functioning, parenting practices of the parent/caregiver and disciplinary practices of parent/caregiver, to determine whether a response is required by child protective services.

This is an interactive process that involves not only gathering the above information, but also gathering other related information that could help determine the appropriate agency response. This may include, contacting collateral sources if necessary to corroborate available information and if screened in for intervention to help inform the initial assessment of safety. If the available information indicates that the child is either unsafe or at high risk of maltreatment by their parent/caregiver, the report will be screened in for initial assessment or if not, the reporter will be referred, if appropriate, to community services. As per state law, all mandated reporters will be notified of the screening decision.

b. Initial Assessment:
Initial assessment more accurately captures the essence of this decision making process once a PSR is screened in for OCS intervention. At its core, an initial assessment requires OCS to go beyond whether the reported allegations are substantiated or not substantiated, but rather to gather information to make an informed assessment about whether the child is unsafe or at high risk by the parent/caregiver. By employing family centered practices, information can more easily be gleaned to learn the extent of the alleged maltreatment, circumstances surrounding the alleged maltreatment, family/adult functioning, child functioning, parenting practices of the parent/caregiver and disciplinary practices of parent/caregiver.

The initial assessment process assists OCS in determining whether the child is unsafe or at high risk of maltreatment and the extent of the familial protective factors. Practice is geared to evaluation of the obvious present danger, but also to the entire family and their overall functioning. This helps the PS Specialist determine whether it's likely that the child will soon be unsafe and what type of intervention is needed to alleviate the impending danger. If it is determined that the child is unsafe or at high risk, OCS will open a case for Family Services and work with the family to implement the least intrusive approach to keep children safe, first with consideration of an in-home safety plan and last, an out-of-home placement. The initial assessment serves as the foundation for building the ongoing assessment and case plan with parents being an equal partner in that process.

c. Family Services:
OCS provides Family Services to families with children remaining in their home as well as to families whose children have been placed in out-of-home care. The identified safety threats and/or high risk and diminished protective factors will be discussed with the family, including age appropriate children and youth and Tribal representation if appropriate, and will be used to help inform the case plan. OCS will further assess the needs of the child and family members assuring that all safety/risk issues are addressed in the case planning process with the family.

Family engagement is critical to laying the foundation to build trust and build mutually beneficial relationships with the family, community providers, stakeholders and OCS staff. The engagement process must take into account the culture of the family and help the family to identify all potential support systems to better assist them to be active participants in their own family's problem solving. It is imperative that parents clearly understand and be able to articulate the identified threats to child safety, such that both parent and PS Specialist have a clear understanding of what must change. The case plan must work to alleviate the underlying issues that resulted in the safety threats and to enhance diminished protective factors. Family engagement also commits OCS to full disclosure with the family as to OCS' decision making, and laws and policies that affect family's situation. Parent's have the right to self determination. They are the experts about their family. Within the constraints of child safety, PS Specialist will engage families in a process whereby the parent(s) are in control, not the agency. Decisions about what they need and when they need it are theirs to make. Trust and partnership should be built so that PS Specialists are viewed as a true "helper" thereby providing a stronger likelihood of the parental success in changing behavior.

Essential to the Family Services provision is PS Specialist visits, with both the child and parent/caregiver. The assigned PS Specialist must meet with both the child and parents face-to-face at least once monthly, but as often as indicated to keep the child safe and consistent with the needs of the family to achieve the case plan goals.

When considering the conditions needed for the child to be returned to the parent/caregiver, the factors to be explored by those involved in the family's decision making are whether safety can be managed in the home and extent of behavioral changes made as a result of the work on case plan. Clarity in

conditions for return assures that the parent/caregiver knows exactly what must be accomplished in order to be reunified with their child. Complete compliance with the case plan should not be the determining factor whether a child is returned to the parent/caregiver, but rather that safety can be achieved in the home.

From the point of intake to case closure, continuous reassessments of child safety and family functioning are being determined to ensure steady progress toward the child and family's goals. In collaboration with families, Tribes and service providers, case plans are updated to address the family's changing circumstances. OCS works first to reunify children with their parents/caregivers. When that is not possible, other permanency goals, such as guardianship, adoption or other planned living arrangements are considered in an effort to meet the child's best interests.

d. Resource Families:
Resource families consist of relative or kinship families, licensed foster care families, guardianship families or adoptive families. Regardless of the type, resource families play a key role in the life of a child in care.

When out-of-home placement is needed to keep the child safe, OCS will make diligent efforts to identify, evaluate and consider relatives, family friends and those culturally tied to the family as the primary placement options. When relatives cannot be a placement option for the child, OCS will make efforts to actively recruit and support resource families within the child's home community and in close proximity as possible to the child's parents, to assure that the child may continue to maintain important and lasting cultural, familial, educational and community-based connections.

Relative assessments, licensing standards, and home studies are utilized by OCS staff to ensure that children are placed with resource families that can provide a safe environment for the child. Families and resource families, in partnership with OCS PS Specialists, will work together to ensure that the placement best meets the child's needs for safety, permanency and well-being, and will promote reunification of the family whenever possible.

While placement of the child with their siblings is always preferred, frequent visits are arranged when siblings are placed apart due to specific needs of the child or other permanency issues. Likewise, frequent visits are arranged between the parents and the child to ensure that the child remains connected to their parents and the parents remain a primary force in the child's life.

At the point of family reunification, OCS staff and resource families will actively support the child and the child's family to successfully and permanently return home. Should the child be unable to return to the parent's home, OCS staff and the resource family will actively prepare the child for adoption or guardianship with a permanent, "forever" family.

e. Service Array:
The State of Alaska has in place an array of services that is aimed at meeting the needs of all children and families that come to the attention of the child protective services system. Services are provided by grantees that are funded

by OCS and various divisions within the Department of Health and Social Services, including Juvenile Justice, Public Assistance and Behavioral Health. These community providers perform a critical role in their partnership with OCS to keep children safe, enhance the parent's protective factors, achieve permanency and child well being. Strong community partnerships, especially those with Tribes and stakeholder input into the service array needs in Alaska are an important component to OCS achieving its necessary outcomes for children and families in Alaska.

1.2 AGENCY AUTHORITY AND HISTORY

In 1959, the territory of Alaska became a state and the Department of Health and Social Services was established through AS 47.05.010 as one of the principal Departments in the Executive Branch referenced in the Constitution of the State of Alaska. At that time the Division of Social Services was designated to be the state agency to administer social and financial assistance service programs to the eligible population in the State.

In 1975 the Division of Public Assistance was established to administer state and federal financial and medical assistance programs. The Division of Social Services began to operate as a generic social service agency with Child Welfare services as a strong component.

In 1981, Youth Corrections Services was transferred from the then Division of Corrections to the Division of Social Services. The agency's current title of Division of Family and Youth Services was introduced at that time in recognition of the merger.

Effective July 1, 1999 the Division of Family and Youth Services was split into two divisions. The youth corrections portion of the division became the new Division of Juvenile Justice and the child protection portion of the division remained as the Division of Family and Youth Services.

Effective July 1, 2003, the agency was renamed the Office of Children's Services (OCS).

Titles 47 and 25.23 of the Alaska statutes provide OCS with its legal mandate to serve Alaskans in need of services. OCS regulations can be found in Alaska Administrative Code Title 7, Health and Social Services. Federal and state laws and regulations provide the structure and compilation of the titles or statutes and regulations which affect the delivery of service by OCS.

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1.3 CODE OF ETHICS FOR THE STAFF OF THE OFFICE OF CHILDREN'S SERVICES

AUTHORITY:
AS 39.52.010 – 960 Alaska Executive Branch Ethics Act
9 AAC 52.010 - 990 Executive Branch Ethics

PURPOSE: To ensure that Office of Children's Services (OCS) employees perform their assigned tasks with appropriate and professional conduct.

BACKGROUND INFORMATION – STATE LAW AND REGULATIONS:

A. All employees of the state executive branch are required to comply with the Alaska Executive Branch Ethics Act.

B. The Ethics Act requires employees not to:

1. misuse their official position for personal gain;
2. accept improper gifts;
3. improperly use or disclose information;
4. improperly influence state grants, contracts, leases, or loans;
5. improperly represent others;
6. hold improper outside employment;
7. hold improper employment after leaving state service; or
8. aid in a violation of the Ethics Act.

POLICY:

A. It is the responsibility of each employee to perform their assigned tasks, in the delivery of service to clients, with appropriate and professional conduct. Any personal interaction with the public, other agencies, clients, or any other person that comes in contact with an employee as a part of their assigned job duties, must occur with the employee displaying proper respect toward the individual. Alaska's population is composed of a diversity of lifestyles, ethnic and cultural backgrounds. It is expected that those differences will be respected and every individual will be treated with dignity.

B. All OCS staff must adhere to the executive branch code of ethics. Information about the code can be accessed at this link (click here).

C. OCS staff who are directly involved in providing services to clients will also meet the professional standards of conduct addressed in the National Association of Social Workers (NASW) code of ethics.

1. The code is based on the core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence, and sets forth the principles and standards of the social work profession.

2. The code can be accessed at this link (click here).

PROCEDURE:

A. Training on the NASW code of ethics is included in the SKILS training provided to new Protective Services (PS) Specialists.

B. PS Specialists and other OCS staff who are directly involved in providing services to clients will conduct themselves in accordance with the NASW code of ethics and treat clients with respect and dignity.

C. OCS staff will familiarize themselves with the Executive Branch Ethics Act and comply with the mandates of the Act.

1.4 POLICY DEVELOPMENT AND ORGANIZATION

AUTHORITY:
AS 47.05.010 Duties of Department
AS 47.05.060 Purpose and Policy Relating to Children
AS 47.10 Children in Need of Aid

PURPOSE: To provide an overview of how Office of Children's Services (OCS) child protective services policy is developed and organized.

BACKGROUND INFORMATION – STATE LAW: OCS is required to establish policy as needed for carrying out their duties that are established by state law and for administering federal programs subject to state control.

POLICY:

A. The director will ensure that the field service operational manual of OCS policies and procedures for child protection is consistent with State and Federal law, Alaska Administrative Code and Alaska Rules of the Court. The manual has statewide application, and will be distributed to all OCS staff. The manual format will be that prescribed by the director. Policies and procedures in the manual are effective on the date of issuance.

B. The individual policies and procedures contained in the manual will be reviewed and updated as necessary to keep the manual in compliance with statutes and regulations and consistent with best practice. The process for revising policies and procedures will include opportunities for OCS staff to review drafts and provide comments. All revisions must be approved by the director.

C. The policies and procedures delineated in the manual shall be followed by all field staff. The manual provides both the general and specific framework within which services shall be provided. It is recognized, however, that the nature of some specific cases may require variation from established procedures to provide services consistent with the intent of AS 47. In such instances, staff will seek and follow the guidance provided by the Protective Services (PS) Manager II or designee.

PROCEDURES:

A. The director will assign to the Policy Unit the responsibility for coordinating tracking, revising, printing, distribution, etc. pertaining to the manual.

B. OCS staff who wish to propose revisions of the manual will contact the OCS Policy Unit.

C. Development and Revision of Policy:

1. Revisions of the Child Protective Services Policy and Procedure Manual will be made following this process. The process is also illustrated in the flowchart that is located at the end of this section:

   a. A recommendation is made revising existing policy or creating new policy. The recommendation may be based on:

      - amended statute or regulation that necessitates policy change;
      - recommendations from audits or reports;
      - recommendations from OCS staff;
      - changes in practice standards; or
      - lawsuit settlements.

   b. Revised or new policy is drafted, and the draft is reviewed by the OCS Policy Group.

      1) The Policy Group is composed of OCS staff, including PS Specialists, PS Specialist IV, Protective Services (PS) Manager Is, and State Office staff.

      2) The members of the Policy Group are responsible for:
         - providing input on policy drafts by participating in regularly scheduled Policy Group teleconferences and/or providing input by email; and
         - as appropriate, soliciting input from other OCS staff in their region.

   c. If recommended by the Policy Group, the draft is sent to additional reviewers, for example PS Manager IIs, PS Managers Is, Tribal representatives, or Department of Law.

   d. When the Policy Group has completed their review, the director's designee sends the resulting draft to the director for review and approval.

2. The director's designee is responsible for ensuring that proposed revisions are reviewed and considered and that the revisions are distributed to all manual holders.

3. All revisions must be approved by the director and distributed from State Office. The director's designee will maintain a record of revisions.

4. Policy and procedure changes and additions will be distributed as they occur. When feasible, the revised or added policy will be distributed approximately one month prior to the effective date of the policy.

5. The director's designee will distribute revisions with a memo which summarizes the changes and explains which pages in the manual are outdated and need to be removed. The Director's Designee will:

   a. E-mail the revised or added manual sections and revision memo to all OCS staff; and

b. Distribute printed copies of the revised sections and revision memo in accordance with the hard copy distribution list; and

c. Update the electronic CPS Manual in the Statewide Forms directory; and

d. E-mail the updated Manual to the OCS website manager and request that the Manual on the OCS website be updated.

D. Instruction and Training:

1. When policies and procedures change, the Child Welfare Academy revises the content of their training, as needed, to reflect the changes.

2. PS Managers IIs are responsible to assure that all staff and PS Specialist IVs under their direction know how to access the electronic manual, and are instructed in its use and contents.

E. Organization of the Manual:

1. Sections of the manual are organized into chapters. The manual chapters follow the progressive levels of service available to families involved with the OCS. These are Intake, Family Services, Court Proceedings, Interstate Compact on the Placement of Children (ICPC), and a general section for administrative policy and procedure.

2. The text of each section is organized into subsections titled Authority, Purpose, Background Information, Policy, and Procedures.

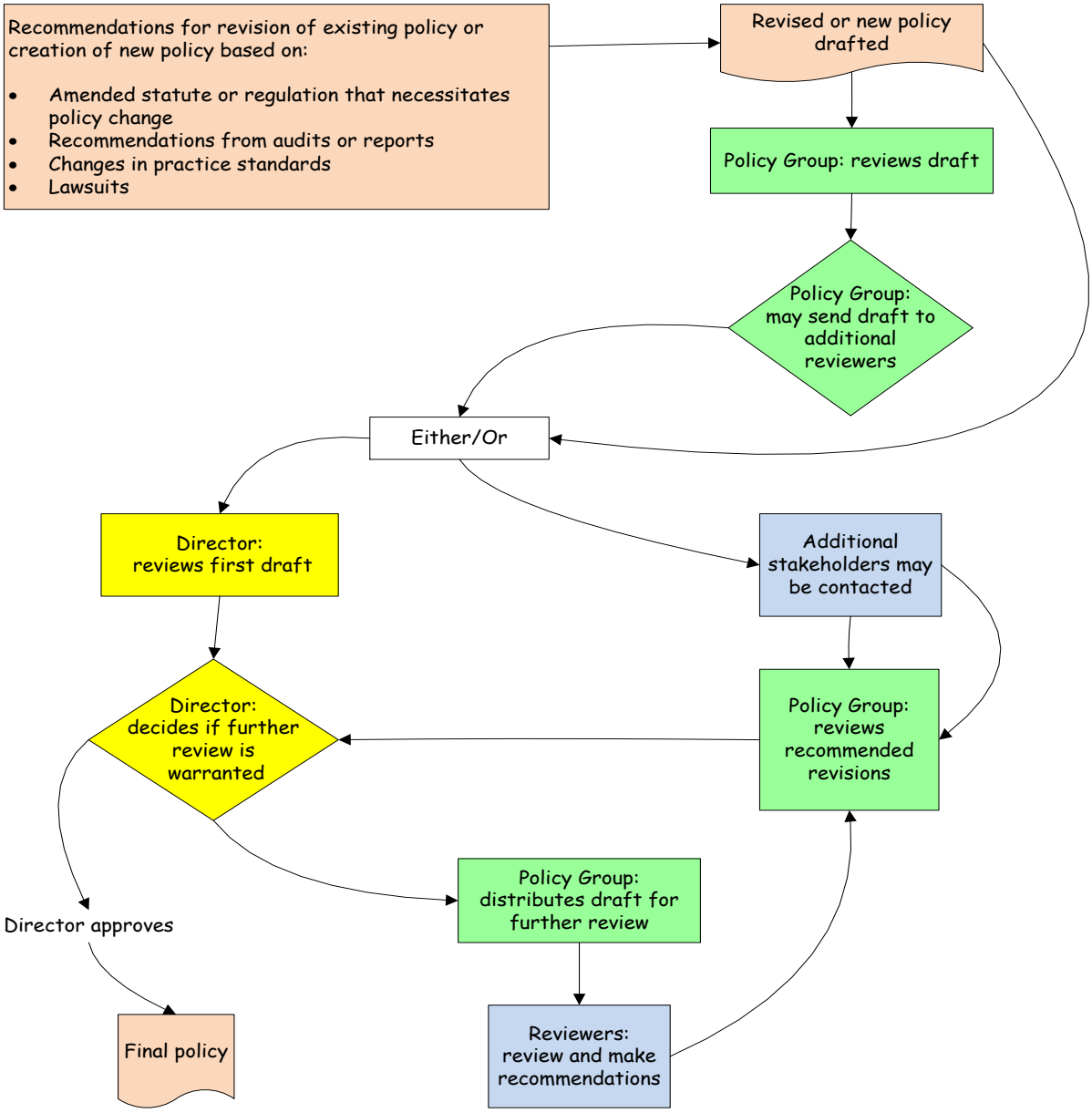
3. The Background Information section summarizes the statutes and regulations that are the basis for the policy and procedures in the section. It is OCS policy that OCS staff will comply with the requirements in the Background Information section.

4. The date at the bottom of each page is the effective date of the policy.

NOTE: For purposes of brevity, in this manual the reference to "Native" or "Indian" child applies to all Alaska Native/American Indian children (all children covered by the Indian Child Welfare Act).

OFFICE OF CHILDREN'S SERVICES POLICY GROUP FLOW CHART

January 2013



* Reviewers may include: Protective Services Managers I/II, Citizen Review Panel, Appropriate stakeholders, Department of Law, etc.

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1.7 THE INDIAN CHILD WELFARE ACT (ICWA)

AUTHORITY: P. L. 95-608 Indian Child Welfare Act of 1978

PURPOSE AND INTENT OF ICWA: Congress enacted the Indian Child Welfare Act (ICWA) in 1978 after finding that state and private child welfare agencies were removing Indian children from their homes at rates that were as much as eight times that for other children. Congress determined that agencies often removed Indian children because they lacked understanding of, and/or respect for, native cultural differences. Congress further found that once Indian children were removed from their homes, the child welfare agencies and the judicial system systematically refused to include the child's Tribe and extended family in the child welfare decision-making process. As a result, the ICWA imposes federal rules on state child welfare practices, and acknowledges the vital role that the child's cultural heritage and Tribal community must play in child welfare decision-making for Indian children.

The purpose and intent of the ICWA is to protect the best interests of Indian children, by preserving Indian families and preventing, whenever possible, the removal of Indian children from their families. The Act concludes that the best interests of Indian children are realized by promoting the stability and security of Indian families and Tribes, and recognizes that this cannot be accomplished without fully including the child's Indian Tribe in all decision-making regarding the future welfare of Tribal children.

The Act further requires that in those instances where separation of an Indian child from her family is necessary, the child must be placed in a home that reflects the unique values of the Indian child's culture. To accomplish this goal, the Act establishes placement preferences to which this Agency will adhere.

Whenever an Indian child is the subject of intervention by this agency, it is the policy of this division to notify the child's Tribe of the division's intended actions, and to include the child's Tribe in decision-making regarding the placement of the child and the establishment of a reunification plan for the family. The division will not oppose a federally-recognized Indian Tribe's request/notice to intervene in a child custody proceeding involving an Indian child who is a member of, or is eligible for membership in, that Tribe. It will be the policy of this division to make every effort to include the child's Tribe in planning for the child and the family, and to accommodate, wherever possible, a Tribe's request to participate telephonically in court proceedings and case planning meetings.

POLICY: The Department of Health & Social Services intends to comply with the full intent of the ICWA in every case involving an Alaska Native or American Indian child. The division will take the following actions to accomplish this goal:

A. Develop legal and cultural training regarding proper implementation of the ICWA, which will be provided for every staff member and supervisor.

B. Arrange for appropriate interpreters as needed, to ensure all contacts and proceedings are fully understood by the Alaska Native and/or American Indian parents and Indian custodians.

C. Make every effort to consult and communicate with the Alaska Native and/or American Indian child's Tribe/Tribal designee, parent or Indian custodian on a regular basis and encourage the involvement of the child's Tribe. This effort includes phone calls and personal contact by a OCS employee, as well as telephone, written or facsimile notification of all OCS reviews and written notification of all court proceedings, in compliance with the ICWA and state law.

D. Document all efforts to comply with ICWA by the division worker.

E. Collaborate with Tribes to review and maintain the ICWA State-Tribal Agreement[1] to provide state and Tribal representatives with a set of written procedures for implementation of ICWA to ensure that the tenets of the ICWA are respected and followed.

F. Maintain a current directory of all Alaska Tribes and provide it to all workers and offices.

G. Review ICWA issues for compliance at every case planning conference, including:

1. compliance with the active efforts requirements of the ICWA prior to removal of an Alaska Native/American Indian child from his/her home;

2. compliance with placement preferences;

3. the active efforts requirements of the ICWA after removing an Alaska Native/American child from his/her home;

4. assistance with access to provision of appropriate remedial services for the Alaska Native or American Indian family at issue;

5. permanency planning progress;

[1] The following Tribes have signed the ICWA State-Tribal Agreement include: Craig, Ekwok, Haines, Hydaburg, Iliamna Village Council, Juneau, Kasaan, Kenaitze, Ketchikan, Klawock, Klukwan (Chilkat Indian Village), Kotzebue, Native Village of Circle, New Stuyahok, Ninilchik Traditional Council, Pelican, Petersburg, Port Graham, Qualingin Tribe on Unalaska, Saxman, Scammon Bay, Sitka Community Association, Tanana, Tenakee Springs, Tooksook Bay, Wrangell, Yakutat.

6. provision of notices as required by the ICWA, state law and judicial procedure, state-Tribal agreements, and internal policies and regulations of the division.

7. consultation/communication with the Tribe/Tribal designee;

8. when possible, reliance upon an expert from the child's Tribal community who has extensive knowledge of the Tribe's cultural standards regarding parenting practices, or someone who the community recognizes as familiar with Tribes parenting practices, in judicial proceedings.

9. documentation of all of the above efforts.

H. Identify at least one ICWA expert/specialist per region who will be available to provide consultation and assistance to other OCS staff. The role of the Regional ICWA Specialist may include but is not limited to:

1. Facilitating and/or participating in Alaska Native or American Indian child/ren Case Conferences, which will occur no later than 90 days into custody and placement, 6 months, and 9 months (see sections 3.1.2 Family and Children Early Conference, 3.1.3 Child and Family 6 Months Conference, and 3.1.4 Permanency Planning Conference);

2. Working positively with Tribes located within the State of Alaska, and with Tribes located outside Alaska on a case by case basis only;

3. Providing:
   A. Ongoing ICWA training to regional and field OCS staff;
   B. Consultation and assistance with training to staff regarding ICWA compliance,
   C. Training in the cultural concepts of family and Tribal identity that form the basis of the Act.

4. Out-of-preference reviews: see section 3.1.6 Out-of-Preference Review.

5. Acting as contact person for workers from other regions or out-of-state who are trying to establish contact with a village to conduct a relative search. This includes identifying the contact person for them and in many cases assisting with the contact of referring the caller to the closest OCS field office to assist with a personal contact.

6. Developing and maintaining contacts with villages within their identified region. This may be done with or in conjunction with field office staff.

7. Assuring statewide consistency in ICWA practice and in the role of ICWA specialists by participating as a OCS ICWA Team member in statewide teleconferences with the Statewide ICWA Program Coordinator and by attending all statewide Tribal/State Collaboration Group meetings.

8. Collecting and submitting regional ICWA compliance data to the Statewide ICWA Program Coordinator in order to develop an ICWA Compliance database from which to evaluate local, regional, and statewide ICWA compliance and other ICWA related issues.

I. ICWA Related Definitions

1. BIA Enrollment Database:
   a. The Bureau of Indian Affairs maintains lists of Alaska Natives based on their enrollment or being a descendent of a person enrolled in one of the 13 regional (Alaska Native Claims Settlement Act) corporations. The Bureau of Indian Affairs also maintains a separate data base of Tribal members, but because many Alaska Tribes have not had long established rolls, it does not have comprehensive information on Tribal membership in Alaska.
   b. The BIA also issues Certificates of Indian Blood to Alaska Natives and American Indians in order to determine their eligibility for various types of services such as education scholarships and medical services.

2. Enrollment: This term applies to a certain method of keeping track of a Tribe's or organization's membership. Enrollment is an administrative function by which an Indian Tribe, defines what individuals make up that community. Each group has its own specific membership requirements which must be met in order to be a member of that group. Tribes have sole control over their membership criteria which may be set out in their constitution or by ordinance or simply be based on their customary practices. Tribes do not need to maintain an "enrollment" although an increasing demand for evidence of membership in order to qualify for certain federal benefits is leading many Tribes to develop an enrollment plan.

3. ICWA Eligibility:
   a. For a child to be covered by the Indian Child Welfare Act, the child must be a member of a Tribe OR be the biological child of a member of a Tribe & eligible for membership in a Tribe. Being eligible for Tribal enrollment or membership is very important under ICWA. This allows case workers to treat a Child Welfare Case as an "ICWA Case" under the ICWA if there is an intention to enroll a child in that Tribe.

b. There is no requirement that the child and the parent be members of the same Tribe - as far as the ICWA is concerned. While most Tribes will have a requirement of lineage of some sort, there are going to be exceptions to that rule, and there will be instances where a child is a member of one Tribe and cannot be a member of the parent's Tribe. Some Tribes may allow dual enrollment, in which case, legal notification for ICWA must be sent to all potential Tribes where the child may be eligible for membership.

4. ICWA Workers: Tribes and Tribal Organizations receive some federal funding to assist with implementation of the Indian Child Welfare Act in regards to their member children. Not all Tribal "ICWA" workers are federally-funded. Tribes also have personnel designated as the "ICWA" social worker, simply to denote that the individual works on cases prior to intervention and/or outside of the Tribal jurisdiction, or outside of the reservation. Some Tribes, therefore, are able to employ two types of caseworkers or social workers; those who work exclusively on child welfare cases that are within the jurisdiction of the Tribe, and those who work exclusively on cases that are within the jurisdiction of a state agency or court.

5. Indian Health Service Health Coverage:
   a. The Indian Health Service (IHS) provides health services for all Alaska Natives/American Indians who are either enrolled to a federally recognized Indian Tribe or who are a descendent of an enrolled Tribal member.
   b. Prior to the 1960's, the federal government allowed only full blooded American Indians/Alaska Natives to receive services from the IHS. This changed in 1964-65 and Alaska Natives/American Indians with at least ¼ blood quantum certification became eligible for Indian Health Services. Now, because both the courts and the federal government recognize that Indian Tribes have the right to determine their own membership rules, this was struck down in the courts, in what is referred to as the Martinez Case (Pueblo, NM). The outcome of this case stated that ONLY a Tribe could define its own membership. Tribes eligible for IHS are those listed as a federally recognized Tribe.

6. Indian Tribe: For purposes of the Indian Child Welfare Act, "Indian Tribe" is defined as including any recognized Tribe, band, nation or other recognized group or community of Indians recognized by the federal government as eligible to receive federal services by virtue of their status as Indians or (Alaska Natives) or any village listed in the Alaska Native Claims Settlement Act. There are over 550 federally recognized Indian Tribes, 225 of which are located within the State of Alaska.

7. Tribal Organizations: Some Tribes have developed non-profit regional organizations or associations within the same geographic area as their Regional Corporations to provide education, vocation, and human service benefits for individuals having Tribal membership with one of the Tribes in their region.

8. Villages: Villages are small communities comprised of groups of Native families within the State of Alaska. Most of the village residents share traditional values, language, beliefs, culture and customs. Many (although not all) Alaska Native villages are also federally recognized Tribes for the purposes of the Indian Child Welfare Act.

J. Non-ICWA Related Definitions

1. Regional Native Corporations:
   a. Twelve Regional Native 'for profit' Corporations were created under the Alaska Native Land Claims Settlement Act of 1971. The majority of the land and monetary proceeds of the settlement were divided among the regional corporations.
   b. Corporate membership was determined by each person's place, village, residency or where they had personal or family ties. A 13th region was established for Alaska Native individuals not residing within the state of Alaska during the allowed enrollment period.
   c. History:
      1) Regional enrollment was limited to Alaska Indian, Eskimo or Aleut individuals alive on December 18, 1971, meeting ¼ Tribal blood quantum requirements. Once the enrollment period closed, no new enrollments were allowed.
      2) One hundred shares of stock were issued to each enrolled shareholder by their Regional Native Corporation.
      3) Children born after 1971 and other relatives generally may inherit shares and receive dividend payments but are not entitled to new stock in the corporation.
      4) After Congress amended ANCSA to permit it, some RNCs have changed their by-laws to permit issuance of new shares of stock to those born after the 1971 cut-off date.
      5) Some Regional Native Corporations have developed a mechanism for shareholders to 'gift' shares to their children and or other Native relatives. When this occurs, those persons become shareholders with full voting rights and privileges.

2. Share Inheritance: The inheritance of shares is handled via corporate documentation completed by shareholders indicating their wishes for share distribution for voting and dividend purposes or by next of kin in the event that the shareholder had not completed the necessary forms.

3. Tribes:
   a. This term has many different meanings - i.e., political, linguistic, anthropological - and is often used loosely. The United States did not enter into treaties with Tribes in Alaska and did nothing else to systematically identify Tribes here until 1993. At that time the Bureau of Indian Affairs published a list of federally recognized Tribes in Alaska which consisted primarily of those villages listed in the Alaska Native Claims Settlement Act (ANCSA) as being entitled to participate in the benefits of the settlement.
   b. Historically there has been a tendency to designate broad groupings of Alaska Natives, included Eskimo, Aleut, Athabascan, Tlingit, Haida and Tsimpshian people. Alaska Native people describe themselves in different terms, such as Inupiiat or Yupik rather than Eskimo.

4. Village Corporations: In addition to the 12 Regional Native Corporations, all federally recognized villages in Alaska as of December 1971 could also incorporate to receive benefits under the Act. These are called both Village and Urban Corporations to distinguish them from Regional Corporations and are "for-profit" corporations. Goldbelt, in Juneau, is one of the urban corporations and did not have federally recognized status as a Tribe. Village Corporations follow the same guidelines for enrollment and inheritance as do the Regional Corporations.

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1.16 GRIEVANCE, FAIR HEARINGS, AND APPEALS

AUTHORITY:

AS 44.64.060	Procedure for Hearings
AS 47.05.010	Duties of Department
AS 47.10.098	Grievance (Complaint) Procedure
AS 47 14.010	General Powers of Department Over Juvenile Institutions
2 AAC 64.120	Referral to the Office
2 AAC 64.210	Fast-Track Hearings
7 AAC 54.010 - 7 AAC 54.150	Privacy of Client Records: Child Protection Services.
7 AAC 54.255 - 7 AAC 54.260	Grievance (Complaint) Procedures
7 AAC 54.500	First-level Review
7 AAC 54.510	Evidentiary Hearing
42 U.S.C. 671(a)(12)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C.675(4)(A)	Definitions (Title IV-E)
45 CFR 205.10	Hearings
45 CFR 1355.20	Definitions (Title IV-E)
45 CFR 1355.30(p)	Other Applicable Regulations (Title IV-E)

PURPOSE:

To review and resolve all case-specific complaints received from a parent, foster parent, adoptive parent, guardian, adult family member, a person with a significant relationship with a child, or a person participating in the provision of services to a child or family who have an allegation of being affected by an action or decision of an Office of Children's Services (OCS) employee.

To provide a fair hearing process by which a foster parent, adoptive parent, or guardian can request a review of a decision made by Office of Children's Services (OCS) regarding foster care payment, request for special needs funds, adoption subsidy payment, or guardianship subsidy payment.

BACKGROUND INFORMATION:

A. Federal Law and Regulations:

1. The State must grant an opportunity for a hearing before the State agency or an evidentiary hearing at the local level with a right of appeal to a State agency hearing to any individual who is receiving services funded under Title IV-B and IV-E of the Social Security Act. The individuals must be advised of their right to a hearing, that they may be represented by an authorized representative and that there be timely notice of the date and time of the hearing.

2. The State must grant an opportunity for a fair hearing before the State agency to any individual whose claim for IV-E adoption benefits is denied or is not acted upon with reasonable promptness. Grounds for a fair hearing include:

   a. relevant facts regarding the child were known by the State agency or child-placing agency and not presented to the adoptive parents prior to the finalization of the adoption;

b. denial of assistance based upon a means test of the adoptive family;

c. adoptive family disagrees with the determination by the State that a child is ineligible for adoption assistance;

d. failure by the State agency to advise potential adoptive parents about the availability of adoption assistance for children in the State foster care system;

e. decrease in the amount of adoption assistance without the concurrence of the adoptive parents; and

f. denial of a request for a change in payment level due to a change in the adoptive parents circumstances.

B. State Law and Regulations:

1. Grievance of Action under AS 47.10.098:

a. OCS is required to develop, in regulation, a grievance (complaint) procedure for a parent to file a complaint based on:

1) the application of a department policy or procedure under AS 47.10;

2) compliance with AS 47.10 or a regulation adopted under AS 47.10; or

3) an act or failure to act by the department under AS 47.10.

b. OCS is required to provide to each parent of a child who is under the jurisdiction of OCS a written copy of the grievance (complaint) procedure.

c. An individual affected by a decision or action of OCS, including a parent, foster parent, adult family member, a person with a significant relationship with the child involved with OCS (live-in partner, step-parent, or grandparent) or a person participating in provision of services to a child or family may submit a case-specific grievance (complaint).

d. A foster parent may not grieve the emergency removal of a child. If a foster parent grieves the non-emergency removal of a child from their home, the foster parent may request that the child not be removed until the issuance of a final decision under 7 AAC 54.260. The request will be granted unless a Protective Services (PS) Manager II finds that:

1) removal is in the best interest of the child;

2) the child is being returned to the legal parent or guardian;

3) removal is in response to an allegation of abuse or neglect and the child's safety is at risk in the foster home; or

4) removal is ordered by a court.

e. The grievance (complaint) procedure under this section is not available to:

1) review or overturn a decision by the department that the person has a substantiated maltreatment finding under AS 47.10 or AS 47.17;

2) grieve a decision, action or inaction taken by the department if the time that has passed since that decisions, action, or inaction occurred exceeds the shorter of the following periods
   i. six months after the complainant had actual notice of the decision, action or inaction; or
   ii. three years, regardless of whether or when the complainant had actual notice of the decision, action, or inaction;

3) to appeal late payments or to contest foster care rates paid;

4) to appeal a decision or action taken by the department that is reviewable by the court under AS 47.10;

5) appeal any federal or state action that is under the jurisdiction of other state or federal agencies;

6) to appeal a decision regarding civil rights actions covered under the department's civil rights complaint procedures;

7) to a state employee unless the employee is also a client of the department, a client's parent or guardian, or a service provider for the department;

8) appeal a licensing action under AS 47.32;

9) initiate, against personnel, Complaints that are subject to AS 39.25 (State Personnel Act);

10) address contract services disputes;

11) to appeal a decision regarding grant programs that may be appealed under 7 AAC 78.310

2. Fair Hearing, Review of Decisions about Foster Care Payment, Adoption Subsidy Payment, or a Guardianship Subsidy Payment.

a. A foster parent, a prospective adoptive parent or guardian, or an adoptive parent or legal guardian who is not satisfied with the department's decision to deny, suspend, reduce, change, or terminate a foster care payment, an adoption subsidy payment, or a guardianship subsidy payment may request a first-level review or an evidentiary hearing. The provisions of this section do not apply to licensing-related actions.

3. <u>First-Level Review</u>:

a. A foster parent, a prospective adoptive parent or guardian, or an adoptive parent or legal guardian who wants to seek a review must request a review no later than the 30 days after the department's decision. The request may be made by telephone, by electronic mail, by facsimile transmission, or in writing to the department.

b. At any time during a review, a foster parent, a prospective adoptive parent or guardian, or an adoptive parent or legal guardian may be represented by an attorney or self-represented.

c. The department will designate an individual, other than the individual who made the decision being reviewed, to conduct the review.

d. The designee will render a written decision on the first-level review no later than 10 business days after receipt of the request for review, or any request for additional information, whichever is later.

e. A foster parent, a prospective adoptive parent or guardian, or an adoptive parent or legal guardian who is not satisfied with the department's first-level review decision may request an evidentiary hearing.

f. If a foster parent, a prospective adoptive parent or guardian, or an adoptive parent or legal guardian does not submit a request for a first-level review, the department's original decision is a final administrative action unless a written request for an evidentiary hearing is submitted.

4. Evidentiary Hearing:

a. A foster parent, a prospective adoptive parent or guardian, or an adoptive parent or legal guardian may request an evidentiary hearing without seeking a first-level review.
   - A request must be submitted in writing no later than 30 days after the date of the department's original decision or a decision under a first-level review.
   - The request must
     - describe the issue or decision being appealed;
     - specify the basis upon which the decision is challenged; and
     - include all information and materials that the individual requests the department to consider in resolving the matter.

b. At any time during the hearing, the foster parent, prospective adoptive parent or guardian, or adoptive parent or legal guardian may be represented by an attorney or may be self-represented.

c. Upon receipt of a timely request, the department will request the chief administrative law judge to appoint an administrative law judge employed or retained by the office of administrative hearings to preside over the hearing.

d. If a foster parent, a prospective adoptive parent or guardian, or an adoptive parent or legal guardian does not submit a request under this section no later

than 30 days after a department decision, that decision is the department's final administrative action.

POLICY:

Fair Hearings:

A. OCS will notify foster parents, prospective adoptive parents or guardians, and adoptive parents or legal guardians of decisions regarding foster care payments, adoption subsidy payments, and guardianship subsidy payments and about their right to request a first-level review or evidentiary hearing.

B. Requests for a first-level review will be responded to by either OCS State Office or OCS Regional Offices, determined by the type of decision that will be reviewed:

   1. State Office will respond to requests for first-level reviews pertaining to adoption or guardianship subsidies and foster care overpayments.

   2. Regional offices will respond to requests pertaining to denial, suspension, reduction, changes, or termination of foster care payments, difficulty of care augmented rates, or special needs funds.

C. The Public Relations Manager in State Office is the designated OCS liaison with the Department of Administration's Office of Administrative Hearings.

D. OCS will respond to requests for a first-level review or evidentiary hearing within 10 days of receiving the request.

E. The fair hearing process does not apply when subsidy payments are terminated because a child reaches 18 years of age, since state law does not allow subsidy payments past a child's 18th birthday.

Grievances:

A. Individuals expressing a complaint shall be informed of their right to file a Complaint Form (06-9538) and be referred to the Community Relations Manager to have questions answered about the OCS complaint policy and procedures.

B. The Complaint Form (06-9538) must be submitted within 6 months of the concerning issue or action by the agency in order to be accepted, unless there is evidence that the complainant was not informed or aware of the complaint procedure.

C. The formal complaint process begins when the complaint is received on the Complaint Form (06-9538) by an OCS employee via mail, fax, or electronic mail.

D. All complaints must be forwarded to the Community Relations Manager within 24 hours of receipt for a decision of whether the complaint will be accepted or rejected. The complaint will receive a tracking number and be kept in a database where all actions and activities will be documented.

E. Resolution and reviews of complaints will be processed in accordance with the requirements in the background Information and procedures in this section.

PROCEDURE:

Fair Hearings Procedure:

A. Notification of Right to Fair Hearing:

1. Foster Care Payments/Overpayments:

a. A monthly foster care payment statement is automatically generated by ORCA and sent to all foster parents who have a child in care. The monthly statement serves as notification to foster parents when a foster care payment has been denied, suspended, reduced, changed, or terminated, and informs foster parents of their right to request a first-level review or evidentiary hearing.

b. Difficulty of Care Augmented Rate:

1) When an assessment or reassessment has been completed in ORCA for an augmented foster care rate the rate setting must be approved by the PS Manager II or designee, regardless of the rate calculated by the assessment. The foster parent is notified of the decision in writing via a notification that is automatically generated by ORCA and sent when the rate setting has been approved. The notice includes information about the foster parent's right to request a first-level review or evidentiary hearing if they don't agree with the decision. For teen parent/baby augmentations and intensive augmentations for medically fragile children on a Department of Senior and Disability Services (DSDS) waiver waitlist or a Medicaid waiver, notification is sent by the Provider Payment Unit.

2) The State Office Provider Payment Unit will notify the foster parent in writing at least 30 days in advance of an augmentation's expiration date.

3) Augmented rates must be reassessed (at a minimum) every six months for continued need.

c. Foster Care Overpayments: When it has been determined that a foster care overpayment has been made, the State Office Provider Payment Unit will notify the foster parent in writing, as outlined in section 6.2.2.3 Foster Care Payments. The notification includes information of the foster parent's right to request a first-level review or evidentiary hearing.

2. Request for Special Needs Funds: When a foster parent or youth requests special needs funds, the PS Specialist will provide the requestor with a Request for Special Needs Funding (06-9710) and ask the requestor to document the request on the form. The Request for Special Needs Funding includes information about the requestor's right to a first-level review or evidentiary hearing.

3. Adoption or Guardianship Subsidy Payments/Overpayments:

a. When a determination has been made in regards to the type of subsidy a child is eligible for, State Office Adoption Unit staff will notify the prospective adoptive parents and guardians of the decision by mailing a Notice of Eligibility Determination (06-9670).

b. When an adoptive parent or guardian requests an increase in the subsidy amount and the request is denied or a decision is made to terminate a subsidy payment prior to age 18, State Office Adoption Unit staff will notify the adoptive parents/guardians of the decision in writing and include information about the adoptive parent/guardian's right to request a first-level review or evidentiary hearing.

c. Subsidy Overpayments: When it has been determined that a subsidy overpayment has been made, the State Office Provider Payment Unit will notify the adoptive parent/guardian in writing, as outlined in section 6.2.2.3 Foster Care Payments. The notification includes information of the adoptive parent/guardian's right to request a first-level review or evidentiary hearing.

B. Request for a First-Level Review:

1. Denial, Suspension, Reduction, Change, or Termination of a Foster Care Payment, Augmented Foster Care Rate, or Special Needs Funds:

a. If an OCS employee is contacted by a foster parent who wants to request a first-level review regarding a denial, suspension, reduction, change, or termination of a foster care payment, augmented foster care rate, or special needs funds, the OCS employee will refer the foster parent to the Provider Payment Unit designee.

b. Upon receipt of a request for a first-level review, the Provider Payment Unit designee will log the receipt of the first-level review request and forward the request to the PS Manager I or II.

c. Upon receipt of the request, the PS Manager I or II will:

1) Review the information related to the decision, any additional information that has been requested, and applicable statutes and regulations;

2) Respond to questions and provide clarification to the Provider Payment Unit; and

3) If the requestor is not satisfied with the response, the communication between the PS Manager I or II and the requestor will be considered a request for a first level review and the PS Manager I or II will:
- render a written decision on the first-level review within 10 days of when the request was received;
- document the request and the decision in a Fair Hearing Request activity note in ORCA under the provider and the client case; and
- send the written decision to the foster parent.

d. A request is timely if it is submitted to OCS no later than 30 days after the date of the decision that the request pertains to. If the request for a first-level review was not timely the designee will respond to questions and provide clarification, but a written decision is not required.

e. The PS Manager I or II will email the final outcome of the first-level review to the Social Services Program Coordinator for provider payments.

2. Foster Care Payments:

a. If an OCS employee is contacted by a foster parent who wants to request a first-level review regarding an inaccurate foster care payment or overpayment, the OCS employee will refer the foster parent to the Provider Payment Unit in State Office.

b. Upon receipt of a request for a first-level review, the Provider Payment's (PPU) Manager or designee will:

1) review the information related to the decision, any additional information that has been requested, and applicable statutes and regulations;

2) respond to questions and provide clarification; and

3) if the requestor is not satisfied with the response, the communication between the Provider Payment Unit and the requestor will be considered a request for a first level review and the Provider Payment Unit will:
- render a written decision on the first-level review within 10 days of when the request was received; and
- document the request and the decision in a Fair Hearing Request activity note in ORCA under the provider and the client case; and
- send the written decision to the foster parent.

c. If the request for a first-level review was not timely, no action is needed. A request is timely if it is submitted to OCS no later than 30 days after the date of the decision that the request pertains to.

3. Adoption or Guardianship Subsidy Payments:

a. If an OCS employee is contacted by an adoptive parent or guardian who wants to request a first-level review regarding a subsidy eligibility determination or subsidy payment, the OCS employee will refer the foster parent to the State Office Adoption Unit.

b. Upon receipt of a request for a first-level review, the Service Array Social Services Program Officer will designate a staff person to conduct the review.

c. Subsidy Eligibility Determination:

1) When a proposed adoptive parent or guardian does not agree with a subsidy eligibility determination and requests a first-level review of the eligibility determination, the designee will review the subsidy determination

and the supporting documentation to determine whether the eligibility determination was correct. The review will include consulting with the Title IV-E Program Coordinator who is the expert on the eligibility requirements for Title IV-E adoption and guardianship assistance.

2) The designee will complete the decision on the first-level review, document the decision in writing, and notify the proposed adoptive parent or proposed guardian in writing.

d. Subsidy Payment:

1) When an adoptive parent or guardian requests a first-level review of a decision to terminate subsidy payments prior to age 18 or deny a request for an increase in the subsidy amount, the designee will: review the information related to the decision, any additional information that has been requested, and applicable statutes and regulations;

i. respond to questions and provide clarification,
ii. If the requestor is not satisfied with the response, the communication between the designee and the requestor will be considered a request for a first level review and the designee will:
   - render a written decision on the first-level review within 10 days of when the request was received;
   - document the request and the decision in a Fair Hearing Request activity note in ORCA under the provider and the client case; and
   - send the written decision to the adopted parent or guardian.

e. If the request for a first-level review was not timely, no action is needed. A request is timely if it is submitted to OCS no later than 30 days after the date of the decision that the request pertains to.

f. The designee will email the final outcome of the first-level review to the Service Array Social Service Program Officer.

4. Foster Care, Adoption, and Guardianship Overpayments:

a. Upon receipt of a request for a first-level review, the Provider Payment's (PPU) Manager or designee will:

1) review the information related to the decision, any additional information that has been requested, and applicable statutes and regulations;

2) respond to questions and provide clarification; and

3) If the requestor is not satisfied with the response, the communication between the PPU manager and the requestor will be considered a request for a first level review and the designee will;

- render a written decision on the first-level review within 10 days of when the request was received; and

- send the written decision to the foster parent.

b. If the request for a first-level review was not timely, no action is needed. A request is timely if it is submitted to OCS no later than 30 days after the date of the decision that the request pertains to.

C. Request for an Evidentiary Hearing:

1. When a foster parent, adoptive parent, or guardian requests an evidentiary hearing, the OCS employee receiving the request will:

a. Forward the request to the Public Relations Manager if the request was submitted in writing.

b. If the request was not submitted in writing, inform the foster parent, adoptive parent, or guardian that the request must be submitted in writing and the timeline for submitting a request.

2. Within 10 days of receiving a request for an evidentiary hearing the Public Relations Manager will provide the following documents to the Office of Administrative Hearings:

a. Completed Office of Administrative Hearings Case Referral Notice;

b. Copy of the hearing request submitted by the foster parent, adoptive parent, or guardian;

c. Copy of the agency decision being contested;

d. Copy of the record relied on to support the decision; and

e. If desired, a request to participate.

3. After the evidentiary hearing has taken place, the Public Relations Manager will document the outcome of the hearing in a Fair Hearing Request activity note in the ORCA provider record.

Grievance Procedure:

A. At the start of every initial assessment (IA), the IA worker will provide the parent(s) with the parent rights brochure that includes the process of filing a complaint. Every person making a complaint will be offered the use of the complaint procedure.

1. Any OCS staff who is contacted by an individual who wants to file a complaint will provide that person with a copy of the complaint procedure. Offering the use of the complaint procedure includes giving a verbal description of the procedure and providing a copy of the Complaint Form (06-9538).

a. When a PS Specialist is approached directly by the complainant, in addition to providing the Complaint Form (06-9538), an immediate response will be

offered when the complainant needs can be addressed immediately, or it is something that can be clearly explained.

b. Even when an initial conversation resolves the complaint, a summary of the interaction needs to be documented and sent to the Community Relations Manager or designee for tracking purposes.

c. Any OCS staff person approached by a complainant will assist the individual in resolving the complaint. While the complainant should be encouraged to complete a copy of the Complaint Form (06-9538) and submit it on their own, OCS will offer to help the complainant complete the form and/or receive a completed Complaint Form (06-9538) and offer to forward it to the Community Relations Manager.

d. Any OCS staff person who receives a completed Complaint Form (06-9538) must date stamp it and forward it to the Community Relations Manager within 24 hours.

2. The OCS staff person must inform the complainant that the completed Complaint Form (06-9538) must be submitted to the Community Relations Manager or designee. The Complaint Form (06-9538) will be submitted to the Community Relations Manager by the complainant or any OCS staff person.

B. If the complainant declines to utilize the complaint procedure, the staff person receiving the complaint will provide a brief a summary of the contact to the Community Relations Manager or designee, who will then close the case in the tracking system.

C. Within five business days of the date stamped Complaint Form (06-9538):

1. The Community Relations Manager or designee will:

a. assign the complaint a tracking number and enter it into the tracking database; and

b. determine whether the complaint will be accepted or rejected based on the regulatory complaint procedure; and

c. If the complaint is accepted, inform the complainant that the complaint has been received and accepted; or

d. If the complaint is rejected, issue a notice informing the complainant why the complaint has not been accepted and what other options exist; and

e. forward the complaint to the PS Manager II.

2. The PS Manager II will assign the complaint to the PS Specialist IV of the case.

D. Within 10 business days of being assigned to a complaint, the PS Specialist IV of the case will:

1. Contact the complainant and either discuss the complaint or schedule a meeting (telephonic or in person) that will include the employee listed in the complaint whenever applicable. The purpose of this initial conversation is to verbally process/explore the concern and brainstorm possible solutions. The person reviewing the complaint or a request for review can extend up to 20 business days if:

    a. the reviewer is absent on approved leave or official business;

    b. the reviewer needs to consult with a staff member who is absent on approved leave or official business, or have that staff member participate in a meeting; or

    c. unforeseen circumstances prevent a complainant from timely delivering a request for review.

2. Make three attempts to connect with the complainant. If receiving no response, the reviewer will contact the Community Relations Manager and consider the grievance closed.

3. Inform the complainant that they are able to bring relevant information to the meeting, and an advocate if desired. If an advocate is present at the meeting, they must sign the Confidentiality Agreement Form (06-9463).

4. Conduct the complaint meeting, where each party will have the opportunity to state their understanding of the situation being grieved, and make suggestions for a resolution. Meetings will be conducted in a professional and objective manner, taking all information into consideration.

5. Document a summary of the meeting including all those who were present in a supervisory note in ORCA. This note does not need to include detailed information, summarize the broad issues discussed and does not need to include any potential decisions related to resolving the complaint.

6. After thoughtful consideration of all the information shared in the meeting, and when there is a clear resolution to the complaint, inform the complainant of the final decision and how it is based on the information presented at the meeting and in accordance to policy and procedures. Ensure that the resolution is documented in the tracking database. When sending the final decision to the complainant by e-mail, postal mail, or in person, ensure a copy is provided to the Community Relations Manager with the date the summary was sent to the complainant. If the supervisor needs time to gather additional information to make the best decision possible and/or consult with a manager prior to making a final decision regarding the resolution, the supervisor will advise the complainant that they will be informed of the final decision within 15 business days after the meeting.

7. Once a decision is made, inform the complainant in writing of the decision. The written notice must inform the complainant that if they disagree with the decision, they will have 10 business days from the notice being sent to request a review of the matter in writing to the Community Relations Manager, who will forward the request to the PS Manager II (or the designated PS Manager I) to review. If no request for review is taken, the matter is considered closed and documented in the complaint tracking database.

8. The supervisor will document a summary of the meeting and all correspondence into the complaint tracking database that will include:

    a. the date and participants of the meeting;
    b. issues discussed;
    c. decision;
    d. whether the decision was agreed or not agreed upon by the complainant;
    e. action steps and who is responsible;
    f. that the complainant was informed of having 10 business days to have the decision reviewed by the PS Manager II (or designated PS Manager I); and
    g. any additional applicable correspondence or documents attached in the complaint file in the tracking system.

9. When action steps are needed to resolve the complaint, the supervisor will document the status in the tracking database and notify the Community Relations Manager when they are completed.

E. The Community Relations Manager will document that the case is closed when no request for review is filed within 10 business days from the final decision and when the supervisor provides notification that all action steps are completed.

F. If the complainant has requested a review of the supervisor's decision, within 10 business days of receipt of the request, the PS Manager II (or designated PS Manager I) will follow similar steps identified above ((D)(1)-(9)). The difference in the process is that:

1. The PS Manager II (or designated PS Manager I) will include the supervisor of the employee who is listed in the Complaint Form (06-9463) in the meeting. The PS Manager II (or designated PS Manager I) can make the decision regarding a resolution during the meeting or inform the complainant within 15 business days of the meeting.

2. Once a decision is made, the PS Manager II (or designated PS Manager I) will inform the complainant in writing of the decision. The written notice must inform the complainant that if they disagree with the decision, that they have 10 business days to request a review of the matter in writing to the Community Relations Manager who will forward the request to the Division Operations Manager (DOM). If no request for review is made, the matter is considered closed and the Community Relations Manager will record in the complaint tracking database.

3. The PS Manager II (or designated PS Manager I) must document all correspondence in the complaint tracking database.

G. If the complainant has requested a review of the PS Manager II (or designated PS Manager I) decision, within 10 business days of receiving the request, the DOM will follow similar steps identified above ((D)(1)-(9)). The difference in the process is that:

1. The meeting will include the complainant, DOM, the PS Manager II (or designated PS Manager I), and if appropriate or necessary, the supervisor of the employee and the employee.

2. Within 15 business days after the meeting, the DOM will issue a proposed decision in writing for the Director or designee to accept, reject or modify the decision.

3. After having received the proposed decision the Director or designee will have 10 business days to issue a decision, and once completed, notice will be sent by mail to the complainant of the decision, and informing the complainant that the decision is a final agency action for purposes of judicial review.

4. The Director or designee will document all correspondence in the complaint tracking database.

H. If the complainant does not attend the agreed upon scheduled meeting, and has not offered an explanation or asked to reschedule, the complaint will be considered closed due to no contact. When this occurs, the supervisor, PS Manager II (or designated PS Manager I), or DOM will document an explanation in the complaint tracking database.

I. If a foster parent files a complaint for a non-emergency removal of a child from their home, the foster parent can request that the child not be removed until the issuance of a final decision under 7 AAC 54.260.

1. The request will be granted unless the PS Manager II (or designated PS Manager I) finds that:

a. removal is in the best interest of the child;

b. the child is being returned to the legal parent or guardian;

c. removal is in response to an allegation of abuse or neglect and the child's safety is at risk in the foster home; or

d. removal is ordered by a court.

DEFINITIONS:

"Business Days": a day other than Saturday, Sunday, or a state holiday.

"Foster care payment": payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, reasonable travel for a child's visitation with family, or other caretakers, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. Local travel associated with providing the items listed above is also an allowable expense. In the case of child care institutions, such term must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences. "Daily supervision" for which foster care maintenance payments may be made includes:

"Meeting": an agreed upon time and location, which may be in person or telephonic.

2.0 INTAKE

2.1 PROTECTIVE SERVICES REPORTS

AUTHORITY:

AS 47.17.020(e)	Persons Required to Report
AS 47.17.025	Duties of Public Authorities
AS 47.17.030	Action on Reports; Termination of Parental Rights
7 AAC 54, Art. 1	Privacy of Client records: Child Protection Services
45 CFR 1340.14(i)	Child Abuse and Neglect Prevention and Treatment
P.L 113-183	Preventing Sex Trafficking and Strengthening Families Act of 2014

PURPOSE: To receive and document all reports of suspected child maltreatment into ORCA and use criteria to determine if the report should be screened in or out for initial assessment.

BACKGROUND INFORMATION:

A. Federal Regulations:

1. State agencies are prohibited from disclosing the identity of a person reporting known or suspected child abuse or neglect if disclosure of the information would be likely to endanger the life or safety of the person.

2. For any child or youth over whom the State agency has responsibility for placement, care, or supervision and who the State has reasonable cause to believe is, or is at risk of being, a sex trafficking victim (including children for whom a State child welfare agency has an open case file but who have not been removed from the home, children who have run away from foster care and who have not attained 18 years of age and youth who are not in foster care but are receiving services. The State agency shall report immediately, and in no case later than 24 hours after receiving, information on missing or abducted children or youth to the law enforcement authorities for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation, established pursuant to section 534 of title 28, and to the National Center for Missing and Exploited Children.

B. State Law: Office of Children's Services (OCS) is required to:

1. Assess reports of child abuse or neglect and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child.

2. Immediately notify the nearest law enforcement agency if OCS:

   a. concludes the harm was caused by a person who is not responsible for the child's welfare;

b. is unable to determine:
   1) who caused the harm to the child; or
   2) whether the person who is believed to have caused the harm has responsibility for the child's welfare;

c. concludes the report involves:
   1) possible criminal conduct under AS 11.41.410 - 11.41.458 (see Definitions); or
   2) abuse or neglect that results in the need for medical treatment of the child.

3. Upon receipt from any source of a protective services report alleging child maltreatment, notify the Department of Law and assess the report and, within 72 hours of the receipt of the report, provide a written report of the initial assessment to the Department of Law for review. The report must include, if known:

   a. the names and addresses of the child and the child's parent or other persons responsible for the child's care;

   b. the age and gender of the child;

   c. the nature and extent of the harm to the child from maltreatment;

   d. the name and age and address of the person known or believed to be responsible for the harm to the child from maltreatment, if known;

   e. information that OCS believes may be helpful in establishing the identity of the person believed to have caused the harm to the child from abuse.

4. Within 20 days after receiving a protective services report, whether or not the matter is referred to a local government agency, notify the person who made the report and who made a request to be notified about the status of the assessment, without disclosing any confidential information.

POLICY:

A. Children alleged to be at high risk of maltreatment or unsafe by their caregiver shall be assessed by OCS.

B. OCS shall document all reports of children reported to be victims of physical injury, sexual abuse, sexual exploitation, neglect, or mental injury including those that can later be determined to be screened out for assessment. The reporter may identify him or herself or be anonymous. OCS will accept reports made by phone, letter, fax, e-mail, or in person.

C. Any OCS staff person who receives information that alleges child maltreatment will forward it to the intake unit for documentation, decision-making, and determination, making no prior judgments about whether the concerns should be assigned for initial assessment or screened out.

D. Information regarding minors identified in Background Information section (A,2) who have open cases with OCS and are missing, abducted or identified as sex trafficking victims, the intake unit will verify and complete if necessary reporting to Law Enforcement for entry into the National Crime Information Center (NCIC), and entry into the National Center for Missing and Exploited Children (NCMEC) for missing or abducted minors immediately, or within 24hrs of receiving the report.

E. Intake is a key decision making process that determines whether there will be a child protective services intervention with a family. There are two fundamental decisions at intake:
- screening a new protective services report in or out for initial assessment, and
- determining the type of alleged maltreatment and priority response needed.

PROCEDURE:

A. Receiving the Report:

1. Every effort should be made to have a verbal conversation with the reporter to elicit as much information as possible about the alleged maltreatment, circumstances surrounding the maltreatment, parenting behaviors, discipline behaviors, child and adult functioning of the family members. If a report was made by fax or email, the intake worker shall contact the reporter, if known, to discuss the report and request any additional information needed in order to make a fully informed screening decision.

2. The intake worker will explain to the reporter that:

a. OCS will assess the allegations.

b. if the case goes to court, the reporter may be called to testify;

c. that the reporter is immune from any civil or criminal liability for any report made in good faith; and

d. that OCS is mandated by law to conceal the identity of any reporter and will make every attempt to prevent disclosure.

e. they may remain anonymous but OCS will not be able to notify them of the status of the assessment. If the report is screened, the initial assessment worker will be better able to assess the allegations if the Protective Services (PS) Specialist can re-contact the reporter if necessary to gain additional information during an initial assessment.

B. Identifying Protective Services Report Type: The intake worker will determine whether the report is a request for information and referral, a services intake, or a Protective Services Report (PSR). This decision determines how the report is documented in ORCA and proper follow up needed.

1. Information and Referral (I/R): All reports requesting only information and referral. To be used when there are clearly no concerns, suspicions or allegations of child maltreatment, but rather the caller is requesting general information about OCS, an open OCS case, or needed resources within the community.

    a. OCS will provide community resource information to callers as requested. The intake worker will complete the Information and Referral screen in ORCA, indicating the type of resources needed.

    b. If contact is made with OCS Intake on an open CPS case, but no allegations of maltreatment are made, the intake worker will document the call in the ORCA case record in an Activity Note as to the nature of the report and notify the assigned PS Specialist of the contact through either an email or telephone call.

    c. All allegations of child maltreatment on an open case must be documented as a PSR and screened as per the screening procedures.

2. Services Intake: Services Intakes are used to create cases only when there are no allegations of abuse or neglect. Services Intake should NOT be used in place of a Protective Services Report.

    a. ICPC: ICPC-IN Services Intakes are entered into ORCA by the ICPC Administrator. If a report is received by a field office employee directly from another state, the worker will forward the report to the ICPC Administrator.

    b. Request for Voluntary Placement: A parent or caregiver may make a request for a child to be placed out of home on a temporary basis when the parent or caregiver is unable to care for the child; for example, when a parent/caregiver needs medical inpatient treatment and there is nobody available to care for the child during the parent/caregiver's absence. For additional information about voluntary placements, see section 2.6.1 Voluntary Placements.

3. Protective Services Reports: All calls, or other contacts, where there are concerns or allegations of child maltreatment are considered PSRs.

    a. All reports describing allegations, suspicions or concerns of child maltreatment shall be documented in a PSR.

    b. Upon receipt of a PSR, OCS shall collect, document, and analyze the reported information in order to make an appropriate screening decision. If present danger or other emergency conditions are identified, OCS must take whatever action is necessary to initiate an immediate response.

C. Gathering and Recording PSR Information:

1. The intake worker will ask the reporter for the following information and document the information into the PSR. This information is essential to inform the intake worker in making a judgment about child safety and risk and determining the appropriate screening outcome:

a. Family demographics including; name, age, birth date, gender, race/ethnicity/ Tribal affiliation of all family members; current address and phone numbers. All required ORCA fields must be completed.

b. Maltreatment including:
- Events and circumstances associated with/accompanying the maltreatment, including:
  - the date(s) of incident(s);
  - type of incident or situation that precipitated the PSR;
  - where the alleged maltreatment occurred: within or outside of the family structure, in a licensed facility, in a medical facility etc;
  - any actions taken by reporter or others;
  - whether reporter witnessed the abuse/neglect or knows of those that did; and
  - whether the reporter informed the family of the report
- Effects of maltreatment or caregiver behavior on child; child's condition/injuries resulting from the maltreatment
- Details about caregiver behavior associated with the maltreatment (are they supportive and believing of victim?)
- Specific caregiver behavior indicative of maltreatment (e.g. harsh punishment, leaving a child alone, substance abuse)
- Information about the severity of maltreatment (e.g. vulnerability of child, seriousness of conditions/situation in family, seriousness and limits of caregiver behavior)
- Name, address, and phone number of the alleged maltreater and relationship to child
- Whereabouts of the alleged maltreater; access to the child at the time of the report and within the immediate future.

c. Children:
- Race/ethnicity/Tribal affiliation of child must be asked and documented
- General child functioning
- Current location
- State of mind/emotion; specific fears
- Proximity of threat; alleged maltreater
- Access to those who can help and protect

d. Caregivers (both maltreating and non-maltreating):
- General functioning
- General state of mind/emotion
- Current location
- Habits/routines
- Violence or acting out behaviors
- Potential threats to worker safety
- Community and provider relationships
- Employment
- Use of substances
- Mental health functioning

- Any stress and/or coping skills
- Caretaking interests and abilities
- Attitudes toward/perceptions of child(ren)
- Protective factors
- Previous CPS history
- Likely response to CPS

e. Family:
- Unusual stressful circumstances
- Family functioning and strengths
- Living arrangements
- Household composition
- Household activity – including people in and out
- Condition of home
- Domestic violence in the home

f. Child Safety:
- Whether the child's immediate safety is in question (present danger);
- Whether there are other minor children in the home whose immediate safety may be in question;
- Description of present danger threats and description of possible/likely emergency circumstances;
- Identification of protective adults who are or may be available.

g. Collateral Contact Information:
- Names, addresses, phone numbers of other significant relatives;
- Name, address and phone of other persons who may have knowledge of the incident or situation (collateral contacts);

h. Child's Tribal Affiliation: child's Tribe and village if Alaska Native (if more than one Tribe list all), if any, for both parents. (NOTE: in this context, "village" is where the family was raised, and a child's Tribe is where the child is either a member or citizen, or is eligible for membership/citizenship in that Tribe and is the biological child of an individual who is a member or citizen of a Tribe. The parent(s)' Tribe and the child's Tribe are not necessarily the same Tribe).

2. In summary, gathering the following information is critical for assisting the intake worker in effectively evaluating the reported child maltreatment and justifying the screening decision:
   a. What is the extent of the alleged child abuse or neglect reported?
   b. What surrounding circumstances are alleged to accompany the alleged child abuse or neglect?
   c. What does the reporter know about the child's functioning or how the child is vulnerable?
   d. What does the reporter know about the functioning of the parent or caregiver in respect to daily life management and general adaptation including mental health, domestic violence, and substance abuse?
   e. What does the reporter know about the overall, typical pervasive parental or caregiver behavior, including any protective factors?

f. What information is reported about the disciplinary approaches used by the parent or caregiver?

3. Concluding the Conversation with the Reporter: When the intake worker has obtained as much of the above information as possible from the reporter, the worker will:

a. Explain to the reporter:

1) the importance of knowing as much as possible about the report, including the reporter's identity, to assist in allowing an effective assessment to occur;
2) that the report will be documented and the appropriate office will be notified;
3) that the report must be forwarded to law enforcement to determine if criminal investigation is necessary if section 2.1(E)(2)(d) applies;

b. If the reporter agrees to provide their name, the intake worker will record the name, phone number, address, and relationship to victim.

4. Records Search:

a. The intake worker will check Prober/ORCA for any previous contact or previous PSR and document in ORCA, searching every person named by the reporter as being involved with the family, including the alleged maltreater.

b. Relevant information from the record search (e.g. type of maltreatment, screening decision, results of any previous initial assessments, etc.) will be reviewed and documented in ORCA.

c. The following additional procedures apply to PSRs where:

- the reporter states that a registered sex offender is in the home but does not allege any specific sexual abuse, or
- where the allegation is that the child's care provider has left the child unsupervised in the presence of a registered sex offender, or
- there is a person in the home who is under investigation for sexual abuse.

1) Search the Alaska Department of Public Safety Sex Offender Registration Central Registry for important information, e.g., nature of offense, date of offense, etc;

2) Conduct a 'court view' search on the Alaska Trial Court Cases website;

3) If the alleged perpetrator is not found on local searches, review the National Sex Offender Public Registry to see if the sex crime outside of Alaska; and

4) Document whether or not the alleged maltreater is listed on a sex

offender registry, and any conditions of release that were found.

5. Tribal Affiliation: The intake worker will check Prober/ORCA for information about the child's Tribal affiliation and document in ORCA.

6. Enhanced Intake: The intake worker will complete enhanced intake to gather additional information through collateral contacts or other research as needed to make appropriate fully informed screening decision.

   a. Collateral contacts may include:

      1) individuals who have regular contact with the child;
      2) medical personnel, teachers, and other treatment providers, who have evaluated or maintain records on the child;
      3) the child's Tribe;
      4) people who are in an established personal or professional relationship with the parent or caregiver and who can judge the quality and nature of the parent or caregiver behavior; or
      5) those who have records or reason to know information about the parent or caregiver as a result of their involvement with or exposure to the parent or caregiver.

   b. The worker will document information received from collateral contacts under the section entitled "Other Sources of Information" under the PSR.
      NOTE: Legally, confidentiality for collateral sources cannot be assured. Consequently, workers should discuss that OCS cannot guarantee that their identity will not be disclosed.

D. Screening Decision: The screening decision is the formal decision to screen the PSR in for initial assessment or screen out for no OCS intervention.

   1. A screening decision must be finalized no later than 24 hours of the initial receipt of the report.

   2. If the intake supervisor making the screening decision determines that the report will be screened out, the intake supervisor will clearly document the reasons for the screen out decision under the justification section of the Decision Tab on the PSR page in ORCA.

E. Screen In:

   1. A PSR is screened in when the information received indicates a child may be unsafe or at high risk of harm by a primary caregiver, parent, custodian or guardian.

   2. The following actions are required:

      a. Prioritize the report according to the present or impending danger or high risk to the child. The assigned priority determines the time required by OCS to make face to face contact with the alleged victim. Each PSR accepted for initial assessment will be assigned a priority rating of "Priority 1", "Priority 2", or

"Priority 3", contingent on the severity of danger or high risk to the child. The priority rating assigned determines the response time to the PSR.

1) The initial decision to accept the report based on an unsafe child:
   - Does the report identify a child who is under 18 years old?
   - Does the report identify a vulnerable child in the family?
   - Does the report identify a primary caregiver who has responsibility for the protection of the vulnerable child?
   - Does the report identify the location of the caregivers, the child, and the child's residence?
   - Does the report identify events and circumstances indicative of child abuse, neglect, or threats of serious harm as defined in statutes?
   - Does the report describe family conditions, behaviors, emotions, perceptions, attitudes, motives, thinking, intentions or situations that appear to be out of control?
   - If information within the report is accurate, is it reasonable to believe that a child has suffered, is suffering, or could suffer severe harm?
   - Does the report indicate that caregivers may be or are unwilling and incapable of behaving in ways that result in protection of the child?
   - Does the reporter appear to be competent and appropriately motivated?

2) The secondary decision to judge response time based on present or impending danger:
   - Does the report describe observable and specific threats to a child?
   - Does the report describe the caregiver's capacity, protective factors intent, or motivation to protect as diminished or in question?
   - Does the report identify an immediate, significant, and clearly observable family condition or situation occurring in the present or in process, which can be concluded to endanger or threaten to endanger a child?
   - Does the report describe what can be concluded to be a state of danger based on reported family behaviors, attitudes, motives, emotions, and/or situations, which pose a threat to a child's safety?
   - Does the report identify a threat that may not be currently active but can be anticipated to become active and likely could have severe effects on a vulnerable child?
   - Does the report indicate that there is no one within the home who can or will protect the child?
   - Does the report indicate that the child(ren) are in the protective care of a responsible adult at the time of the report?
   - Does the report indicate caregiver response to CPS intervention that can be expected?

3) <u>Priority 1</u> must be responded to as soon as possible but no later than 24 hours of the time the report is received by OCS. Priority 1 reports are defined as reports where the information given is that the child:
   - is believed to be in present danger;

- is believed to be unattended and is of an age, or possesses special needs which would indicate the child would be subject to imminent danger of physical harm if left unsupervised;
- has suffered a potentially serious physical injury as a result of abuse or neglect;
- is believed to be in immediate need of medical attention and is being denied such treatment or follow through for treatment;
- who is the subject of the report has died as a result of suspicious causes and has siblings who remain in the home; or
- has disclosed sexual abuse and there is current high risk/accessibility.

Following are examples to assist the worker in interpreting the safety-related information and determining the need for a Priority 1 rating:

- Police have served a search warrant and find children living in a household where their parents are manufacturing methamphetamine.
- A toddler is found wandering around the neighborhood and the parent when located is passed out on the couch in their apartment.
- Parents have taken their toddler to the emergency room with head injuries and report the child fell off the couch. Medical staff reports the explanation is not consistent with the injury and the injury is suspicious for child abuse.
- The caregiver is reported to be dangerous and violent, and the child has no access to a protective adult.
- Physician reports the parent has failed to follow through with medical care for a condition that is life-threatening to the child.
- Current allegations of sexual abuse, where the alleged perpetrator has access to the victim and the caregiver is either not protective or it is not known whether the caregiver can or will be protective.
- Report of child abuse or neglect involving a medical diagnosis of non-organic failure to thrive.
- The caregivers have failed to provide the child with adequate food to meet the child's nutritional needs or failed to provide a child with clothing consistent with climatic conditions in severe weather.
- Access to a child by a person who has seriously harmed or abused a child in the past, or an alleged, or previously convicted, or founded and/or untreated sex offender.
- Allegations of parent or caregiver substance abuse that inhibits the parent's or caregiver's protective factors, but is not occurring at the immediate time of the report.

4) Priority 2 must be responded to no later than 72 hours of the time the report is received by the OCS. Priority 2 reports are defined as reports which indicate that while the situation is serious, information available does not indicate the child is in present danger but indicates that the child may be in a state of impending danger. This response timeline must be used only when the intake worker can clearly document how the information indicates the child's safety will not be compromised by not responding within 24 hours. The worker's screening determination must take into account:

- The location of the child.
- How long the child will be in that location.
- Access others have to the child's location.
- Whether an intentional delay to allow for a planned response is less likely to compromise the safety of the child.

Example of a report that would meet the criteria for a Priority 2 :

- The received information does not indicate that danger exists at the moment or is an immediate concern (like in present danger), but a state of danger exists.

5) Priority 3 must be responded to within seven days of the time the report is received by the OCS. Priority 3 reports are defined as reports where information available does not indicate the child is in present or impending danger but may be at high risk of maltreatment. This response timeline must be used only when the intake worker can clearly document how the information indicates that a delay in assessing the situation will not result in the child's safety being compromised. The worker's screening determination must take into account:

- The location of the child.
- How long the child will be in that location.
- Access others have to the child's location.
- Whether an intentional delay to allow for a planned response is less likely to compromise the safety of the child.

Example of a report that would meet the criteria for a Priority 3:

- The received information does not indicate that danger exists, but it is very likely that parental behavior may become harmful and destructive to a child's cognitive, social, emotional, and/or physical development, and the parents are unwilling or unable to behave differently.

b. Assignment of Intakes: All intakes must be assigned for initial assessment within 24 hours of when the report is received.

c. Forward Report to Law Enforcement: OCS will immediately forward a copy of the screened in PSR to (or notify) the nearest law enforcement agency if the report involves:

1) out-of-home abuse;
2) sexual abuse, including sex trafficking; or
3) severe physical abuse or neglect that results in the need for medical treatment of the child.

d. Forward information to databases: OCS will immediately, within 24 hours, report to the National Center for Missing and Exploited Children, and the National Crime Information Center database reports of missing minors.

F. Screen Out:

1. A report is screened out when the intake worker determines the information does not indicate that the child may be unsafe or at a high risk of maltreatment by a primary caregiver, parent, custodian or guardian, or one of the situations in screen-out reasons below applies. When a report is screened-out the intake process is complete once the intake worker and/or supervisor has documented the screening decision in ORCA and the screening decision has been approved by the intake supervisor.

2. Screen-out Reasons:

a. Insufficient Information to Locate: A report that cannot be assigned due to insufficient information, despite attempts to gain information through other sources, to locate any of the persons involved or subjects of the report. All attempts should be documented in the PSR to demonstrate efforts made.

b. Multiple Reports on the Same Incident: When the same incident/allegations have already been reported. The case is currently assigned for assessment or has already been assessed. The date of the previous PSR already investigated should be documented.

c. Does Not Meet Initial Assessment Criteria (formerly titled No Alleged Maltreatment): Information does not indicate that the child may be unsafe or at a high risk of maltreatment by a primary caregiver, parent, custodian or guardian.

d. Law Enforcement Jurisdiction Only: A worker will immediately forward a copy of the PSR to the nearest law enforcement agency if under AS 47.17.020(e) the conclusion is made that the maltreatment was caused by a person who is not responsible for the child's welfare and there is no information to suspect that the parent is not being protective to keep the child safe.

e. Child Residing Out-of-State: All reports regarding a child residing out of state must be forwarded by phone, fax, or electronic mail to the appropriate office no later than 24 hours of the receipt of the report. The formal documentation of the report should be e-mailed or faxed within 24 hours.

f. Referred to Tribe: A report that is referred to a Tribe that has exclusive jurisdiction.

G. For screen-in/outs that involve a licensed provider, the intake worker will enter an activity note in the provider's case in ORCA to ensure that the licensing worker is notified.

H. Feedback to the Reporter:

1. If the reporter has requested to be notified of the status of the assessment, when the screening decision has been made the intake supervisor will notify the reporter of whether or not the report will be assigned for initial assessment.

2. The intake supervisor will provide the notification for both screened in and screened out reports in writing by sending the form provided for this purpose in ORCA.

    a. If the report is screened out, the intake supervisor will document the notification in an activity note in ORCA.

    b. If the report is screened in, a copy of the letter will be filed in the case file.

DEFINITIONS:

"Child safety": children are considered safe when there are no present danger or impending danger threats, or the caregivers' protective factors control existing threats.

"Maltreatment" means an act or omission that results in circumstances in which there is reasonable cause to suspect that a child may be a child in need of aid, as described in AS 47.10.011, except that, for purposes of this chapter, the act or omission need not have been committed by the child's parent, custodian, or guardian.

"Medical neglect of handicapped infants in a medical care facility" includes instances of withholding of medically indicated treatment from disabled infants with life threatening conditions, except in those cases where reasonable medical judgment indicates that one of the following instances apply: The infant is chronically and irreversibly comatose; or the provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life threatening conditions, or otherwise be futile in terms of the survival of the infant; or the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane. The term "withholding of medically indicated treatment" means the failure to respond to the infant's life threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's (or physicians') reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions.

"Mental injury" means an injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function.

"Missing Minor" means any individual less than 18 years of age whose whereabouts are unknown to such individual's legal custodian.

"Neglect" means the failure by a person responsible for the child's welfare to provide necessary food, care, clothing, shelter, or medical attention for a child.

"Person responsible for the child's welfare" means the child's parent, guardian, foster parent, a person responsible for the child's care at the time of the alleged child abuse or neglect, or a person responsible for the child's welfare in a public or private residential agency or institution.

"Present danger" refers to a situation where immediate, significant and clearly observable severe harm or threat of severe harm is occurring to a child in the present requiring an immediate protective action.

"Impending danger" refers to a family circumstance where a child is living in a state of danger, a position of continual danger. Danger may not exist at a particular moment or be an immediate concern (like in present danger), but a state of danger exists.

"High risk of child maltreatment" means the likelihood (chance, potential, prospect) for parenting behavior that is harmful and destructive to a child's cognitive, social, emotional, and/or physical development, and those with parenting responsibility are unwilling or unable to behave differently. Risk occurs along a continuance over time.

"Sexual exploitation" includes allowing, permitting, or encouraging a child to engage in prostitution prohibited by AS 11.66.100 - 11.66.150, by a person responsible for the child's welfare and allowing, permitting, encouraging, or engaging in activity prohibited by AS 11.41.455(a), by a person responsible for the child's welfare.

Sex trafficking. The term "sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act." This includes severe forms of trafficking a person including;

1. sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

2. the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

<u>Criminal conduct under AS 11.41.410 – 11.41.458</u>:

- Sexual assault in the first, second, third, or fourth degree;
- Sexual abuse of a minor in the first, second, third, or fourth degree;
- Incest;
- Online enticement of a minor;
- Unlawful exploitation of a minor; and
- Indecent exposure in the first degree.

2.1.1 PROTECTIVE SERVICES REPORTS ON A LICENSED FOSTER PARENT'S FOSTER, BIOLOGICAL, ADOPTED, OR GUARDIAN CHILD – COORDINATION WITH FOSTER HOME LICENSING

AUTHORITY:
AS 47.17.030 Action on Reports; Termination of Parental Rights
AS 47.32.090 Complaints and Investigations

PURPOSE: To ensure that Office of Children's Services (OCS) child protection services (CPS) and licensing staff coordinate with one another when the agency receives allegations of child abuse or neglect on a foster parent's foster, biological, adopted or guardian child in licensed foster homes.

BACKGROUND INFORMATION – STATE LAW: OCS is required to assess reports of child abuse or neglect and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child.

POLICY:

A. A Protective Services Report (PSR) on a foster, biological, adopted or guardian child of the licensed provider residing in the home of a licensed foster care provider may warrant both a CPS initial assessment and a licensing investigation. Foster parents who have the dual role of parenting both biological, adopted or guardian and foster children, may, depending on the allegation, be the subject of both a CPS assessment and a licensing investigation.

   1. If the allegation of harm applies only to the foster parent's biological, adopted, or guardian children, a CPS Family PSR will be created and linked to a CPS Family case. If the PSR is screened in, an Initial Assessment will be completed to determine if the children are safe.

   2. If the allegation of harm applies only to the foster child/ren and not to other children in the home, a CPS Provider PSR will be created and linked to a CPS Provider case. If the PSR is screened in, a CPS Provider Investigation will be completed to determine if the allegations are substantiated.

   3. If the allegation of harm applies to both the foster parent's biological, adopted, or guardian child and a foster child, two PSRs will be created. Allegations involving the biological, adopted, or guardian child will be recorded in a CPS Family PSR and linked to a CPS Family case. Allegations involving the foster children will be recorded in a CPS Provider PSR and linked to a CPS Provider Investigation case. If PSRs are screened in, see (A)(1) and (A)(2) above.

B. If a CPS initial assessment is to be conducted, child protection staff and licensing staff will coordinate the assessment.

C. A screened out PSR on any child residing in a licensed foster home may warrant a licensing investigation. The local licensing supervisor (Community Care Licensing Specialist (CCLS) II) must be notified of screened out PSRs in licensed foster homes.

D. During an active initial assessment or licensing investigation of a licensed foster home, no new placements may be made until the assessment/investigation is complete and child safety has been established.

PROCEDURE:

A. Information Gathering and Screening Decisions for PSRs Involving Children in Licensed Foster Homes:

1. When information received alleges child maltreatment of a foster, biological, adopted, or guardian child of the licensed provider in a foster home licensed by OCS:

   a. If the allegation of harm applies only to the foster parent's biological, adopted, or guardian children, the intake worker will create a CPS Family PSR and link it to a CPS Family case.

   b. If the allegation of harm applies only to the foster child/ren and not to other children in the home, the intake worker will create a CPS Provider PSR and link it to a CPS Provider case.

   c. If the allegation of harm applies to both the foster parent's biological, adopted, or guardian child and a foster child, the intake worker will create two PSRs and:
      1) record allegations involving the biological, adoptive, or guardian child in the CPS Family PSR and link it to a CPS Family case; and
      2) record allegations involving the foster children in the CPS Provider PSR and link it to a CPS Provider Investigation case.

   NOTE:
   - See ORCA In-site, "Tips on Home Provider and Private Provider PS Reports" for more information.
   - Foster children should not be included as household members in a CPS Family case.

2. The intake worker will:

   a. follow the procedures in this section, in addition to the policy and procedures in section 2.1 Protective Services Reports to gather information and document the report, and

   b. contact the licensing worker (Community Care Licensing Specialist (CCLS) I) and any Protective Services (PS) Specialists who have children placed in the home for collateral information.

3. For all cases, once the final screening decision has been made the intake supervisor

must link the PSR to the provider's file by creating an Incident Report in ORCA. The Incident Report will include the CPS Case ID and a brief narrative of the allegation.

4. When a screening decision has been made in ORCA, an ORCA message about the screening decision is automatically generated to the CCLS I who is assigned to the foster home and the CCLS II. Licensing will determine whether a licensing investigation will be conducted.

B. Coordination of the CPS Initial Assessment: When a PSR that alleges child maltreatment in a foster home has been screened in, the assigned initial assessment (IA) or family services (FS) Specialist and CCLS will coordinate to investigate the allegations together. The IA or FS Specialist will lead the investigation interviews allowing the CCLS to ask additional questions as needed to address potential licensing violations. When it is not possible for the CCLS to be present, the IA or FS Specialist will proceed with the interviews and provide information from the interview(s) to the CCLS.

C. Initial Assessment:

1. All children, including any foster children in the home, must be interviewed per the initial assessment information gathering protocol (see section 2.2.5 Conducting an Initial Assessment.)

2. If the foster parent's own children are determined to be unsafe, the IA Specialist will take action in accordance with section 2.2.5 Conducting an Initial Assessment.

3. If the foster children are determined to be unsafe and/or the allegation is substantiated:

   a. An in-home safety plan is not an appropriate option to be implemented to keep foster children safe in a licensed foster home.

   b. The IA Specialist, the child's FS Specialist, the CCLS, and their supervisors must consult to determine if removal is necessary for any children residing in the home. Consultation with the child's Tribe and GAL should also be considered in the decision. If the decision is made that the child needs to be removed, see sections 2.3.2 Emergency Custody/Notification, Petition, Release, and Filing, 2.6 Placements, and 3.7.1 Change or Termination of a Placement. The consultation will be documented in ORCA under both the CPS Family case and the CPS provider case.

   c The CCLS will follow the investigation protocol in the Community Care Licensing Manual .

   d Within two working days of the finding, the assigned PS Specialist will verbally notify the foster child's parents of any substantiated allegation.

4. For unsubstantiated allegations related to children in custody placed in a foster home, the PS Specialist will staff the placement decision with the PS Specialist IV.

D. Notifying the CCLS: The assigned PS Specialist will notify the CCLS of the outcome of the initial assessment at the time the initial assessment is completed.

E. If an allegation of maltreatment in a foster home is made after the foster child has left the foster home:

1. If there are no biological, adopted, guardian, or foster children in the home, it will be categorized as a CPS Provider case.

2. If there are children in the home the PSR may, depending on the allegation, be screened in as both a CPS Family case and a CPS Provider case, as addressed in procedure (A(1) above.

3. The assigned PS Specialist will notify the assigned CCLS.

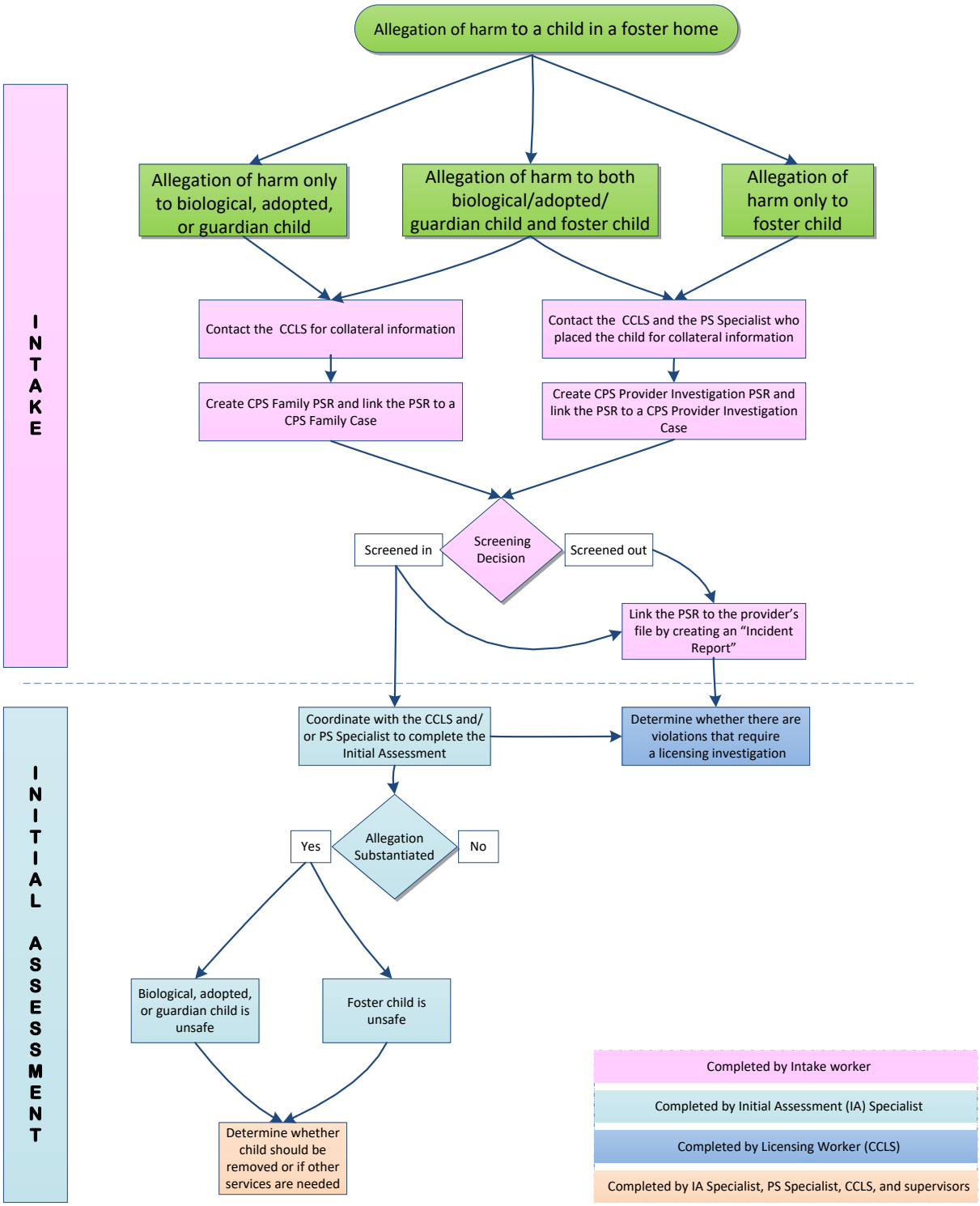
DEFINITIONS:

"Foster child" means:
- a child who has been placed by or through OCS, Division of Juvenile Justice, or a child placement agency into a licensed foster home; or
- a child who is in OCS custody and has been placed in an unlicensed foster home by OCS.

"Adopted child" means a child who has been adopted through OCS or privately and the adoption has been finalized.

"Guardian child" means a child who is in a finalized legal guardianship.

Protective Services Reports on Foster Homes – Coordination with Licensing



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2.1.2 REQUESTS FROM OTHER STATES - PROTECTIVE SERVICES ALERTS AND INTERSTATE REQUESTS FOR CHILD PROTECTION RECORDS CHECKS

AUTHORITY:

AS 47.10.093	Disclosure of Agency Records
AS 47.17.040	Central Registry, Confidentiality
7 AAC 54.150	Disclosure of Child Protection Information to Other States
42 U.S.C. 671(a)(20)	State Plan for Foster Care and Adoption Assistance (Title IV-E)

PURPOSE: To establish procedures to ensure that OCS researches Protective Services Alerts (PSA) received from other states and responds to interstate requests for child protection records checks.

BACKGROUND INFORMATION:

A. Federal law: States are required to respond to requests from other states for child abuse and neglect registry checks.

B. State Law and Regulations: Alaska statutes and regulations allow disclosure to an out-of-state child protection agency of child protection information that has a direct bearing on an investigation or judicial proceeding in which the protection of a child from child abuse or neglect or the custody of a child is at issue.

POLICY:

A. The OCS Interstate Compact (ICPC) office or an OCS field office that receives a PSA from another state will respond to the alert within three days of receiving the alert.

B. If another state requests child abuse and neglect information from Alaska's registry for an open investigation for child abuse the request will be forward to the field offices.

C. If another state requests criminal records checks including fingerprint-based checks for any guardianship, prospective foster, or adoptive parent (Adam Walsh checks) the request will be forward to the regional offices.

D. Any other requests from an out of state source should be managed as outlined in section 6.1.2 Confidentiality.

PROCEDURE:

A. Protective Services Alerts (PSA) from Other States

1. Responsibilities of the ICPC Office:

a. Within three days of receipt of a PSA from another state, the ICPC office will conduct a name search in ORCA to determine whether OCS has an entry or case involving any of the persons listed on the alert.

b. If any names are found

1) In an open case, the ICPC office will:
- Create a Services Intake in ORCA and link the case; and
- Report the alert to the assigned worker by e-mail; and
- Provide a copy of the PSA to the worker; and
- Notify the state that published the alert.

2) In a closed case or if no names are found in ORCA, the ICPC office will request that a State Office Eligibility Technician conduct a search of the Division of Public Assistance Eligibility Information System (EIS). If names are found, the ICPC office will:
- Create a Services Intake in ORCA and assign to an intake worker in the appropriate field office; and
- Provide a copy of the PSA to the intake worker; and
- Notify the state that published the alert.

2. A worker who receives a PSA on an open case from the ICPC office will notify the other state of the status of the OCS case. When applicable, the worker will coordinate with the other state as needed.

3. If an OCS field office or OCS regional office receives a PSA directly from another state, that office will conduct a name search in ORCA and create a services intake in ORCA regardless if names are found or a case is opened or closed.

B. <u>Responding to Child Abuse and Neglect Information Requests from Other States</u>

1. All requests from other states for child abuse and neglect information `will be immediately forwarded to the OCS APSIN Unit supervisor. The request will be reviewed to ensure the request is an official state request.

2. When requests are received from authorities investigating suspected child abuse/neglect in their state and wanting to inquire about an individual's potential child protective services involvement and/or case record in Alaska, the APSIN Unit will forward the request to the appropriate OCS field office.

3. If a state requests information due to an on-going CPS investigation conducted by that state, the responding field office will release the requested information to the requesting child protection agency.

C. Responding to criminal records checks including fingerprint-based checks for any guardianship, prospective foster, or adoptive parent (Adam Walsh checks) from Other States

1. The APSIN Unit will review ORCA and PROBER for potential history concerning the identified individual and research to validate the information, and after completing the research, respond to the requesting state.

2. The APSIN Unit will release the requested information only if a release authorization signed by the subject of the request is provided.

DEFINITIONS:

Child Protection Information: information contained in child protection files.

Child Protection Files: a system that stores electronically or on paper information gathered by the department in carrying out its duties under AS 47.10.005 - AS 47.10.142, AS 47.14.100 – AS 47.14.110, or AS 47.17.010 – 47.14.290.

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2.1.3 PROTECTIVE SERVICES REPORTS ON OCS EMPLOYEES

AUTHORITY:
AS 47.17.030 Action on Reports; Termination of Parental Rights

PURPOSE: To ensure that Protective Services Reports that are received on employees of the Office of Children's Services (OCS) are handled in a highly sensitive, objective and confidential manner.

BACKGROUND INFORMATION – STATE LAW: Office of Children's Services (OCS) is required to assess reports of child abuse or neglect and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child.

POLICY:

A. In the event that a Protective Services Report (PSR) is received on an OCS employee, the Division Operations Manager or their designee must be immediately notified. The Division Operations Manager will, on a case by case basis, determine which field office and/or region will be assigned to provide the intake screening decision, initial assessment and family services (if necessary).

B. An Initial Assessment of an employee, regardless of its assigned priority level, must be handled in an expeditious matter. The Division Operations Manager must be frequently consulted and apprised on the status of the case.

C. If the PSR leads to an open case on the employee, inclusion of fellow OCS employees in the case, other than those directly assigned to the case, is highly discouraged and must be avoided; any exceptions to this must be approved by the Division Operations Manager or Director.

D. A substantiated PSR on an employee may be grounds for dismissal.

PROCEDURE:

A. Initial Notification:

1. When a PSR on an OCS employee is received, the intake worker will immediately notify the intake supervisor;

2. The intake supervisor will immediately notify the Protective Services (PS) Manager II of the region receiving the report; and

3. The PS Manager II will immediately notify the Division Operations Manager and the Director.

B. Screening:

1. The PSR, and all other information necessary to conduct and complete an initial assessment, will be entered into ORCA.

2. A PSR on an OCS employee will be screened in as a restricted case.

C. Employee Status during the Initial Assessment: The Division Operations Manager will coordinate with the PS Manager II of the region receiving the report, and the PS Specialist IV, as appropriate, to consult with the DHSS Human Resources regarding whether the employee shall be placed on Administrative Leave or assigned alternate duties, as circumstances warrant.

D. Notification of Findings: The Division Operations Manager will communicate the initial assessment findings to the PS Manager II in the subject's region.

E. Sharing Information: The intake worker and the employee conducting the initial assessment may share information about the PSR, initial assessment, and the results of the initial assessment only with the PS Specialist IV and the Division Operations Manager.

2.1.4 REPEAT MALTREATMENT

AUTHORITY: AS 47.17 Child Protection

PURPOSE: To reduce repeat maltreatment.

POLICY: All Protective Service reports received that have had a substantiated finding within the past six months must be critically reviewed.

PROCEDURE:

a. Process for Critical Review of New Protective Services Reports

1. When taking a PS Report, the intake worker will review case history and document on the PS report all past assessments and the findings.

2. If the intake supervisor making the screening decision determines that the new report will be screened out, the supervisor will clearly document the reasons for the screen out decision on the PS Report page in ORCA.

3. If the report is screened in for assessment, the worker assigned to the assessment will;
   A. review the current report information, taking note of whether the victims, perpetrators, and allegations are new or different than the previous substantiated assessment/s; and

   B. review the previous safety and risk assessment, and the care and safety plan, when applicable; and

   C. consider any issues associated with the past substantiation and, if needed, plan a strategy for the current assessment with the supervisor; and

   D. document the results of the review in ORCA; and

   E. when the safety appraisal indicates harm factors are present, develop a care and safety plan; and

   F. notify the supervisor that harm factors were determined so that the supervisor can review the safety appraisal and care and safety plan to determine its appropriateness. Special attention will be given to whether the care and safety plan items match the harm factors and work to alleviate and/or control the harm

factors.

4. At the conclusion of an assessment, the case will be staffed with the supervisor before the final determination is made to assure that findings are appropriate. The worker and supervisor will discuss any identified harm factors from previous assessments and the associated care and safety plan, including the interventions to address the harm factors. The supervisor will assure that appropriate measures were taken to alleviate and/or control the harm factors. The FRAN will be reviewed and depending on the risk level, discussion should center on whether a case should be opened for services according to the SDM matrix. Needed referrals for services will also be reviewed and determined at that time. The supervisor will record the contents of the staffing in ORCA.

2.1.5 SAFE SURRENDER OF INFANT

AUTHORITY:

25 U.S.C. 1903	Definitions (ICWA)
25 U.S.C. 1912	Pending Court Proceedings (ICWA)
25 U.S.C. 1913	Parental Rights; Voluntary Termination (ICWA)
AS 11.81.500	No Prosecution for Safe Surrender of Infant
AS 18.50.170	Foundling Registration
AS 47.10.013	Abandonment
AS 47.10.086	Reasonable Efforts
AS 47.10.990	Definitions

PURPOSE: To provide protocol for situations where a parent safely surrenders an infant.

BACKGROUND INFORMATION

A. FEDERAL LAW:

1. Where any parent or Indian custodian voluntarily consents to termination of parental rights, such consent shall not be valid unless executed in writing and recorded before a judge of a court of competent jurisdiction and accompanied by the presiding judge's certificate that the terms and consequences of the consent were fully explained in detail and were fully understood by the parent or Indian custodian. Any consent given prior to, or within ten days after, birth of the Indian child shall not be valid.

2. In any voluntary proceeding for termination of parental rights to, or adoptive placement of, an Indian child, the consent of the parent may be withdrawn for any reason at any time prior to the entry of a final decree of termination or adoption, as the case may be, and the child shall be returned to the parent.

3. The State must provide notification of court hearings to the Indian child's Tribe.

B. STATE LAW:

1. Safe Surrender of Infant:

a. An infant's parent is considered to have surrendered the infant safely if:

1) the parent, without expressing an intent to return for the infant, leaves the infant in the physical custody of:

- a person who is a person the parent reasonably believes would provide for the health and safety of the infant and who would act appropriately to care for the infant;

- a peace officer, community health aide, physician, or hospital employee; or

- a person who is employed by or is a volunteer for a fire department or emergency medical service, if the person is acting within the scope of the person's fire department or emergency medical service duties; and

2) there is no evidence the infant has been physically injured before abandonment.

b. A parent who surrenders an infant as described in (B)(1)(a) above:

1) is immune from criminal prosecution for surrendering the infant, so long as the parent is not the subject of a court order affecting custody of the infant; and

2) is not legally responsible for supporting the infant.

c. When an infant is surrendered to a peace officer, community health aide, physician, hospital employee; or an employee or volunteer for a fire department or emergency medical service who is acting within the scope of the person's fire department or emergency medical service duties, that person is responsible for:

1) caring for the infant;

2) informing the parent that the parent may, but is not required to, answer any questions regarding the name, identity, and medical history of the infant and parents of the infant unless the parent chooses to contact Office of Children's Services (OCS);

3) asking the parent if the parent wishes to relinquish the parent's parental rights and release the infant for adoption. If the answer is affirmative, the person shall contact OCS so that the parent can discuss that option with OCS;

4) immediately notifying the nearest OCS office that the infant has been surrendered in the manner described in (B)(1)(a) above.

d. Surrendering an infant as described in (B)(1)(a) above constitutes abandonment.

e. When OCS has taken emergency custody of an infant who has been abandoned as described in (B)(1)(a) above, OCS is not required to make timely, reasonable efforts to provide family support services to the infant and to the parents that are designed to enable the safe return of the infant to the family home.

f. A record regarding the surrender of an infant as described in (B)(1)(a) above is confidential.

g. (B)(1)(b) and (B)(1)(e) above do not apply when a child is abandoned under circumstances that differ from (B)(1)(a) above or when the abandoned child does not meet the definition of "infant."

2. A person who assumes the custody of a living infant of unknown parentage shall within seven days report the information to the local registrar of vital statistics.

POLICY:

A. OCS will take emergency custody of an infant who is surrendered as described in the Background Information section above and file an emergency petition.

B. The permanency plan for the surrendered infant will be adoption, unless:

1. after diligent efforts, the identity of the parent cannot be ascertained; and

2. the other parent's identity is or becomes known and that parent wants custody of the infant; and

3. placement with the other parent is safe and appropriate based on an assessment of that parent.

C. Reasonable efforts will be made to implement the permanency plan of adoption or, if applicable, placement with the other parent. Efforts will not be made to reunify the infant with the parent who surrendered the infant, but diligent efforts will be made to identify and reunify with the other parent (see section 2.5.2 Search for Absent or Unknown Parent).

D. When an infant who is surrendered is an Indian child, the child's Tribe will be notified.

E. A referral to the Division of Child Support Services will not be made in regards to the parent who surrendered the infant.

PROCEDURE:

A. When OCS becomes aware of a safe surrender of an infant as described in the Background Information section a services intake will be generated and assigned to a PS Specialist within 24 hours. An initial assessment is not required.

B. The assigned PS Specialist will:

1. take emergency custody of the infant and place the infant; and

2. file an emergency petition. If the parents' name(s) are known, they will be included on the petition.

C. If a parent is available or the identity of the parent is known to OCS:

1. The assigned PS Specialist will first explain to the parent that the parent is not required to answer any questions or provide any information and that if they provide information there is no guarantee that their identity will remain confidential. The PS Specialist will then ask the parent to provide the following information if the parent is willing:

a. the name and identity of the infant and the parent(s);

b. the medical history of the infant and the parent(s);

c. whether the parent wishes to sign a relinquishment of parental rights;

d. whether the parent is aware of any relatives who may be interested in adopting the infant; and

e. whether the infant or either parent has any Tribal affiliation.

2. If the parent wants to sign a relinquishment, refer to sections 3.9.1 Preparation for Relinquishment of Parental Rights and 4.7 Voluntary Relinquishment of Parental Rights. If the parent does not want to sign a relinquishment, the PS Specialist will take action as described in (E)(4) below to start the process of terminating the parent's parental rights, unless the other parent requests custody and the plan is to release the infant to that parent.

3. If the infant is an Indian child, the PS Specialist will inform the parent that the Tribe will be notified of the surrender.

D. When an infant was safely surrendered to a physician, hospital employee, or other individual by a parent who refused to provide their identity or have contact with OCS, the assigned PS Specialist will take action as described in (E) below.

E. The assigned PS Specialist will take the following action:

1. If the other parent is absent or unknown, attempt to locate the parent as outlined in section 2.5.2 Search for Absent or Unknown Parent.

2. If the identity of the infant's other parent is known, contact that parent to give him or her an opportunity to:

a. request custody of the infant; or

b. relinquish their parental rights and to provide information about relatives who may be interested in adopting the infant.

3. If the other parent requests custody of the infant:

a. pursue verification that the parent is actually the infant's parent, for example via genetic testing; and

b. complete an assessment of the parent, as outlined in section 2.6 Placements to determine whether placement with the parent and release of custody is an appropriate permanency plan for the infant. If placement with the parent is safe and appropriate, consult with the AAG regarding the possibility of releasing custody, or develop a case plan with the parent if safety services are indicated.

4. If the surrendering parent has not relinquished their parental rights, contact the Assistant Attorney General (AAG) regarding filing a petition to terminate the parental rights of that parent. If the identity of the other parent is unknown, the petition will also

request termination of the unknown parent's rights. If the other parent is identified and requests custody of the infant and the plan is to release the infant to that parent, it is not necessary to terminate the parental rights of the parent who surrendered.

5. If the PS Specialist learns through the surrendering parent or through some other means that the infant is affiliated with a Tribe, the PS Specialist will contact that Tribe within 24 hours to notify the Tribe of the infant's status and request the Tribe's assistance in identifying a preference placement.

6. Within 30 days of the removal, provide notice of the removal to all adult grandparents and other adult relatives of the infant, as outlined in section 6.6.3 Notification of Court Hearings and Conferences, Administrative Reviews, Removals, and Assumption of Custody.

7. Begin a search for an adoptive placement, unless the other parent is requesting custody of the infant. A diligent search for relatives is required, as outlined in section 3.5.4 How to Look for Relative Placements, Process Requests for Placement and Process Placement Denials. The placement preferences in section 2.7 Placement Preferences apply.

F. When information available to the PS Specialist indicates that the infant is an Indian child, the PS Specialist will:

1. notify the infant's Tribe of the surrender;

2. notify the Tribe of court hearings and administrative reviews, as outlined in section 6.6.3 Notification of Court Hearings and Conferences, Administrative Reviews, Removals, and Assumption of Custody; and

3. involve the Tribe in the placement search.

G. When an infant is surrendered directly to OCS and the identity of both parents is unknown, the PS Specialist will file a certificate of birth with the Bureau of Vital Statistics in accordance with Background Information section (B)(2). The procedure for naming the infant is described in (H)(2) below.

H. <u>Infant's Name</u>:

1. If a surrendered infant's birth certificate shows "baby boy" or "baby girl" instead of a first name, the PS Specialist will use that name on all legal documents.

2. If the infant has no name because the infant's mother and father are unknown and no birth certificate has yet been issued for the infant, the PS Specialist will request that the court appointed guardian ad litem select a name for the infant.

I. If a parent who has surrendered an infant wants to reclaim the infant:

1. The PS Specialist will pursue verification that the person who surrendered the infant is actually the infant's parent. The verification may include genetic testing.

2. If the PS Specialist has taken emergency custody of the infant but not yet filed a CINA

petition, the PS Specialist will complete an assessment of the parent, as outlined in section 2.6 Placement, to determine whether the parent is able to care for the infant and the infant would be safe with the parent.

a. If return to the parent is appropriate, the PS Specialist will release the infant to the parent and file a report with the court, as outlined in (D) in section 4.4 Emergency Custody.

b. If return to the parent is not appropriate, the PS Specialist will proceed with filing a petition.

3. If the PS Specialist has taken emergency custody and filed a CINA petition but the court hearing has not yet occurred, the PS Specialist will complete an assessment as described in (I)(2) above. If the infant would be safe with the parent, the PS Specialist will consult with the AAG on a case by case basis regarding whether it is appropriate to dismiss the petition or modify the petition for supervision, as outlined in (C)(3) in section 4.4 Emergency Custody.

4. If OCS has custody of the infant, the PS Specialist will complete an assessment as described in (I)(2) above and develop an appropriate case plan with the parent.

5. If the parent has signed a relinquishment of parental rights, refer to (F) in section 4.7 Voluntary Relinquishment of Parental Rights.

6. If parental rights have been terminated, refer to (J) in section 4.8 Termination of Parental Rights.

DEFINITIONS:

"Infant" means a child who is less than 21 days of age.

"Indian child" means any unmarried person who is under age eighteen and is either (a) a member of an Indian Tribe or (b) is eligible for membership in an Indian Tribe and is the biological child of a member of an Indian Tribe.

2.2.1 PRIORITY LEVEL RESPONSE TIMES AND DEFINITION OF INITIATION

AUTHORITY: AS 47.10 Children in Need of Aid, AS 47.17 Child Protection

PURPOSE: Ensure child safety by establishing standards for face to face contact with the alleged victim based on priority level assignment of protective service reports, defining initiation, and establishing standards for approval of delay of face to face contact.

POLICY: CPS initial assessment must be initiated within the required response time, i.e.: 24 hours, 72 hours, 7 days, of the receipt of the report. Initiation is achieved by conducting a face-to-face contact with the child for the purpose of assessing their safety. If contact with the child is impossible, contact with the family, or source of the report who can provide information about whether or not the child is safe, or another person who can provide information about whether or not the child may be safe may substitute as initiation of the assessment.

If the report indicates that an emergency response is required, law enforcement will be contacted immediately.

A worker may not delay initiation of an assessment within the required response time without PS Specialist IV approval. Child safety must be determined before delay is approved.

If conditions make face to face contact within assigned response times impossible, reports designated Priority One will receive first consideration, Priority Two second consideration, and Priority Three third consideration.

PROCEDURE:

a. Required Response Times

1. If the protective service report is assigned a priority one, initial assessment will be initiated within 24 hours of the receipt of the report. Face to face contact with the alleged victim must occur within 24 hours of receiving the protective service report. Whenever possible, face to face contact will occur prior to the maximum time allowed.

2. If the protective service report is assigned a priority two, initial assessment will be initiated within 72 hours of the receipt of the report. Face to face contact with the alleged victim must occur within 72 hours of the receipt of the report. Whenever possible, face to face contact will occur prior to the maximum time allowed.

3. If the protective service report is assigned a priority three, initial assessment should begin within 7 calendar days of the receipt of the report. Face to face contact with the alleged victim must occur within 7 calendar days of the receipt of the report. Whenever possible, face to face contact will occur prior to the maximum time allowed.

b. Delaying Initial assessment

1. If a PS Specialist is unable to make face to face contact with the alleged victim within the required response time, the PS Specialist must, within the required response time, request law enforcement, or in their absence, a public health representative or other appropriate individual, to conduct the initial observation to determine child safety. This requires documented PS Specialist IV approval, and the PS Specialist must request documentation that the visit was made. The PS Specialist must also document follow-up to the request. The PS Specialist must make face to face contact with the alleged victim as soon as the condition that created the delay is remedied regardless of whether the child has been observed by a third party.

2. When the assessment of risk to the PS Specialist indicates a demonstrable risk of violence requiring the presence of law enforcement or other backup, the PS Specialist should seek PS Specialist IV approval to delay initial assessment until such protection is arranged. The PS Specialist IV should approve such requests.

3. Approval for Delaying Initial assessment:

A. The PS Specialist will notify the PS Specialist IV before the assigned time frame, requesting approval for a delay of the face to face contact and a new date for the face to face contact.

B. The PS Specialist IV may extend the response time or reassign the case for immediate contact. The PS Specialist IV will document the extension request and action in a case note (ROC).

C. The reasons for extensions will be noted on the protective services report.

4. If approval is denied, face to face contact must occur within the original assigned time frame.

5. Requests to extend response times for reports in licensed facilities must be approved by the Protective Services Manager II.

c. When local law enforcement declines involvement or will not respond within OCS required time frames to reports of sexual abuse or serious physical abuse:

1. Consult with the PS Specialist IV and determine if the initial assessment should proceed without law enforcement; notify law enforcement of the decision.

2. Notify law enforcement of any information obtained in the initial assessment that may change their position on involvement.

3. Notify law enforcement of the initial assessment outcome.

4. All contact with law enforcement must be documented.

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2.2.3 MULTI-DISCIPLINARY CHILD PROTECTION TEAMS

AUTHORITY:
AS 47.14.300 Multidisciplinary Child Protection Teams
AS 47.10.093(b)(7) Disclosure of agency records

PURPOSE: To provide clarification about Office of Children's Services (OCS) involvement with multi-disciplinary teams (MDT), as defined in state statute.

BACKGROUND INFORMATION – STATE LAW:

A. The department, a state or municipal agency with expertise in child abuse or neglect, or a Tribe with expertise in child abuse or neglect, in partnership with the department, may facilitate the initial establishment of a multidisciplinary child protection team.

B. The purpose of a team is to assist in the evaluation and investigation of reports of child abuse or neglect made under AS 47.17 or initiated by the department or a law enforcement agency and to provide consultation and coordination for agencies involved in child-in-need-of-aid cases under AS 47.10. Duties include ensuring that investigations involving child abuse or neglect are coordinated and conducted by trained investigators; taking and recommending steps to avoid duplicative interviews of children; assisting in the reduction of trauma to a child and family involved in an investigation of child abuse or neglect; and reviewing records, providing consultation, and making recommendations to the department pertaining to a child-in-need-of-aid case under AS 47.10 referred to the team by a team member.

C. A team shall be made up of
   1. an OCS employee who has expertise in child abuse and neglect;
   2. a peace officer;
   3. one or more staff members of a local child advocacy center (CAC), if a center is located in the relevant area;
   4. a medical care provider who has received training in child abuse assessment;
   5. a counselor, social worker, psychologist, or physician who specializes in mental health care, and has knowledge of child abuse dynamics;
   6. a prosecutor of child abuse cases or a designee of a prosecutor of child abuse cases;
   7. a victim advocate with knowledge of child abuse dynamics;
   8. other persons with expertise in child abuse and neglect invited to serve as needed by consensus of the team: child development specialists; educators; victim counselors; experts in the assessment and treatment of substance abuse; an Assistant Attorney General who specializes in child protection; a representative of an Indian Tribe; guardians ad litem; and a representative of the Division of Juvenile Justice.

D. A team shall meet at least monthly and may meet more often as needed, and may meet, review records, and conduct business in the absence of one or more members of the team.

E. When a case is referred to the team, the department shall make available to the team records pertaining to the case prepared by or in the possession of the department, including appropriate confidential records under AS 47.10.093(b).

F. Confidentiality:

1. A state employee shall disclose appropriate confidential information regarding a case to a member of a multidisciplinary child protection team as necessary for the performance of the member's duties.

2. A member of the multidisciplinary child protection team may use or disclose records made available by the department under this subsection only as necessary for the performance of the member's duties.

3. Meetings of a multidisciplinary child protection team are closed to the public and are not subject to the provisions of AS 44.62.310 - 44.62.319 (Open Meetings Act)

4. Except for a public report issued by a multidisciplinary child protection team that does not contain confidential information, records or other information collected by the team or a member of the team related to duties under this section are confidential and not subject to public disclosure under AS 40.25.100 and 40.25.110.

5. The determinations, conclusions, and recommendations of a multidisciplinary child protection team or its members are not admissible in a civil or criminal proceeding. Records and information collected by the team are not subject to discovery or subpoena in connection with a civil or criminal proceeding.

POLICY:

An MDT is a group of professionals who represent various disciplines and work collaboratively on cases of child maltreatment from the point of report to assure the most effective coordinated response possible for every child. OCS has a significant role in the MDT process. The purpose of interagency collaboration is to coordinate intervention so as to reduce potential trauma to children and families and improve services, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. This interagency collaboration is based on a system response. Collaborative response begins with case initiation and is promoted through understanding and exploring case issues. Insight from each MDT representative provides the environment for a coordinated, comprehensive, compassionate professional response. Quality assurance is a necessary component of this joint response to review the effectiveness of the collaborative efforts. In Alaska, the cases reviewed by the MDT are some of the most serious in the State and traumatic for children and families. It is imperative that all MDT members collaborate in this process. Protocols for the MDT are updated at least every 2 years.

A. Office of Children's Services (OCS) will participate with other agencies or Tribes that initiate the establishment of a multidisciplinary child protection team (MDT) and will aid in the process of establishing MDTs. OCS may also initiate the establishment of MDTs. OCS

representatives will provide guidance regarding the OCS practice model and their role and responsibilities on the team.

B. OCS will recommend participation of the Assistant Attorney General (AAG) in all MDTs.

C. OCS staff will:

1. respond to requests for information from MDTs, in accordance with the MDT agreement; and

2. participate in MDTs for all cases at case review regardless of status of OCS involvement on the case.

D. OCS staff will reference policy section 2.2.5 **Conducting an Initial Assessment** for types of cases referred and procedures to coordinate referral to the MDT and Child Advocacy Centers (CAC).

PROCEDURE:

A. Establishment of MDT:

1. OCS staff that is approached by another agency or a Tribe about starting a MDT will refer the agency or Tribe to the Protective Services (PS) Manager II. The (PS) Manager II will assist or designate the community based OCS staff person to participate in the development process.

2. PS Manager II's who are contacted about starting a MDT will consult with the Child Advocacy Center (CAC) Social Services Program Coordinator regarding the process. Prior to signing an agreement or protocols with a MDT, the PS Manager will consult with the CAC Social Services Program Coordinator and request that the CAC Social Services Program Coordinator review the agreement.

3. The CAC Social Services Program Coordinator will ensure that agreements with MDTs comply with AS 47.14.300 and AS 47.10.093 and are based on best practice, including consideration of the National Children's Alliance Standards for Accreditation (http://www.nationalchildrensalliance.org/).

B. Requests for Information from an MDT:

1. Upon receipt of a request for case information from an MDT, the Protective Services (PS) Specialist will provide information in accordance with (E) below.

2. To the extent possible, case information should be provided verbally at the MDT, and provision of printed information should be limited.

C. Participation in MDT/Case Review:

1. A PSM II will designate a staff to be the OCS standing member on the MDT (typically

a PS Specialist IV or PSM I)

2. The OCS standing member will participate in the MDT orientation process.

3. The PS Specialist will recommend cases to be staffed by the MDT to the standing MDT member.

4. The assigned PS Specialist should be encouraged, when feasible and appropriate, to participate in MDTs where their cases are discussed.

5. The standing member of the MDT or their designee shall review the agenda for each case review, be present at case review meetings and ready to provide updates on the cases.

6. The OCS representative will provide consultation and training on the OCS Practice Model.

D. Recommendations Provided by an MDT:

1. The assigned PS Specialist and PS Specialist IV will consider recommendations from the MDT, and will share the recommendations as appropriate with others involved with the case.

2. When a case transfers from one MDT to another, OCS staff will provide an overview of any recommendations made by the transferring MDT.

E. Confidentiality:

1. A Confidentiality Agreement (06-9463), or other form provided by the MDT, is signed by all participants at each MDT review.

2. Sharing information with an MDT:

a. If there is a signed agreement between the MDT and OCS, the PS Specialist or PS Specialist IV will share appropriate information with the MDT during case review. The MDT facilitator will identify cases to be reviewed in advance of the meeting.

b. If the MDT is still in the process of developing protocols or MOUs and there is no signed agreement, referred to in (A) of this section, between the MDT and OCS, sharing information with the MDT is up to the discretion of the PS Manager II. Copies of the MOU's would be kept by the CAC's and OCS State Office.

3. OCS staff will not share information with an outside consultant or individual not identified and approved by the MDT unless necessary for the performance of their duties relevant to the case discussed.

F. Functioning of MDT:

1. The OCS standing member shall take part in the MDT protocol reviews which must occur at minimum every other year.

2. OCS staff who have concerns about the functioning of an MDT in relation to MDT protocols will follow the protocol for conflict resolution that is written in the protocols for their MDT taking the issue to the MDT first. If after following the protocol, there is no resolution then the OCS worker will contact the PS Manager II, who will report the concerns to the CAC Social Services Program Coordinator. The CAC Social Services Program Coordinator shall contact the CAC manager to address the issue and work with the MDT to determine a solution.

3. A PS Specialist IV or PS Manager, in coordination with the CAC Social Services Program Coordinator, will provide ongoing consultation to field staff to ensure the quality functioning of the MDT.

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2.2.3.1 INVESTIGATIVE PHOTOGRAPHS OF CHILDREN

AUTHORITY:

AS 47.10	Children in Need of Aid;
AS 47.17.064	Photographs and x-rays

PURPOSE: To provide clarification under what circumstances an OCS worker will take investigative photographs of children, and provide direction on how to take an investigative photograph.

BACKGROUND INFORMATION:

A. The department or a practitioner of the healing arts may, without the permission of the parents, guardian, or custodian, take the following actions with regard to a child who the department or practitioner has reasonable cause to suspect has suffered physical harm as a result of child abuse or neglect:

   1. take or have taken photographs of the areas of trauma visible on the child; and
   2. if medically indicated, have a medical or radiological examination of the child performed by a person who is licensed to administer the examination.

B. The department or a practitioner of the healing arts shall notify the parents, guardian, or custodian of a child as soon as possible after taking action under (A) of this section with regards to the child.

POLICY:

A. OCS will provide mobile devices to staff who have a business need to use them. Personal devices will not be used for state business unless an employee has a waiver with the Department of Health and Social Services.

B. OCS will notify the parents, guardian, or custodian of a child as soon as possible when taking a photograph of a child.

C. Before photographing a child, the Protective Services (PS) Specialist will determine if the case meets the requirements for a referral to a Child Advocacy Center (listed in CPS manual section 2.2.3 Multi-Disciplinary Child Protection Teams (MDT)). If the case does not meet the Child Advocacy Center criteria, and an investigative photograph is necessary to document trauma or an injury to a child, follow the policy and procedures in this chapter.

D. The PS Specialist will use state-issued cameras or mobile phones to take a photograph(s) of a child. The use of personal mobile devices and smartphones are prohibited.

E. Photographs should include a ruler or measurement tool when possible. The PS Specialist will label the photographs identifying the child, date, and name of the person who took the photo. Maintain the photograph in the physical case file.

F. OCS will follow all applicable state and federal laws and regulations while respecting the client's right to privacy regarding the child's need for health and safety. Protect personal information at all times.

PROCEDURES:

A. When the location of an injury to a child is on a non-private area of the child's body, which is easily accessible with minimal repositioning of the child's clothing:

1. For children under the age of three or non-verbal ask the caregiver to reveal the place of alleged abuse on the child's body. If the caregiver agrees, photograph and document the injury.

2. If the child is over the age of three or verbal, ask the child if they are comfortable displaying the injury. If the child agrees, photograph and document the injury.

B. When an injury to a child is located on a private area of the child's body or required repositioning of parts of clothing (such as on the buttock or stomach areas of the child), and the case does not meet the requirements listed in CPS manual section 2.2.3 Multi-Disciplinary Child Protection Teams (MDT) the PS Specialist will contact law enforcement to see if they will document the injury. If law enforcement is unable to, the PS Specialist will:

1. Have another adult be present, i.e., a school nurse, law enforcement, medical clinic, daycare provider;

2. Utilize caregivers in removing the clothing or diaper if age or developmentally appropriate; and

3. Ask the child or caregiver if they are comfortable showing the area or partial area of the injury to be photographed. If the child or caregiver agrees, photograph and document the injury.

C. The PS Specialist will:

1. Use a state-issued mobile phone or camera to take a photograph. Use a ruler or other measurement tool whenever possible;

2. Notify the parent, guardian, custodian as soon as possible if taking photographs of the child;

3. Print the photographs on a state-issued printer. Label each photograph with:

a. The child's name;

b. The date and time the photograph was taken; and

c. The name of the individual who took a photograph (including any individuals who were present).

4. Maintain the photograph(s) of the child in the physical case file and upload the photo

into Images in ORCA.

D. In cases where an OCS worker receives a photograph of a child from a foster parent or other individual documenting an injury to the child. The photograph will be printed and documented as outlined in procedure C(3, and 4) of this policy.

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2.2.5 CONDUCTING AN INITIAL ASSESSMENT

AUTHORITY:

25 U.S.C. §§ 1901–1923	Indian Child Welfare Act of 1978 (ICWA)
42 U.S.C. § 5106a(b)(2)(A)	Grants to States for Child Abuse and Neglect Prevention and Treatment Programs
AS 47.10.093	Disclosure of Agency Records
AS 47.17.027	Duties of School Officials
AS 47.17.030	Action on Reports; Termination of Parental Rights
AS 47.17.033	Investigations
7 AAC 54.040	Release of Child Protection Information to Persons with Legitimate Interests
7 AAC 54.150	Disclosure of Child Protection Information to Other States
P.L 113-183	Preventing Sex Trafficking and Strengthening Families Act of

PURPOSE: To collect sufficient information regarding the allegations contained in the report to complete initial assessment to form an assessment of the family, which will then inform decisions and guide if safety interventions are needed.

BACKGROUND INFORMATION:

A. Federal Law: In order to receive funding under the Child Abuse Prevention and Treatment Act, each state is required to operate a statewide program, relating to child abuse and neglect that includes:

1. procedures for reporting known or suspected instances of child abuse and neglect and procedures for the immediate screening, risk and safety assessment, and prompt initial assessment of such reports;

2. policy and procedures to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure; and

3. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services.

4. For any child or youth over whom the State agency has responsibility for placement, care, or supervision and who the State has reasonable cause to believe is, or is at risk of being, a sex trafficking victim (including children for whom a State child welfare agency has an open case file but who have not been removed from the home, children who have run away from foster care and who have not attained 18 years of age and youth who are not in foster care but are receiving services. The State agency shall report immediately, and in no case later than 24 hours after receiving, information on missing or abducted children or youth to the law enforcement authorities for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation, established pursuant to section

534 of title 28, and to the National Center for Missing and Exploited Children

B. State Law:

1. The department is required to investigate reports of child abuse or neglect and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child.

2. When the department has determined that an interview at school is a necessary part of an initial assessment to determine whether the child has been abused or neglected and the interview at school is in the best interest of the child, school officials shall permit the child to be interviewed at school by the department before notification of, or receiving permission from, the child's parent, guardian, or custodian. A school official shall be present during the interview at school unless the child objects or the department determines that the presence of the school official will interfere with the initial assessment.

3. Immediately after conducting an interview authorized under this section, and after informing the child of the intention to notify the child's parent, guardian, or custodian, the department shall make every reasonable effort to notify the child's parent, guardian, or custodian that the interview occurred unless it appears to the department that notifying the child's parent, guardian, or custodian would endanger the child.

POLICY:

A. All initial assessments shall be conducted by an Office of Children's Services (OCS) Protective Services (PS) Specialist who has been trained to conduct child abuse and neglect initial assessments and trained in assessing safety.

B. Documentation will be entered into ORCA within five business days of contact with the following individuals:

1. Alleged victim(s);
2. Siblings and other children in the home;
3. Caregiver(s);
4. Alleged perpetrator; or
5. Collateral contacts (includes, but not limited to other household members, Tribal partners, service providers, school personnel and neighbors).

C. An initial assessment involves making contact within the assigned response timelines in order to:

1. Gather safety-related information;
2. Determine present and impending danger (10 threats);
3. Determine child vulnerability;
4. Determine if the parent or caregiver can or cannot and/or will or will not protect;
5. Determine whether to substantiate or not substantiate child abuse or neglect;
6. Determine risk level.
7. Determine whether the child may be eligible for membership in an Indian Tribe.

D. The information gathering process requires contact with collaterals, and in most circumstances will require collaboration with other agencies and/or Tribes to gather necessary information, develop sufficient safety plan, analyze safety threats, and complete the initial assessment and safety assessment.

E. PS Specialists must quickly identify, contact, and share information with its Tribal partners, in the spirit of cooperation, to the extent permitted by law.

1. If the report of abuse or neglect involves an Indian child, OCS will make diligent efforts to identify the child's Tribe, and notify the child's Tribe or the local community Tribe of the existence of the report as soon as practicable.

2. Formal proof of membership is not necessary; informal verbal confirmation by an authorized Tribal representative is sufficient. OCS will invite the Tribe to participate in the initial assessment.

F. The initial assessment must be completed within 30 days of assignment.

G. All documentation must be entered into ORCA within 15 days of the completion of the initial assessment.

H. Protective Services (PS) IVs must approve the initial assessment or recall/return to the PS Specialist within 7 days of receiving the initial assessment in ORCA.

I. Information received that indicates that a child is missing, abducted or has been a victim of sex trafficking or at risk for, will be reported immediately, within 24 hours to law enforcement for entry into the National Crime Information Center (NCIC) and the Intake Unit:

PROCEDURES: The required initial assessment activities are outlined below. The activities are described in a logical order in these procedures, but the actual order in which they occur is controlled by the specific circumstances in a given case.

A. Review Records: The assigned PS Specialist will:

1. Thoroughly review the Protective Services Report (PSR).

2. Thoroughly review any paper and electronic records maintained by OCS for historical information on the family and the child. In particular, the PS Specialist should look for:

a. prior PSRs;
b. court records;
c. prior evaluations (substance abuse/mental health);
d. safety plans;
e. worker safety concerns

3. Make diligent efforts to contact another state's child welfare agency when the PS Specialist has information that the family has lived in another state. The PS Specialist should request records, if any, related to CPS history or interventions.

4. Request and review information from the Alaska Public Safety Information Network (APSIN) on adults listed in the PSR. The PS Specialist should look for:

   a. any charges that could indicate safety concerns for the PS Specialist;
   b. any charges that correlate to allegations.

5. Inquire with child's Tribe to see if there is a pending child protection case in the Tribal court and review any court orders that are provided by the Tribal court. If there is a Tribal court order the PS Specialist should consult with the AAG.

6. At the initial meeting, the PS Specialist will give the parent or guardian a copy of the OCS brochure "Parent's Rights: What You Need to Know About a Child Protection Initial Assessment." The PS Specialist will encourage the parent to review this material closely and will inform the parent that they have the right to deny interviews or access to their home by the state and (if applicable) the Tribal worker. The PS Specialist must also explain the potential consequences of not cooperating with the initial assessment. Potential consequence may include but are not limited to, OCS having to make a decision regarding the child's removal without the benefit of having the parent's side of the story.

B. Determining Tribal Affiliation:

1. At the outset of every case, the PS Specialist will investigate to determine whether the child may be a member or eligible for membership in an Indian Tribe. If a child's ICWA eligibility cannot be confirmed, the case will be treated like an ICWA case and active efforts will be provided until it is determined that the child is not eligible under ICWA.

2. If the child is believed to be Alaska Native or American Indian, the PS Specialist will verify the child's Tribal affiliation as soon as possible by contacting the Tribe(s) believed to be the child's Tribe, based on the information received from a Tribal representative and document the following information in an activity note, and complete the child's ICWA Tab in ORCA:

   a. the name, position, and contact information of the Tribal representative;

   b. the date of contact;

   c. how contact was made (email, phone, fax, etc.)

   d. the nature of the child's affiliation, if any, with the Tribe (for example, whether the child is a member of the Tribe, whether the child is eligible for membership in the Tribe, and whether one of the child's parents is a member of the Tribe); and

   e. transfer the information into the child's ICWA Tab in ORCA.

C. Information Sharing with Tribes: If a Tribal representative requesting information the PS Specialist will (detailed policy under 6.1.2 Confidentiality Section):

1. Determine if the Tribe as an agreement with OCS to share information under specific areas (list of Tribes posed on OCS website);

2. Determine which information is protected by law or otherwise specifically protected and will not be shared in compliance with 6.1.2 Confidentiality.

D. Collaboration with Tribes:

1. Before the initial contact with the parent or guardian the PS Specialist will:

   a. contact the child's Tribe and

   b. invite the Tribal representative to participate in the initial assessment

   c. inquire with the Tribe how OCS can be culturally appropriate during the initial assessment;

   d. the PS Specialist will disclose that a PSR was received but not the allegations in the report unless the above conditions outlined in (C) above have been met.

2. If the child's Tribe is unknown or not physically present in the community the child lives in, contact a Tribal representative in the area where the child lives and invite them to be present at the initial contact with the parent/guardian.

3. If a Tribal representative is not present, the PS Specialist will inform the parent of their right to request one present and right to postpone the interview. OCS will honor a request to postpone and interview but will take immediate action to keep a child safe, if necessary.

4. If a parent or guardian requests to limit or exclude Tribal involvement, the PS Specialist must document the objection to Tribal involvement in ORCA activity note. The PS Specialist will inform the parent or guardian that certain child protection information may be shared with Tribes:

   a. to assist with OCS's initial assessment; or

   b. to aid in providing services or placing a child if releasing the information is in the child's best interest; or

   c. the child's Tribe asks for information from OCS and indicates the request is for a purpose related to child protection, including investigating the allegations in the PSR.

5. If the parent or guardian does not ask to limit or exclude Tribal involvement, the PS Specialist will invite the child's Tribe or the local Tribe to continue to participate in OCS's initial assessment. The invitation should be documented. The PS Specialist will then:

   a. ask that the Indian child's Tribe or local Tribe share information with OCS to ensure a more complete initial assessment and avoid interference and/or duplication of efforts;

b. share all relevant information within OCS's possession that is not protected by law or special privilege (see (B)(2) above).

c. consult with the Tribal representative after meeting with the parent or guardian to review the interview, discuss investigative findings, and discuss what referrals and services may be appropriate for the family.

6. The PS Specialist shall consult with a PS Specialist IV or AAG if uncertain as to whether child protection information should be shared with the Tribe.

7. The PS Specialist will coordinate any interview with an Indian child — with law enforcement, school employees, or the PS Specialist, etc. — with the Tribe to reduce the number of interviews and minimize trauma to the child.

E. Collaborate with the Military: If the child is a member of an active-duty military family, the PS Specialist will:

1. Notify the local military personnel designated by state and regional protocol agreements.

2. Coordinate the initial assessment with the designated military personnel.

3. Consult with the PS Specialist IV and review letters of agreement to determine protocol and specific responsibilities for the initial assessment when the family lives on or off base or post.

F. Collaborate with Law Enforcement:

1. The local law enforcement agency will be notified verbally or by fax determining need for collaboration in the assessment if one or more of the following exists:

a. Allegation of sexual abuse;

b. Allegation of physical or sexual abuse involving an out-of-home care provider or a person who is not responsible for the child's welfare, or the PS Specialist is unable to determine who caused the harm to the child or whether the person believed to have caused the harm has responsibility for the child's welfare;

c. Allegation of abuse or neglect where the alleged victims required immediate medical care;

d. Allegation of abuse or neglect where there's a suspected methamphetamine lab and/or drug distribution occurring.

e. Information on children or youth who are missing or have been victims of sex trafficking. OCS staff member will contact law enforcement for entry into the NCIC and Intake Unit immediately, no later than 24 hrs after receiving information.

2. If an allegation of sexual abuse or severe physical abuse exists, the PS Specialist will make a referral to the Child Advocacy Center (CAC) serving the area. For outlying communities, the referral will be made according to the multidisciplinary team protocol. If a child discloses sexual abuse during an initial assessment of physical abuse or neglect, the PS Specialist will coordinate an interview at the CAC.

    a. The PS Specialist will fax information from the protective services report to the CAC and request the CAC to arrange and coordinate with OCS and law enforcement for an interview with the child. Any information about reporter's identity will be redacted prior.

    b. If there is a non-offending caretaker, they will be requested to accompany the PS Specialist and the child to the CAC or will be requested to give permission for the child to be taken to the CAC.

    c. If the non-offending caretaker refuses to allow the child to be transported, or there is no non-offending caretaker, the PS Specialist will determine if there is probable cause to assume emergency custody by consulting with their AAG in order to transport the child to the CAC to be interviewed.

    d. Coordination of the interview and any necessary follow up medical examination(s) and services will be completed according to the Multidisciplinary Team protocols.

    e. In accordance with Alaska Statute, all sexual abuse interviews will be videotaped unless videotaping will result in trauma to the child.

3. A PS Specialist will not interview a child more than once unless new information is obtained, and the new information constitutes the need for an additional interview performed as described above.

4. If additional interviews are determined necessary then the same PS Specialist will conduct follow up interviews with the child to the extent possible.

5. Every effort will be made to coordinate the interview with the necessary members of the initial assessment team to minimize trauma to the child, (OCS PS Specialist and law enforcement officer at the minimum).

H. <u>Contact Collateral Sources</u>:

1. The PS Specialist shall contact collateral sources (people who may have significant information about the alleged incident, past incidences, or general family functioning, including adult and child functioning) who can clarify or supplement the information in the referral and in records already reviewed.

2. Collaterals may include but are not limited to:

    a. extended family members;
    b. child care providers;
    c. next door neighbors;

d. doctors;
e. teachers, school principals, school nurse;
f. community health aides;
g. police, public safety officers;
h. Tribal representatives and service providers

3. The PS Specialist will gather information from collateral sources throughout the initial assessment.

I. Consult with a PS Specialist IV:

1. The PS Specialist will consult with a PS Supervisor regarding the nature of the allegations and safety related information contained within the report and confirm the planned approach before beginning the initial assessment.

2. The PS Specialist and PS Supervisor discussion will include:
   a. information in the PSR;
   b. notification to others (i.e. Tribe(s), law enforcement);
   c. initial assessment coordination with others (Tribe(s), CAC, law enforcement);
   d. approaches to ensure PS Specialist safety;
   e. approaches to ensure successful contact and interviews with family, (i.e. timelines, cultural considerations, victim ages, etc.)

J. Worker Safety:

1. When the safety of the PS Specialist conducting the initial assessment is of concern, a request for an escort should be made to the local law enforcement agency.

2. If law enforcement is unable to assist, the PS Specialist and PS Supervisor should consult with the OCS attorney to determine what steps to take.

K. Initial Contact:

1. The PS Specialist will meet face-to-face with, and interview, the alleged victim, his or her siblings, and other children living in the home.

   a. The PS Specialist will clearly identify themselves, orally reaffirm the first and last name of the child once they are presented at start of interview, and clearly explain the purpose of the interview and show identification if requested.

   b. The purpose of the face-to-face interview is to determine:
      1) whether or not the child has been abused or neglected;
      2) child vulnerability;
      3) child's immediate safety;
      4) child functioning and family functioning;
      5) assess for impending danger; and
      6) Tribal affiliation(s)

   c. The PS Specialist will make diligent efforts to contact the child at home, school, childcare, or any other place where the PS Specialist believes the child may be found.

d. If the child will be contacted at his/her school the PS Specialist will consult with their PS Specialist IV prior to that initial contact to assess whether or not the presence of a school official may be detrimental to the interview. Factors to consider include:

   1) whether school official(s) have a personal connection to the child and/or the child's family that may pose a conflict or jeopardize confidentiality.

   2) whether the child is old enough and expresses an objection to the presence of a school official.

   3) whether school officials have previously demonstrated that their presence is disruptive to the interview process (in those situations, Protective Services (PS) Managers II should be made aware and efforts to work on relationships and roles will be made).

e. Upon arriving at the designated school, the PS Specialist shall provide the school official with a copy of the Request to Interview letter (06-9785) that outlines OCS authority and school officials' responsibility regarding interviews on school property. The PS Specialist will always encourage and allow a school official to be present during the interview unless justification, such as above, is present or the child objects. If such conditions are present, the PS Specialist will document in their activity notes (the one noting face-to-face with victim) that the school official was or was not allowed and why if they weren't. If a school official was not available or chose not to sit in during the interview, the PS Specialist should note this in their activity note as well.

f. After a PS Specialist interviews a child, the PS Specialist will make every reasonable effort to immediately notify the child's parents, guardian, or custodian that the interview occurred unless the PS Specialist believes that notifying the parents, guardian, or custodian would endanger the child or compromise the CPS or criminal initial assessment. Notification may be temporarily delayed with written PS Specialist IV approval placed in an initial assessment contact note in ORCA.

g. The PS Specialist shall attempt an unannounced home-visit to the parent's residence immediately following the interview to inform the parent that the interview occurred and to further assess safety and continue the information collection process.

h. If a PS Specialist, having reasonable cause to suspect a child has suffered physical harm as a result of child abuse or neglect, takes photographs of the areas of trauma visible on the child without the permission of the child's parents, guardian, or custodian, the PS Specialist will notify the child's parents, guardian, or custodian of the action as soon as possible.

i. All children will be interviewed separately and away from the alleged perpetrator and/or any other adult who could compromise the initial assessment process. This does not include the Tribal representative, unless a parent has asked to have them excluded.

j. If the parent or guardian refuses access to the child, the parent or guardian will be informed that law enforcement assistance or a court order could be obtained to gain access to the child.

1) If information indicates the child is in present danger the PS Specialist will:
- immediately request law enforcement assistance to enter the home and gain access to the child.
- immediately contact the Department of Law in order to gain a writ of assistance authorizing immediate access, if law enforcement assistance is unavailable or refused.

2) If the child is not believed to be in present danger, the PS Specialist will contact the Department of Law to consult about the case.

k. If the parents are unavailable and the report indicates the child is alone in the house and in immediate danger, follow step (I)(1)(j)(1)) above.

l. If it is not possible for the PS Specialist to make a face-to-face contact within the timeframes, the PS Specialist will document why contact was not made.

m. The PS Specialist will make continued diligent efforts to make contact with the alleged victim until safety can be established.

n. The PS Specialist IV must approve any delays in making face-to-face contact with the alleged victim, his or her siblings, and other children living in the home.

2. The PS Specialist will meet face-to-face with, and interview, the non-offending parent or caregiver.

a. The purpose of this face-to-face contact and interview is:

1) to gather information related to the safety of the child;
2) determine what the non-offending parent or caregiver knows about the alleged child abuse or neglect;
3) gather information to determine protective factors ;
4) gather information to determine if the parent or caregiver can or cannot and will or will not protect the child;
5) gather information for adult and family functioning;
6) assess for domestic violence; and
7) determine Tribal affiliation(s).

b. The PS Specialist will provide the parent or caregiver with the Parent's Rights Brochure. The PS Specialist will explain that the parents have the right to not participate in the initial assessment and to have a Tribal representative present.

c. If it is not possible for the PS Specialist to make a face-to-face contact with the non-offending parent, the PS Specialist will document why contact was not made.

d. The PS Specialist will make continued diligent efforts to make contact with the non-offending parent.

3. The PS Specialist will meet face-to-face with, and interview, the other adults living in the home.

   a. The purpose of this face-to-face contact and interview is:
      1) to find out what the other adults in the home know about the alleged child abuse or neglect;
      2) gather information related to the safety of the child;
      3) gather information for adult, child and family functioning; and
      4) gather information regarding Tribal affiliation.

   b. If it is not possible for the PS Specialist to make a face-to-face contact with the other adults living in the home, the PS Specialist will document why contact was not made.

   c. The PS Specialist will make continued diligent efforts to make contact with the other adults living in the home.

4. The PS Specialist will meet face-to-face with (whenever possible), and interview, the non-custodial legal parent.

   a. The purpose of this contact and interview is to:

      1) gather information for adult, child and family functioning;
      2) gather custody information that may impact the decision-making process;
      3) assess for domestic violence;
      4) provide notification of initial assessment; and
      5) gather information regarding Tribal affiliation.

   b. If it is not possible for the PS Specialist to make contact with the other non-custodial legal parent, the PS Specialist will document why contact was not made.

   c. The PS Specialist will make continued diligent efforts to make contact with the non-custodial legal parent.

5. The PS Specialist will meet face-to-face with, and interview, the alleged perpetrator.

   a. If the alleged perpetrator lives in the home, the purpose of this face-to-face contact and interview is to:

      1) find out what the alleged perpetrator knows about the alleged child abuse or neglect;
      2) gather information related to the safety of the child;
      3) gather information for adult, child and family functioning;
      4) assess for domestic violence; and
      5) gather information regarding Tribal affiliation.

b. At the time of the initial contact with the alleged perpetrator, the PS Specialist will advise the alleged perpetrator of the allegation(s).

c. In sexual abuse and serious physical abuse cases in which one of the parents/caretakers is suspected to be the offender, the PS Specialist will:

1) speak with the reporter and any appropriate collaterals before the first visit with the child and family to obtain any additional information.

2) coordinate with law enforcement to ensure that a criminal investigation is not compromised;

3) avoid interviewing the alleged perpetrator until law enforcement has decided against conducting any further interviews;

4) avoid interviewing the alleged perpetrator if that individual has been formally charged with a criminal offense. The PS Specialist should contact the alleged perpetrator only when required for child protection proceedings and in connection with the case plan.

5) make immediate contact with the non-offending parent following the guidelines under (I) Initial Contact.

d. If the alleged perpetrator lives out of the home and is not a parent or legal guardian, the PS Specialist will coordinate with law enforcement regarding what type of contact, if any, OCS should have with the alleged perpetrator.

e. the PS Specialist will need to coordinate with law enforcement to conduct interviews on the siblings of the victim as soon as possible, to determine if the abuse has occurred and what the future risk is.

6. The PS Specialist will conduct at least one home visit during the course of the initial assessment. During the home visit, the PS Specialist will:

a. observe and discuss the physical condition of the child, including any observable effects of child abuse or neglect;

b. observe and discuss the emotional status of the child, including mannerisms, signs of fear, and developmental status;

c. observe and discuss the reactions of the parents or caregivers to OCS concerns;

d. observe and discuss the emotional and behavioral status of the parents or caregivers during the interviewing process;

e. observe and discuss parent's protective factors;

f. observe and discuss the interactions between family members, including verbal and body language;

g. observe and discuss the condition of the child's living space, including where the child sleeps; and a general observation of the entire residence.

h. observe and discuss the physical condition of the home that affects the safety of the child.

7. If the child is Alaska Native or American Indian, the PS Specialist will coordinate the home visit with a representative of the child's Tribe in order to ensure a Tribal representative attends the home visit with the PS Specialist, unless the parent has opted to exclude Tribal involvement.

L. Determine if Present Danger Exists: The PS Specialist will identify whether present danger exists and, when applicable, develop a plan, as outlined in section 2.2.5.1.

M. Determine If Impending Danger Exists: After determining whether present danger exists the PS Specialist will assess for impending danger, using the Impending Danger Assessment and Analysis (IDAA),. The IDAA should be completed in ORCA.

N. Determining Future Risk and Needs (FRAN): The PS Specialist will determine future risk of abuse and neglect by completing the FRAN in ORCA.

O. Finalizing the Initial assessment when the Child is Safe and the Risk Level is Low/Medium: If the PS Specialist finds the child is safe, there is no present or impending danger and the risk level is low or medium, the PS Specialist will:

1. Identify in ORCA whether the finding is substantiated, not substantiated, or closed without a finding.

2. Refer the child to Early Intervention services for a developmental screening if the report was substantiated and the child is under the age of 3 years.

3. Review the initial assessment safety assessment and disposition with the PS Specialist IV.

4. Send the initial assessment to the PS Specialist IV for approval.

5. If there is no currently open case, upon receiving approval, the PS Specialist will submit the case for closure.

P. Finalizing the Initial Assessment When the Child is Unsafe and/or the Risk Level is High: If the PS Specialist finds the child is unsafe, there is present or impending danger, and/or the risk level is high, the PS Specialist will:

1. Identify in ORCA whether the finding is substantiated or not substantiated.

2. Refer the child to Early Intervention services for a developmental screening if the report was substantiated and the child is under the age of 3 years.

3. Complete any documentation needed.

4. Review the initial assessment and substantiation decision with the PS Specialist IV.

5. Establish a Continuing Safety Plan..

   - Note: If there are no impending danger threats and a High FRAN, but the family refuses services, the PS Specialist IV or PS Specialist must consult with the AAG's office regarding whether the circumstances warrant a petition for supervisory or full legal custody. Document the legal consultation in an ORCA activity note as an AAG consult. If a petition will not be filed, document any referrals that were made for the family prior to closing the case.

6. Send initial assessment to the PS Specialist IV for approval; opening the case with or without custody as appropriate.

Q. Documenting the Initial Assessment: The PS Specialist will document the Initial Assessment in ORCA by following the directions in the ORCA How Do I Guide.

R. Process for Expedited Initial Assessment Documentation for Safe and Low-Medium Risk Cases:

1. An expedited process for initial assessment completion may be used when it has been determined through sufficient information collection and a supervisory case staffing that the children are safe with no unresolved present danger, no impending danger and low to medium risk.

2. There may be some exceptions to this expedited documentation process (e.g. extensive CPS history, aggravated circumstances, supervisor/manager discretion) when the standard documentation requirements would apply. PSRs on open Family Services cases are not appropriate for the expedited process. All elements of the safety model remain.

3. The decision to proceed with the expedited process is to be made on a case by case, worker by worker basis. The decision to use the expedited process should never be based on workload issues. If an office is facing a work load/staff turnover crisis, the Regional Review Panel process should be considered.

4. The four components of an expedited initial assessment completion include:

   a. FRAN;
   b. Impending Danger Assessment and Analysis (IDAA);
   c. Minimum documentation requirements (see below); and
   d. Supervisory case staffing/enhanced supervisor staffing note

5. During the initial assessment process the PS Specialist will gather the following information about the children and adults in the home:

   a. Maltreatment:

      1) details about the symptoms and type of maltreatment (injuries, conditions present);

2) details about the severity;
3) circumstances and events associated with the maltreatment;
4) duration of the maltreatment;
5) explanation of the maltreatment by offending and non-offending parents;
6) attitudes of the caregivers about the maltreatment;
7) other contributing factors that should be considered.

b. Family Summary:

1) demographics (age, sex, name);
2) safety issues and how the family responds to them, including protective factors;
3) information learned from child(ren), parents and collaterals regarding child protection issues;
4) child and adult functioning (emotional, behavioral, developmental and medical well being);
5) discipline, parenting and supports of the parents;
6) impact of substance abuse, domestic violence, mental illness, physical health issues and trauma on family functioning;
7) cultural strengths and family connections;

DEFINITIONS:

Collateral Contact: A person who may have significant information about the alleged incident, past incidences, or general family functioning (e.g. teachers, neighbors, service providers, Tribal staff, etc.). Contacting collaterals is one of the most critical components of the information collection process.

Cultural Competency: Acceptance and respect for differences in the way people live, parent, and provide for their families. "Acceptance and respect for difference, continuing self-assessment regarding culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources and flexibility within service models to work towards better meeting the needs of minority populations." (Cross, Bazron, Dennis, & Isaacs, 1989).

Impending Danger*:* Refers to a family situation in which a child is not in present danger but exists in a general state of danger because of what is happening within the child's family. It refers to a state in which family conditions, behaviors, attitudes, motives, emotions and/or situations are out of control and can have a severe effect on a child at any time.

Initiation*:* Initiation is achieved by conducting a face-to-face contact with the alleged victim for the purpose of assessing their safety.

Present Danger*:* Significant and clearly observable family condition occurring in the present tense, is endangering or threatening to endanger a child, and requires a prompt response from the agency.

Protective Action: A protective action occurs the same day that it is determined the child is unsafe and provides a child with responsible adult supervision and care. Typically a protective action will include developing a plan that contains a straightforward immediately achievable arrangement such as: arranging and confirming that the parent or caregiver who is the alleged

perpetrator will leave and remain away from the home; arranging for a parent or caregiver who is not the alleged perpetrator to leave home with the child; using people and resources available to the family to immediately protect the child; or placing the child, with the parent's consent, in a relative placement. When the parents are unwilling or unable to follow or support a plan, the protective action may consist of emergency custody and placement in foster care or an appropriate temporary shelter facility.

Protective Factors: Parental characteristics that have been shown to make positive outcomes more likely for children and their families; and to reduce the likelihood of child maltreatment. :

- Parental Resilience – managing stress when faced with adversity,
- Social Connections – having positive, supportive relationships,
- Knowledge of Parenting and Child Development – knowing how to parent and having realistic expectations of children,
- Concrete Supports in Times of Need – access to services when needed, and
- Social and Emotional Competence of Children – healthy family and child interactions that help children grow up to be happy and healthy.

Safe*:* Children are considered safe when there is no present danger or impending danger threats, or the caregivers' protective factors control existing threats.

Safety Threat*:* Refers to a specific condition or behavior, emotion, motive, perception, attitude, or factors of a family member that creates a situation where there is potential for severe harm to a child.

Safety Analysis: An examination of safety intervention information; safety threats (concerned with impending danger threats) as identified by the safety assessment; and parent/caregiver protective factors. The purpose of a safety analysis is to determine if a child is unsafe and to determine the necessary level of intrusion and level of effort required to assure child safety.

Safety Assessment: This term refers to a philosophy of intervention and a process to which we go about our work and the information collection process during the initial assessment.

Sex trafficking: The term "sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act." This includes severe forms of trafficking a person including;

1. sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

2. the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Unsafe: Children are considered unsafe when they are vulnerable to present or impending danger and caregivers are unable or unwilling to provide protection or lack the protective factors to ensure the child will be safe.

Vulnerable Child: A child who is dependent on others for protection, is susceptible to experience severe consequences based on size, mobility, social or emotional state; is generally under the

age of 6, but also can include older children, especially those who are vulnerable to the authority and influence of adults within their family; has mental or physical disabilities; may be

isolated from the community; is in poor health or has limited physical capacity and robustness or is frail. A vulnerable child may also be a child who consciously or unknowingly provokes or stimulates threats and reactions by their parent or other adult caregiver.

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2.2.5.1 PRESENT AND IMPENDING DANGER AND THE CHILD SAFETY PLAN

AUTHORITY:

AS 47.17.030	Actions on Reports; Termination of Parental Rights
42 U.S.C. 5106 a (b)(2)(A)	Grants to States for Child Abuse and Neglect Prevention and Treatment Programs
Federal Register	Vol. 81, No. 114 Rules and Regulations (effective 12/12/16)

PURPOSE: To ensure child safety by accurately identifying present or impending danger and implementing a Child Safety Plan to provide the child with responsible adult supervision and care in the home.

BACKGROUND INFORMATION:

A. Federal Law:

1. In order to receive funding under the Child Abuse Prevention and Treatment Act, each state is required to operate a statewide program, relating to child abuse and neglect, that includes procedures for reporting known or suspected instances of child abuse or neglect and procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports.

2. A parent or Indian custodian consent to a foster care, the placement must be executed in writing. For consent to foster care placement, the parent or Indian custodian may withdraw consent for any reason, at any time, and have the child returned.

B. State Law: The Office of Children's Services (OCS) is required to investigate reports of child abuse and neglect and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child.

POLICY:

A. Assessment of safety occurs during the initial assessment process and continues during each contact with the family while the case is open for services, regardless of custody or placement.

B. If present or impending danger exists, the Protective Services (PS) Specialist must take action to ensure child safety.

C. The Child Safety Plan (06-9775) must be developed in collaboration with the parents and their supports including the Tribe for ICWA eligible children.

D. The Child Safety Plan form will be used to document the action needed to keep the child(ren) safe.

E. The PS Specialist will file an emergency petition when danger exists and emergency removal of the child is necessary.

F. When parents are willing to participate in an out-of-home Child Safety Plan, the PS Specialist must file a non-emergency petition that requires removal within 24 hours of the plan going into effect.

G. The plan will remain in effect up to 30 days and can be re-evaluated for an additional 30 days if needed.

H. Children taken into emergency custody will not have a Child Safety Plan. The out-of-home placement is the safety plan.

PROCEDURES:

A. Identifying Present Danger:

Present Danger is an immediate, significant and clearly observable family condition occurring in the present tense that is endangering or threatening to endanger a child and requires a prompt response from the agency.

During the initial assessment process and caseworker visits, the PS Specialist will assess for present danger at each contact with the:

1. alleged victim;

2. other children in the home; or

3. parents or caregivers.

B. If Present Danger Does Not Exist: If the PS Specialist does not identify present danger, the PS Specialist will document this assessment in ORCA.

C. Assessing for Impending Danger: Impending danger refers to a family situation in which a child is not in present danger but is in a general state of danger because of what is happening within the child's family. It refers to a state in which family conditions, behaviors, attitudes, motives, emotions, and situations can have a severe effect on a vulnerable child at any time.

D. Identifying Safety Threats:

1. The PS Specialist will apply the safety threshold criteria below to any suspected safety threat for determining whether or not there is a safety threat in the home:

   a. Specific and Observable: the danger is real, it can be seen, it can be defined and explained, and it is evidenced in explicit and unambiguous ways;

b. Immediate: it is likely that a threat to the child's safety will occur within the immediate or very near future;

c. Out-of-Control: the family condition is unrestrained, unmanaged, and without limits or monitoring. It is not subject to influence, manipulation, or internal power. It is out of the family's control;

d. Severe Consequences: the threat can result in pain, serious injury, and disablement; can cause grave or debilitating physical health conditions, acute or grievous suffering, terror, impairment, or death; and

e. Vulnerable Child: a child who is dependent on others for protection, is susceptible to experience severe consequences based on the size of the child, mobility, social or emotional state. The child is generally under the age of six but also can include older children, especially those who are vulnerable to the authority and influence of adults within their family. The child has mental or physical disabilities, may be isolated from the community, or is in poor health or has limited physical capacity and robustness or is frail. A vulnerable child may also be a child who consciously or unknowingly provokes or stimulates threats and reactions by their parent or another adult caregiver.

2. The PS Specialist will analyze the information collected. All five components of the safety threshold criteria must be met to have an identified safety threat:

a. Safety Threat 1: no adult in the home is performing basic parenting duties and responsibilities that assure the child's safety;

b. Safety Threat 2: one or both caregivers are violent and/or acting dangerously;

c. Safety Threat 3: one or both caregivers will/cannot control their behavior;

d. Safety Threat 4: one or both caregivers perceive a child in extremely negative terms;

e. Safety Threat 5: the family does not have or use resources necessary to assure a child's safety;

f. Safety Threat 6: one or both caregivers are threatening to harm a child severely, or are fearful they will maltreat a child and/or request placement;

g. Safety Threat 7: one or both caregivers intend or intended to hurt a child seriously;

h. Safety Threat 8: one or both caregivers lack parenting knowledge, skill or motivation necessary to assure a child's safety;

i. Safety Threat 9: a child has exceptional needs that affect his or her safety which caregivers are not meeting, cannot meet, or will not meet; and

j. Safety Threat 10: living arrangements seriously endanger the child's physical health.

3. If the PS Specialist determines there are no safety threats in the home, the child is determined to be safe.

4. If the PS Specialist identifies one or more safety threats, the PS Specialist must determine whether there is a parent or adult caregiver in the home with sufficient protective factors which can and will protect the child from the threat of danger.

E. Caregiver Protective Factors: A person being protective of their child can be directly associated with protective factors. They are specific personal and parenting behavioral, cognitive, and emotional characteristics. Protective Factors can be observed, understood, and demonstrated as part of the way parent think, feels and acts that make them protective.

1. Analyzing the information collected during interviews and home visits the PS Specialist will determine whether or not there is a parent or adult caregiver residing in the home that has sufficient protective factors which can and will protect the vulnerable child from the impending danger safety threats. This includes:

   a. parental resilience;
   b. social connections;
   c. knowledge of parenting and child development;
   d. concrete supports in times of need; and
   e. social and emotional competence of children.

2. If the PS Specialist determines there are sufficient caregiver protective factors to ensure the safety threats can be controlled, the child is determined to be safe.

3. If the PS Specialist determines there are safety threats present, and there is one or more vulnerable child in the home, and the parent's protective factors are insufficient to control the impending or present danger safety threats, the child is unsafe.

4. If the PS Specialist determines a child is unsafe, the PS Specialist must work in conjunction with the parent and other adult caregivers in the home to develop a plan to keep the child safe or take custody of the child.

F. If Present or Impending Danger Exists:

1. If the PS Specialist identifies present or impending danger, the PS Specialist must engage the family to the extent possible, and Tribal representative when applicable in developing a plan to keep the child safe. Acceptable plans are:

   a. To keep a child safe in their home when present danger exists, a parent and PS Specialist can identify a protective adult to come into the home to provide safety and supervision.

   b. To keep a child safe in their home the following must be present:

      1) There is a parent or legal caregiver residing in the home;

2) The home is calm enough and predictable enough to allow for safety actions, tasks or services to come into the home;

3) The parents and other adult caregivers in the home are willing to allow and participate in an in-home plan;

4) There are resources within the family or community to perform the safety actions, tasks, or services necessary to manage the safety threats;

5) Any people participating in the safety management can be in the home safely and without disruption;

6) The in-home plan can be effective without the results of professional evaluations and monitoring; and

7) If any of the above criteria does not exist, an in-home plan is not appropriate for the family.

c. If a child cannot safely remain in their home, the child may stay at a friend's or relative's home. There must be a protective adult to provide for the safety and supervision of the child, and the parent must consent to an out-of-home Child Safety Plan. If implementing an out-of-home Child Safety Plan the PS Specialist must:

1) complete the Child Safety Plan (06-9775) with the parent or guardians;

2) file an emergency petition within 24 hours if present danger exists and emergency removal of the child is necessary;

3) file a non-emergency petition within 24 hours of an out-of-home Child Safety Plan going into effect; and

4) scan all safety plans into ORCA within 24 hours of implementation.

d. If a child cannot safely remain in their home, the child may have to be taken into custody and placed in out-of-home care. Out-of-home care is the last option and will be done in consultation with the PS Specialist IV.

2. The PS Specialist will ensure adult caregivers providing for the child's safety and supervision as part of the plan is safe, responsible, and can offer protection. The PS Specialist will ensure this by:

a. talking to the adults to determine their trustworthiness, reliability, commitment, alignment with the child, and availability;

b. conducting a background check (CPS record check including ORCA, Prober, court view, state and national sex offender registry);

c. conducting a home visit if the child is to live in another adult's home for an identified period; and

d. assessing the relationships between the adults providing for the child's safety and the child's parents, to ensure they can keep the child safe should one of the parents interrupt or violate the Child Safety Plan.

3. The PS Specialist will develop the most appropriate plan, in collaboration with the child (if age appropriate), the parents, and the identified family supports including the Tribe for ICWA eligible children.

4. The PS Specialist will determine the parent's ability and willingness to cooperate with the Child Safety Plan. If the parent is unwilling or unable to follow or support the plan, the PS Specialist will consult with their PS Specialist IV regarding possible custody and out-of-home care options.

G. Documenting the Child Safety Plan:

1. The PS Specialist will document the following information on the Child Safety Plan. The PS Specialist will use their words in a manner the parents and alternate adult caregivers can easily understand:

a. The details and description of why the plan is needed, identifying how the child(ren) is unsafe in the home;

b. What the plan is to keep the child(ren) safe;

1) The specific and concrete details of the plan. Including any specific information needed in the plan to ensure the child will be safe;

2) The timeframe of the plan. All plans are short term, dependent upon family conditions and circumstances of the danger; and

3) The oversight needed for the plan. This includes who is responsible for ensuring the plan's integrity, how this is communicated and to whom.

c. The justification of the parents' willingness to cooperate; and

d. The adults that are responsible for keeping the child safe, including their names, addresses, all contact numbers, their relationship to the child.

2. The parents, guardians, adult caregivers and PS Specialist, and Tribal representative (when available) will sign the plan.

3. The PS Specialist will immediately provide signed copies of the plan to the parents or guardians.

4. When the PS Specialist returns to the office, the PS Specialist IV will review and sign the Child Safety Plan. If the PS Specialist and PS Specialist IV do not work in the same office, once the PS Specialist returns to the office, they will transmit the plan (scan or fax) to the PS Specialist IV for their review and signature. Once approved, the PS Specialist will scan the Child Safety Plan into ORCA within 24 hours.

H. Plan Re-Assessment:

1. The PS Specialist must ensure the plan is sufficient to keep the child safe until the initial assessment is completed.

2. Before the expiration of the plan, the PS Specialist must reassess the present and impending danger situation, and adjust the plan if needed.

3. If a new or different action is needed, the PS Specialist, in collaboration with the parents, will develop a new plan following the steps described above.

4. When extending the same plan, the PS Specialist will:

   a. discuss the situation with the parents, assessing their willingness to cooperate with an extension;

   b. document on the existing plan the new expiration date; and

   c. initial the extension and have the parents or guardians also initial.

5. PS Specialist IV approval is required to extend the plan longer than 30 days.

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2.2.5.3 TRANSFERRING CASES IN INITIAL ASSESSMENT AND FAMILY SERVICES

AUTHORITY:
AS 47.05.065 Legislative Findings Related to Children

PURPOSE: To prepare the Protective Services (PS) Specialist to engage the family for the family services assessment and to reaffirm the decision to open the case for services. To transition an ongoing case in family services to a new PS Specialist .

BACKGROUND INFORMATION:

State Law: When a child is a ward of the state, the child is entitled to reasonable safety, adequate care, adequate treatment, and that the Department of Health and Social Services as legal custodian should make reasonable efforts to ensure that the child is provided with reasonable safety, adequate care, and adequate treatment for the duration of time that the child is a ward of the state.

POLICY:

A. Case transfer meetings will occur within 10 business days from the development of the safety plan or 30 business days from removal, or within 10 days of a change in the Family Services Protective Services (PS) Specialist.

B. Initial Assessment to Family Services case transfer meetings will include, at a minimum, the Initial Assessment (IA) Specialist and IA Supervisor and the Family Services (FS) PS Specialist IV and FS Specialist. In offices with generalist Protective Services (PS) Specialists a transfer meeting will be held with the PS Specialist and PS Specialist IV.

C. FS to FS case transfer meeting will include, at minimum, the current Family Services (PS) Specialist, and new Family Services PS Specialist, and Family Services PS Specialist IV.

D. Case transfer meetings will be documented in the ORCA at the time of the meeting or no later than two business days of the scheduled meeting.

E. Case transfer meetings will include, at a minimum, a discussion about the safety threats, the impending danger description, the in-home safety plan analysis, case plan, current placement and that relatives have been identified, documented and notices of right to request placement have been sent and Alaska Medicaid Coordinated Care Initiative (AMCCI) eligibility.

PROCEDURE:

A. The assigned IA PS Specialist IV contacts the FS PS Specialist IV to schedule a case

transfer meeting. In FS to FS case transfers the FS PS Specialist IV schedules the case transfer meeting.

B. Prior to the case transfer meeting between IA and FS:

1. The IA Specialist will:

   a. complete the Initial Assessment Summary and ensure that all supporting documentation is in the case record;

   b. ensure that all tasks listed on the Administrative Case Transfer/ORCA Work checklist (06-9663) are complete; and

   c. submit the assessment and supporting documentation to the PS Specialist IV for review and approval.

2. The IA PS Specialist IV will:

   a. review the case record to ensure that all information collected is complete and documented;

   b. review the impending danger description and ensure that it accurately captures the family's situation;

   c. review the safety plan to ensure that it is sufficient to manage safety at the least intrusive level possible;

   d. review the relatives search, including documentation of relatives, Notice of Right to Request Placement have been sent, placement decisions have been made and placement denials have been sent.

   e. ensure that all tasks listed on the Administrative Case Transfer/ORCA Work checklist (06-9663) are complete; and

   f. notify the FS PS Specialist IV that the case is ready for transfer and schedule a case transfer meeting within 5 business days.

3. The FS Specialist will:

   a. review the PS report, the initial assessment summary, the impending danger analysis, and the safety plan;

   b. complete the Case Transfer Information Sufficiency Checklist (06-9661);

c. consult with FS PS Specialist IV prior to the case transfer meeting regarding the sufficiency checklist; and

d. develop questions for the case transfer meeting.

4. The FS PS Specialist IV will:

a. review the PS report, the initial assessment summary, the impending danger analysis, and the safety plan;

b. complete the Case Transfer Information Sufficiency Checklist (06-9661);

c. consult with FS Specialist prior to the case transfer meeting regarding the sufficiency checklist;

d. develop questions for the case transfer meeting; and

e. ensure that all tasks listed on the Administrative Case Transfer/ORCA Work checklist (06-9663) are complete.

C. Prior to the case transfer meeting between FS and FS:

1. The current Family Services PS Specialist will:

a. ensure that all tasks listed on the Administrative Case Transfer/ORCA Work checklist (06-9663) are complete; and

b. submit the assessment and supporting documentation to the PS Specialist IV for review and approval.

2. The new Family Services PS Specialist will:

a. review the PS report, the initial assessment summary, the impending danger analysis, and the safety plan;

b. review the case plan and case goals;

c. review the relatives search, including documentation of relatives, Notice of Right to Request Placement have been sent, placement decisions have been made and placement denials have been sent;

d. ensure that all tasks listed on the Administrative Case Transfer/ORCA Work checklist (06-9663) are complete;

e. consult with FS PS Specialist IV prior to the case transfer meeting regarding the sufficiency checklist; and

f. develop questions for the case transfer meeting.

3. The FS PS Specialist IV will:

a. review the PS report, the initial assessment summary, the impending danger analysis, and the safety plan;

b. review the Administrative Case Transfer/ORCA Work checklist (06-9663) to verify that all items are completed;

c. consult with FS Specialist prior to the case transfer meeting regarding the checklist; and

d. develop questions for the case transfer meeting.

D. Resolving disagreements prior to the IA to FS case transfer meeting:

1. If after reviewing the available case record, the FS PS Specialist IV has concerns regarding gaps in information and whether the identified family needs services or if the level of involvement is accurate, the FS PS Specialist IV will meet with the IA PS Specialist IV to discuss the issues and develop a strategy to resolve concerns.

2. If the PS Specialist IVs cannot come to agreement on the discrepancies, a Protective Services (PS) Manager I will be contacted to make the final decision.

3. Disagreements should be resolved before the case transfer meeting; once the meeting occurs, the case is fully the responsibility of the family services staff.

E. The IA to FS case transfer meeting is to be held no later than 5 business days from the notification by the IA PS Specialist IV of the need for a case transfer.

F. During the Case Transfer Meeting: The FS PS Specialist IV is responsible for facilitating the meeting, leading the discussion, and documenting the transfer staffing in ORCA. Case Transfer Guidelines form (06-9662) can be used to facilitate the conversation.

G. Following the Case Transfer Meeting:

1. Immediately following the transfer meeting, the FS Specialist is responsible for the case.

2. Within 2 business days of the transfer meeting:

   a. the FS PS Specialist IV is responsible for documenting the meeting in ORCA with a case activity note under Supervisory Staffing/Case Transfer. The note should contain tasks associated with ongoing safety management, the date for when the FS Specialist will meet the family, and the information collected based on the Case Transfer Guidelines form (06-9662).

   b. the FS PS Specialist IV is responsible for changing the case type in ORCA.

   c. the FS PS Specialist IV will send a letter or e-mail to the following people should there be a change in PS Specialist :
      1) child's parents;
      2) out-of-home caregiver;
      3) IA Specialist;
      4) IA PS Specialist IV;
      5) FS Specialist;
      6) ICWA worker;
      7) AAG;
      8) GAL;
      9) noticing clerk; and
      10) anybody else specific in the region/office that needs to know.

3. Within 5 business days of the case transfer meeting:

   a. initial contact with the family is to occur between the Specialist(s) and the family. Both the IA and FS Specialist, or new and old FS Specialists are encouraged to attend if feasible. If applicable the ICWA worker should also be invited to attend the meeting with the family.

   b. in offices where a generalist PS Specialist is retaining the case, the PS Specialist will meet with the family to explain how the PS Specialist's role has changed.

   c. the PS Specialist will also send the Notice of Right to Request Placement 06-9764 in ORCA to any newly identified relatives or extended family members, or any relatives/extended family members who were previously identified that have not received the notice.

   d. if a child is identified as being eligible for AMCCI services, the PS specialist will provide the foster parent with the AMCCI brochure, or verify that the information has been provided previously.

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2.2.5.5 DRUG TESTING

AUTHORITY:

AS 47.10.011	Children in Need of Aid
AS 47.10.086	Reasonable Efforts

PURPOSE: Drug testing is one tool that is used as part of safety assessment and case planning. Choosing to implement drug testing for parents should be part of an integrated plan to assess child safety, readiness for treatment, and to deter and monitor individual substance abuse.

BACKGROUND INFORMATION:

1. State Law: the department shall make timely, reasonable efforts to provide family support services to the child and to the parents or guardian of the child that are designed to prevent out-of-home placement of the child or to enable the safe return of the child to the family home, when appropriate, if the child is in an out-of-home placement. The department's duty to make reasonable efforts under this subsection includes the duty to

   A. identify family support services that will assist the parent or guardian in remedying the conduct or conditions in the home that made the child a child in need of aid;

   B. actively offer the parent or guardian, and refer the parent or guardian to, the services identified under (1) of this subsection; the department shall refer the parent or guardian to community-based family support services whenever community-based services are available and desired by the parent or guardian; and

   C. document the department's actions that are taken under (1) and (2) of this subsection.

POLICY: While drug testing is a useful tool for assessing sobriety, a positive drug test in and of itself is not the sole indicator that children are unsafe. Positive drug tests should be viewed as indicators that the treatment plan needs adjusting, rather than proof of treatment failure. Drug testing should not be used punitively, nor should visitation be cancelled solely as a result of a positive test. Safety factors and how current drug use and abuse relate to them are the primary factors for allowing or cancelling visitations. It is also inappropriate to use drug testing as a safety intervention or a safety action; negative tests are not an indicator of overall recovery.

1. When to test: The decision to test will be made between the Protective Services (PS) Specialist and the Protective Services (PS) Specialist IV. Drug testing may be appropriate under the following circumstances:

   A. court order requires that the individual submit a drug test, or that OCS designate a

schedule for ongoing tests to be completed;

B. as part of an integrated plan to assess the child's safety;

C. to access the individuals readiness for treatment; or

D. to deter and monitor individual drug abuse, providing positive reinforcement through early recovery.

2. Drug testing may not be appropriate when:

A. the parent is currently in active treatment where drug screening is an active component;

B. when the individual informs you of a relapse. In cases of relapse, the assessment of safety and risk in the context of the child's well being should be conducted; or

C. when the individual is being drug tested through another agency (e.g., probation) and OCS has a release authorizing to receive the results.

3. If an individual is not participating in the drug testing, OCS will reevaluate the need for ongoing tests.

4. For ICWA children, active efforts will be made to support the parents and assure that they are able to engage in services. Active efforts may include providing transportation or working with the parents to attend drug testing appointments.

PROCEDURES:

1. When to test: Testing occurs in the Initial Assessment and Family Services process. The decision to test will be made by the PS Specialist and the PS Specialist IV. The following are indications when testing may be needed:

A. Indications that an adult may need to be tested in the Initial Assessment process include allegations or indicators of drug use in the home (not limited to the parent or guardian) that is affecting the child's safety.

B. Indications that an adult may need to be tested in the Family Services process:

1) assessment of the individual's drug use pattern and how it has affected the individual's ability to provide safety to the child;

2) parent has admitted that they have used drugs that affect their ability to participate in the case planning process or provide safety to their child;

3) parent states they are not using drugs, but it is suspected through the family services assessment process that drugs are affecting the parent's ability to provide safety to the child; or

4) parent requests drug testing as part of the case plan to help deter and monitor their drug use during their early recovery stage.

C. Indications that the child may need to be tested during Initial Assessment or Family Services:

1) allegations that the parent is using drugs in the presence of the child(ren);

2) child(ren) are residing in a home where drugs are being used or manufactured; or

3) OCS or collateral contacts suspect drug use by the child or youth.

2. <u>How to test:</u>

A. Ensure non-duplication of testing between OCS and other agencies.

B. If there is a court order stipulating that testing is to be done, it should be so noted in the ORCA Request for Special Needs Funds.

C. General guidelines are at the end of this policy for detection periods that will help in choosing the type(s) of testing, and how often to test. Hair follicle test span a 90 day period, they will not be ordered more than once in a 3 month period. The following outlines accepted timeframes for urine or oral fluid drug tests guidelines for child welfare professionals which will be followed:

1) In the first 60 days of testing the individual should not exceed drug tests more often than 2 times per week.

2) During days 61-120 of testing, the individual should not exceed drug tests more often than 4 times per month.

3) From days 121 till testing is no longer required (see {D} of this section), the individual should not exceed drug tests more often than 2 times per month.

4) If the individual is going to be tested outside these timeframes, PS Specialist IV approval is required, and the reason will be documented in the Request for Special Needs Funds in ORCA.

D. The decision to test or end testing will be made between a PS Specialist and PS Specialist IV based on information obtained from consultation with drug abuse treatment providers. Assess how the overall plan is working and individual variables such as:

1) the individual's relapse prevention plan and safeguards that the individual has in place;

2) what coping skills will be used by the individual when in 'unsafe' environments' and there is pressure to relapse;

3) whether the individual has made changes in their addiction-supporting environment, including consideration of how many clean tests the individual has passed (if the individual has tested negative for more than two months is the testing still necessary?); or

4) whether the individual has missed consecutive scheduled drug tests. Consider ways that the plan can be modified if the individual has habitually missed appointments.

3. Ordering Tests: After the PS Specialist and PS Specialist IV have approved the testing the order will be submitted through regional protocols.

4. Documenting the Test Results: Results of each drug test will be documented by placing the results into the case file or documented into ORCA.

5. The chart below refers to the length of time that each drug is able to be detected. The chart may be used to assist the decision for how often to drug test an individual. Hair follicle tests would be more beneficial in Initial Assessment to see if the person has been exposed to drugs, where urine toxicology screens can help determine the last time an individual used the drug, or whether a drug abuse problem is present.

DRUG/STREET NAME	URINE TOXICOLOGY SCREEN	HAIR FOLLICLE	ORAL FLUID
Alcohol	10-12 hours	N/A	Up to 24 hours
Amphetamines *Bennies, speed, black beauties*	2 to 4 days	Up to 90 days	1 to 48 hours
Methamphetamines *Crank, crystal, glass, ice, meth*	2 to 5 days	Up to 90 days	1 to 48 hours
Barbiturates *Barbs, reds, yellow jackets, phennies*	2 to 3 days	Up to 90 days	N/A
Benzodiazepines *Downers, tranks, candy*	1 to 5 weeks	Up to 90 days	N/A
Cannabis (THC/marijuana) *Grass, pot, reefer, weed*	1 to 30 days	Up to 90 days	Up to 24 hours
Cocaine *Blow, coke, crack, rock*	1 to 3 days	Up to 90 days	1 to 36 hours
Codeine (Opiate) *Cody, schoolboy, loads*	2 to 4 days	Up to 90 days	1 to 36 hours
Morphine (Opiate) *M, Miss Emma, monkey*	2 to 3 days	Up to 90 days	1 to 36 hours
Heroin (Opiate) *Horse, junk, smack, white horse*	2 to 3 days	Up to 90 days	1 to 36 hours

DRUG/STREET NAME	URINE TOXICOLOGY SCREEN	HAIR FOLLICLE	ORAL FLUID
LSD (hallucinogens) *Acid, cubes, boomers*	2 to 24 hours	Unknown	N/A
PCP (Phencyclidine) *Angel dust, boat, hog*	5 to 60 days	Up to 90 days	N/A

Definitions:

Drugs: legal and illegal drugs, including but not limited to alcohol, synthetic drugs and prescription medications that alter the individual's ability to provide safety to the child or themselves.

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2.2.6 SCREENING FOR DOMESTIC VIOLENCE

AUTHORITY:
AS 47.17.035 Duties of Department in Domestic Violence Cases

PURPOSE: To ensure that families who are the subject of an OCS Initial Assessment are screened for domestic violence, and that identified adult victims of domestic violence are provided with victim services information.

BACKGROUND INFORMATION – STATE LAW:

A. The department must have procedures for screening reports of harm for abuse and neglect of a child to assess whether there is domestic violence occurring within the family. The procedures must include the following factors:

   1. inquiry concerning the criminal records of the parents or of the alleged abusive or neglectful person or the alleged perpetrator if not the parent of the child; and

   2. inquiry concerning the existence of protective orders issued or filed under AS 18.66.100 - 18.66.180 involving either parent as a petitioner or respondent.

B. If the department determines in an assessment of abuse or neglect of a child that

   1. the child is in danger because of domestic violence or that the child needs protection as a result of the presence of domestic violence in the family, the department shall take appropriate steps for the protection of the child; in this paragraph, "appropriate steps" includes

      a. reasonable efforts to protect the child and prevent the removal of the child from the parent or guardian who is not a domestic violence offender;

      b. reasonable efforts to remove the alleged domestic violence offender from the child's residence if it is determined that the child or another family or household member is in danger of domestic violence; and

      c. services to help protect the child from being placed or having unsupervised visitation with the domestic violence offender until the department determines that the offender has met conditions considered necessary by the department to protect the safety of the domestic violence victim and household members;

   2. a person is the victim of domestic violence, the department shall provide the victim with a written notice of the rights of and services available to victims of domestic

violence that is substantially similar to the notice provided to victims of domestic violence under AS 18.65.520.

POLICY: The Office of Children's Services (OCS) will assess whether there is domestic violence occurring within the family and take action as appropriate during each initial assessment.

PROCEDURE:

A. During each initial assessment in response to reports of child abuse or neglect, the Protective Services (PS) Specialist will assess the family situation for the presence of domestic violence by observing or inquiring about the presence of the following factors:

1. Visible injuries such as bruises in multiple areas or in different stages of healing;

2. Use of coercion in sexual activities and/or physical activities;

3. One partner fearful of the other or expressing anxiety about the partner's response to the assessment;

4. One partner giving all responses and controlling responses to the PS Specialist's questions;

5. One partner controlling of the other partner's daily activities or limiting access to money, activities outside the home, friends, religious and other activities;

6. One partner being very controlling/extremely jealous and regularly checking on the other partner's activities.

B. The PS Specialist will:

1. Initiate a criminal records check of the parents or the person alleged to have abused or neglected the child if not the parent;

2. Check CourtView to inquire into the existence of any domestic violence protective orders issues or filed under AS 18.66.100 – 180 involving either parent as a petitioner or respondent.

C. If the PS Specialist determines that domestic violence is present in the family, the PS Specialist will provide the victim with written notice (Domestic Violence Information Card) of the rights of, and services available to, victims of domestic violence.

D. When doing a safety assessment in a home where domestic violence is present, the PS Specialist will consider the following factors in assessing whether the domestic violence poses a risk of serious physical and/or emotional harm to the child:

1. Where is the child when the violence happens? How does the child respond to the violence?

2. Has the child ever tried to intervene or participate in a physically violent domestic violence incident?

3. Was the child injured (or injured in the past) in domestic violence incident?

4. Is the child at potential risk of physical injury?

5. Does the child cry, cower, cringe, tremble, or otherwise exhibit fear when there is violence in the home?

6. Does the child exhibit severe anxiety (e.g., nightmares, insomnia) related to situations associated with violence in the home?

7. Are guns, knives, or other instruments used in a violent, threatening, and/or intimidating manner?

8. Is there evidence of property damage resulting from domestic violence?

E. If the PS Specialist determines that a child is in present or impending danger because of domestic violence, the PS Specialist shall take appropriate steps for the protection of the child by implementing a Protection Action Plan of an in-home or out-of-home Safety Plan, as outlined CPS Manual sections 2.2.5.1, Present Danger and the Protective Action Plan or 2.2.5.2 Impending Danger and the Safety Plan.

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2.2.7 RUNAWAY AND MISSING MINORS

AUTHORITY:

AS 47.10.141	Runaway and Missing Minor
AS 47.10.142	Emergency Custody and Temporary Placement Hearing
7 AAC 54.060	Disclosure of Information to a Parent of a Child

PURPOSE: To develop procedures around runaway and missing minors as well as identifying those that are at risk, or have been a victim of sex trafficking. Creating reporting procedures for those that have been identified as sex trafficking victims.

BACKGROUND FEDERAL LAW: States must develop and implement plans to expeditiously locate any child missing from foster care; determine the primary factors that contribute to the child's running away or being absent from foster care; determine the child's experiences while absent from foster care, including screening whether the child was a victim of sex trafficking; and related information required by HHS. For any child or youth over whom the State agency has responsibility for placement, care, or supervision and who the State has reasonable cause to believe is, or is at risk of being, a sex trafficking victim (including children for whom a State child welfare agency has an open case file but who have not been removed from the home, children who have run away from foster care and who have not attained 18 years of age and youth who are not in foster care but are receiving services. The State agency shall report immediately, and in no case later than 24 hours after receiving, information on missing or abducted children or youth to the law enforcement authorities for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation, established pursuant to section 534 of title 28, and to the National Center for Missing and Exploited Children.

BACKGROUND: STATE LAW:

A. A law enforcement agency shall make reasonable efforts to locate the minor and shall immediately complete a missing person's report containing information necessary for the identification of the minor. As soon as practicable, but not later than 24 hours after completing the report, the agency shall transmit the report for entry into the Alaska Public Safety Information Network and the National Crime Information Center computer system.

B. A minor may be taken into emergency protective custody by a peace officer and placed into temporary detention in a juvenile detention home in the local community if there has been an order issued by a court under a finding of probable cause that (1) the minor is a runaway in willful violation of a valid court order issued under AS 47.10.080(c)(1), 47.10.142(f), AS 47.12.120(b)(1) or (3), or 47.12.250(d),

C. A minor taken into emergency protective custody under this subsection may not be detained for more than 24 hours, except as provided under AS 47.12.250. Emergency protective custody may not include placement of a minor in a jail or secure facility other than a juvenile detention home, nor may an order for protective custody be enforced

against a minor who is residing in a licensed program for runaway minors, as defined in AS 47.10.390.

POLICY:

A. As soon as possible, at least within 12 hours of being notified that a child in the department's custody has run away from division authorized or court ordered placement, the Protective Services (PS) Specialist will take steps to locate and return the child to the authorized placement or other designated place of safety.

B. OCS will report to Law Enforcement for entry into the NCIC within 24 hours of being notified that the child is has runaway from care. A runaway minor is a child who willfully leaves the residence of a parent or guardian without the permission of the parent, caregiver, or guardian.

C. OCS will report missing, abducted minors and victims of sex trafficking to law enforcement NCIC and the NCMEC databases within 24 hours of being notified. A missing minor is defined as an individual less than 18 years of age whose whereabouts are unknown to such individual's legal custodian.

D. A minor taken into emergency protective custody under AS 47.10.141 may not be detained for more than 24 hours.

E. A minor who has been reported as missing, but is not in violation of a court order or otherwise subject to arrest or detention, may not be detained in a detention facility. When picked up by law enforcement, the minor is taken either to an OCS office or to a designated location.

F. For any minor who is not receiving services from the department. Assessments will be conducted according to intake policies and procedures regarding runaway children who are referred, or seek services themselves, for allegations of abuse or neglect. If no child protection issues exist which prevent the minor's return to the legal custodian, division staff, if available, may attempt the reunite the minor with the primary caregiver. Services will be provided as appropriate and necessary, but custody may not be assumed solely on the basis of either the minor's refusal to return home or the parent's refusal to provide care.

G. If division resources are not available and a request to locate has been filed, the division will refer the minor to local law enforcement for response. If a request to locate has not been filed, the minor may be referred to an agency providing services for runaways. At the second occasion that a runaway minor, who has been taken into protective custody by a peace officer and taken to a semi-secure placement by the officer, leaves the semi-secure placement without permission, the division is notified. Division staff will determine whether a Child In Need Of Aid petition will be filed.

PROCEDURE:

A. Missing Minors: When a minor has been identified as missing the PS Specialist will:

1. Notify the legal parent, guardian, resource family, local law enforcement and assigned PS Specialist having jurisdiction in the community of origin if appropriate, that the child is missing from placement within 12 hours of the child's departure.

2. Contact intake unit immediately, within 24 hours for Intake to make sure the minor is entered into the NCMEC database.

3. Notify the school, Tribal representative, GAL and other collaterals as appropriate to inform them of the missing minor.

4. Collect information from collateral contacts regarding the reason of the child absence from care.

B. When the minor has been located the PS Specialist will:

1. Notify the legal parent, guardian, resource family, and assigned PS Specialist having jurisdiction in the community of origin as appropriate within 12 hours of the child's return to placement or other location.

2. If the child returns to placement cancel the request to locate and reports of missing child soon as possible by informing law enforcement and the Intake Unit.

3. When the Child Has Been Located the PS Specialist will use the Guide for Assessing Runaway or Missing Minors in Statewide forms to ask the child about their experiences while away from care and assess for possible signs or information regarding if the child is at risk or has been a sex trafficking victim. If there are signs indicating sex trafficking, the OCS staff member will report to the Intake Unit immediately, or within 24 hrs.

4. Document all significant case actions relating to the runaway in an ORCA progress note. Including the findings of why the child is absent from care including information gained from collateral contacts and any information regarding potential indicators of sex trafficking.

C. Runaway Minors: If a child has been identified as running away from their primary caregiver, but whose whereabouts are known the PS Specialist will:

1. Inform the minor of the required notice to law enforcement.

2. Immediately contact the local law enforcement agency to determine if a request to locate the minor has been issued by the minors legal custodian and, if so, inform law enforcement of the contact with the minor, and of the need to investigate that report prior to the minor's return to the legal custodian.

3. Notify the school, Tribal representative, GAL and other collaterals as appropriate to inform them of the runaway minor.

4. Follow the policy and procedures for investigating reports of abuse or neglect and take appropriate action as necessary. PS Specialist will use the Guide for Assessing Runaway or Missing Minors in Statewide forms to ask the child about their experiences while away from care and assess for possible signs or information

regarding if the child is at risk or has been a sex trafficking victim. If there are signs indicating sex trafficking, the OCS staff member will report to the Intake Unit immediately, or within 24 hrs.

5. For children who are not in the care, custody or supervision of the department:

   a. If the child refuses to return to the primary caregiver, notify the law enforcement agency of the child's known or likely whereabouts and facilitate contact if possible.

   b. If the child is willing to return to the primary caregiver, and if division staff is available to assist with the return, discuss with the law enforcement agency whether the division or law enforcement will return the child to the primary caregiver.

   c. If the division is to return the child, contact the primary caregiver and arrange to mediate the return.

   d. Make recommendations for referral for family counseling or provide other services as appropriate, including referral to an appropriate contract agency if one exists.

   e. If a minor has, for the second time, been taken into protective custody by a peace officer and placed in a semi-secure office, program, shelter, or facility with instructions to remain there, and again leaves the placement without permission, the peace officer shall report the circumstances and the identity of the minor to the department. Within 48 hours of receiving this report, the PS Specialist will determine whether to file a Child In Need Of Aid petition. The PS Specialist will obtain PS Specialist IV approval of the decision whether to file a petition In making the determination, consideration will be given to:

      1) Whether the home environment provided by the legal/physical custodian poses a significant risk to the child;

      2) Whether the child and/or custodian are amenable to mediation or other indicated interventions;

      3) Whether the department is capable of maintaining and caring for the child.

6. If detention is deemed the necessary and only option available to protect the life and safety of a minor who has run away from court ordered placement, the PS Specialist will consult with the Assistant Attorney General for a possible Stay in Placement Order.

<u>Definition:</u>

Missing Minor: Any individual less than 18 years of age whose whereabouts are unknown to such individual's legal custodian.

Runaway Child: A child who willfully leaves the residence of a parent or guardian without the permission of the parent, caregiver, or guardian.

Sex trafficking. The term "sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act." This includes severe forms of trafficking a person including;

1. sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

2. the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

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2.2.10 OUTCOME

2.2.10.1 MALTREATMENT FINDINGS

This policy applies to Initial Assessments that are approved after 2/2/2015.

AUTHORITY:

AS 47.17.025	Duties of Public Authorities
AS 47.17.030	Action on Reports; Termination of Parental Rights
AS 47.17.033	Investigations and Interviews
7 AAC 54.255	Children's Services Grievance Procedures
42 U.S.C. 5106a(b)(2)	Grants to States for Child Abuse Prevention and Treatment Programs
AS 47.10.093 (b)(9)	Disclosure of Agency Records

PURPOSE: Establish clear, consistent, and reliable findings on all allegations of maltreatment.

BACKGROUND INFORMATION

A. FEDERAL LAW: In order to receive funding under the Child Abuse Prevention and Treatment Act, each state is required to operate a statewide program, relating to child abuse and neglect that includes:

1. procedures for the immediate screening, risk and safety assessment, and prompt investigation of reports of child abuse and neglect; and

2. provisions, procedures, and mechanisms by which individuals who disagree with an official finding of child abuse or neglect can appeal such finding.

B. STATE LAW:

1. The department is required to investigate reports of child abuse or neglect and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child.

2. After receiving a report of harm, whether or not the matter is referred to a local government agency, the department shall notify the person who made the report and who made a request to be notified about the status of the investigation, without disclosing any confidential information.

3. When an investigation has been completed, and the person who made the report is a person who is mandated to report suspected child abuse or neglect, the department will inform the person that the investigation was completed and of action taken to protect

the child who was the subject of the report.

4. An individual who disagrees with a decision by the department that the person has a substantiated finding of child maltreatment may request a review by the Office of Administrative Hearings.

POLICY:

A. At the conclusion of an Initial Assessment (IA), each allegation of maltreatment identified in the Protective Services Report (PSR) or during the IA needs a documented finding in ORCA of either substantiated, not substantiated, or closed without a finding.

B. A substantiated finding is one where the available facts gathered from the IA indicate that more likely than not, a child has been subjected to maltreatment under circumstances that indicate the child's health or welfare is harmed or threatened thereby. See AS 47.17.290(3) and (9). See also AS 47.10.011. A child's welfare is always threatened by sexual abuse and by abandonment. Where physical abuse of a child is alleged, the Protective Services (PS) Specialist will consider whether the acts constitute either of the following:

1. Reasonable parental discipline; or

2. Protection of self from imminent physical harm.

C. A not substantiated finding is one where the available facts gathered from the IA indicate more likely than not, a child has not been subjected to maltreatment.

D. A closed without finding is one where the family cannot be located, a child's safety, well-being, and functioning cannot be assessed, or the Tribe has exclusive jurisdiction of the case. Prior to closing a case without a finding, efforts must be made to locate the family and interview the alleged victim.

E. The Maltreatment Assessment Protocol (MAP) (06-9710) will be completed to determine if the alleged maltreatment is substantiated, not substantiated, or closed without finding.

PROCEDURES

A. All screened in PSRs require the PS Specialist to conduct an Initial Assessment (IA) as outlined in Policy 2.2.5 Conducting an Initial Assessment. Once the PS Specialist completes the safety assessment and the risk assessment, a maltreatment finding must be made.

B. If during the course of the initial assessment, the PS Specialist determines that an additional maltreatment occurred that was not included in the original PSR allegations, the new maltreatment must be added and documented in ORCA.

C. To determine the finding, the PS Specialist will complete the Maltreatment Assessment Protocol (MAP) (06-9710) with the PS Specialist IV and document the finding (substantiated, not substantiated or closed without a finding) in the ORCA IA findings and summary tab. The

MAP is located in the IA Findings tab of ORCA.

D. In cases where the PS Specialist made diligent efforts to locate a family but was unable to contact them to complete the assessment, the Specialist can close the IA with the finding of "closed without finding". To make the determination "Closed without finding" the PS Specialist must make all efforts to locate the family and interview the alleged victim. Prior to closing an IA without a finding, the PS Specialist must make a minimum of three attempted contacts and complete the "Closed without Finding Guidelines Checklist" (06-9705). The PS Specialist IV must document a summary of efforts to locate the family and comply with the "Closed without Finding Guidelines Checklist" in the IA Protocol Summary.

E. When the PS Specialist completes the MAP and determines the finding of the allegation, the Specialist must describe the extent of the maltreatment and the circumstances surrounding the maltreatment as part the response to the first two questions of the IA Summary. The documentation of the maltreatment finding will be outlined in the extent of the maltreatment section of the IA summary to include a description of the specific events, a description of the child's emotional and physical symptoms, as well as identification of the victim child and maltreating caregiver.

F. Upon final PS Specialist IV approval, the PS Specialist will send the Notice of Alleged Child Maltreatment Decision and Case Status letter (06-9708) to the child's parents and/or legal caretakers. Send each alleged perpetrator a certified (where possible) Notice of Alleged Maltreatment Decision and Placement on the Child Protection Registry letter (06-9709) that advises of the findings and the outcome of the initial assessment. The Notice of Alleged Maltreatment Decision and Placement on the Child Protection Registry letter informs the alleged perpetrator of the appeal process and the right to appeal the finding within 30 days from when the letter was certified. If certified, the returned certified receipt must be placed in the file subsequent to closure. Notice of Alleged Child Maltreatment Decision and Case Status and Notice of Alleged Maltreatment Decision and Placement on the Child Protection Registry letters must also include:

1. Recommendations and/or service resources as indicated for all cases with a substantiated finding and when there are no impending safety threats

2. A summary of any services that have been offered or provided during the IA regardless of the finding.

G. Copies of all Notice of Alleged Child Maltreatment Decision and Case Status letters and the Notice of Alleged Maltreatment Decision and Placement on the Child Protection Registry letters must be printed and retained in the hard file.

H. If the IA of an allegation of maltreatment is for a licensed provider, the PS Specialist will coordinate with the Community Care Licensing Specialist I as described in 2.1.1 of the manual. The licensed provider being alleged as the perpetrator of maltreatment shall receive the Notice of Alleged Maltreatment Decision and Placement on the Child Protection Registry letter.

I. The PS Specialist will inform mandated reporters and, when applicable the child's Tribal representative, that the IA was completed and of action taken to protect the child who was

the subject of the report.

DEFINITION

Harm: An injury and/or damage to a child's physical or mental well-being.

Maltreatment: An act or omission that results in circumstances in which there is reasonable cause to suspect that a child may be a child in need of aid, as defined by AS 47.17.290(9) and as described in AS 47.10.011.

Maltreatment Assessment Protocol (MAP): An evidenced-based protocol that has been adapted to meet Alaska statutes and aims to improve the quality and reliability of child maltreatment findings.

Maltreatment findings: Determination of whether an allegation of child abuse or neglect is substantiated not substantiated or closed without a finding.

Reasonable parental discipline: Imposed to control, correct and educate their child. The force used by the parent should be appropriate to the age, sex, physical and mental state of the child.

Threatened thereby: The presence of caregiver(s) behaviors or conditions surrounding the maltreatment is more likely than not to result in child maltreatment

2.2.10.2 CASE DECISION

AUTHORITY: AS 47.10.030 Summons and Custody of Minor, AS 47.17.025 Duties of Public Authorities

POLICY: After completing the assessment of protective capacities, needs, and future risk of abuse and neglect for substantiated or unconfirmed cases, the Protective Services (PS) Specialist will decide whether to open an ongoing case or close the case. The following two primary criteria are used to structure the transfer or close decision:

a. the ability of protective capacities to address needs; and

b. the family's risk level.

PROCEDURES:

a. After completing the assessment, the PS Specialist will decide whether to open an ongoing case after the initial assessment is concluded or close the case.

b. The PS Specialist will use the following matrix as a guideline for the decision:

CASE OPEN GUIDELINE MATRIX

Risk Level	Protective capacities address priority needs	Protective capacities DO NOT address priority needs
Low	Close	Close with referral
Medium	Close with referral	Open
High	Open	Open
Removals	Open	Open

1. If a child was removed according to the safety assessment, and remains outside of the home at the conclusion of the initial assessment, the matrix recommends opening an ongoing case.

2. For initial assessments not resulting in a removal:

   A. locate the row corresponding to the risk level (from the Future Risk of Abuse/Neglect component of form 06-9768 Structured Decision Making: Documentation of Protective Capacities and Needs).

   B. Review the protective capacities and priority needs of the family.

C. If the family's protective capacities are sufficient to address their priority needs, use the recommendations in column two.

D. If the family's protective capacities would NOT address their priority needs, use the recommendations in column three.

c. "Close with referral" indicates that while the agency will not open an ongoing case, the family may benefit from voluntary services through another source. It is not required that there be a referral if none is appropriate or available. A PS Specialist may provide a referral to Low risk level families with protective capacities to address priority needs if appropriate.

2.2.11 FEEDBACK TO REPORTERS

AUTHORITY: AS 47.17 Child Protection, AS 47.10.093(b) Disclosure of Agency Records, AS 47.17.020(a) Persons Required to Report, AS 47.17.025(c) Duties of Public Authorities, 7 AAC 54 Art. 1 Confidentiality of Records

PURPOSE: To provide information to individuals who make a protective services report.

POLICY:

a. Workers will maintain confidentiality in regard to the outcome of OCS intervention, with the exception of providing feedback to all reporters per their request.

b. The following persons are mandated reporters:
   1. practitioners of the healing arts, including social workers;
   2. school teachers and school administrative staff members of public and private schools.;
   3. peace officers, and officers of the Department of Corrections;
   4. administrative officers of institutions;
   5. child care providers;
   6 paid employees of domestic violence and sexual assault programs, and crisis intervention and prevention programs as defined in AS 18.66.990; and
   7 paid employees of an organization that provides counseling or treatment to individuals seeking to control their use of drugs or alcohol;
   8 members of a child fatality review team or multidisciplinary child protection team,

PROCEDURE:

a. Feedback to Reporters:

   1. Time Frame: Upon conclusion of an initial assessment of a protective services report, the worker will provide feedback to the reporter if the reporter has requested notification. The feedback will be made orally or in writing within twenty (20) days of when the protective services report was received. If the response is in writing, the worker will use the form provided for this purpose in ORCA.

2. Information to Be Released:

   A. Mandated Reporters: inform the person that the initial assessment was completed and of action taken to protect the child who was the subject of the report.

   B. Other Reporters: inform the person about the status of the initial assessment, without disclosing any confidential information.

b. Feedback to Others

   1. In certain circumstances, the OCS has a collaborative relationship with agencies which allows specific information to be released. Please refer to Administration Chapter, section 6.1.2 Confidentiality for details.

   2. No information can be released to other callers, such as relatives and attorneys, without an Authorization for Release of Information (see Administration Chapter, section 6.1.2 Confidentiality for details).

c. Confidentiality when alleged abuse occurred in a licensed facility:

   The report that is issued from an initial assessment of abuse/neglect occurring in a licensed facility is public information, except for identity of child, parents, and reporter.

2.3.1 EMERGENCY CUSTODY/DECISION MAKING

AUTHORITY:

25 U.S.C. §§ 1901–1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
AS 47.10.142	Emergency Custody and Temporary Placement Hearing

BACKGROUND INFORMATION:

A. Federal Law:

1. The state may initiate a child protection proceeding involving an Indian child, unless the child's Tribe has exclusive jurisdiction over the child. (See section 4.15 for an explanation of exclusive jurisdiction.) If a state court has jurisdiction over the proceeding, the child's Tribe (as defined under ICWA) may intervene in the CINA case. The child's Tribe may also request that the proceeding be transferred to the jurisdiction of the Tribe.

2. When a child is at risk of imminent physical damage or harm, the state may take emergency custody of a child and file an emergency petition, even if the Indian child's Tribe has exclusive jurisdiction.

B. State Law:

The Office of Children's Services (OCS) may take emergency custody of a child if:

1. the child has been abandoned as abandonment is described in AS 47.10.013; or

2. the child has been neglected by the child's parents, Indian custodian, or guardian, as neglect is described in AS 47.10.014, and OCS determines that immediate removal from the child's surrounding is necessary to protect the child's life or provide immediate necessary medical attention; or

3. the child has been subjected to physical harm by a person responsible for the child's welfare, and OCS determines that immediate removal from the child's surroundings is necessary to protect the child's life or that immediate medical attention is necessary; or

4. the child or a sibling has been sexually abused under circumstances listed in AS 47.10.011(7).

POLICY:

A. OCS may assume emergency custody of a child when:

1. the situation meets one of the requirements in the Background Information section above; and

2. the Protective Services (PS) Specialist has determined that present danger exists; and

3. a protective action plan to keep the child safe in his or her own home or in the home of a relative or family friend

   a. is not possible because the parents are not willing or able to cooperate, or the parents have abandoned the child; or

   b. is not appropriate due to the severity of the abuse.

B. Voluntary Placement Agreements are not appropriate in situations which require emergency custody. This is true even if parents cooperate in planning for the child's protection, as the agreement may be terminated at any time unilaterally by the parent. This would therefore subject the child to possible further harm without OCS protection. Policy and procedure on voluntary placements are addressed in section 2.6.1 Voluntary Placements.

C. Prior to the placement of any child in foster care, timely, reasonable efforts will be made to provide family support services to the child and to the parents, Indian custodian, or guardian of the child that are designed to prevent out-of-home placement of the child. See section 3.3 Service Efforts to Prevent Placement and/or Services to Return Child to Home, for definitions and requirements. In emergency situations where it is assessed that the safety of the child precludes preventive services, the PS Specialist must document in the case plan why such services were not provided.

D. Contact with parents, Indian custodian, or guardians prior to assumption of emergency custody is almost always appropriate since assessment of parental conduct or condition is critical to the determination of immediate risk to the child. However, prior contact is generally not made with the parents if the child has been sexually abused or has been physically abused to a degree or in a manner that is potentially life threatening, or when the child has been abandoned and the parents are unable to be located within a reasonable time. Risk to the child could be increased as a result of prior notice to the parent, who may take the opportunity to flee with the child or to coerce the child to deny that abuse has occurred.

PROCEDURE:

A. The PS Specialist will assess whether a protective action plan (See Section 2.2.5.1) is possible. If not, the PS Specialist will make sure that the requirements in Background Information section (B) are met.

B. If there is a decision to assume custody, but consideration is being given to leaving the child in the care of one of the parents, Indian custodian, or guardian, the PS Specialist will make an assessment and determination that only one caretaker was responsible for the abuse and that there is cooperation by both the non-offending parent and the abuser in protecting the child from additional harm and that the non-offending parent/caretaker is able to protect the child from further harm with the aid of OCS.

C. When OCS assumes emergency custody of a child and there are other children in the home, the PS Specialist will assess whether the other children would be safe if left in the home.

D. Regardless of whether there is placement of the child, the PS Specialist will arrange for a

medical exam at the earliest possible date, prior to the probable cause hearing. When a child is under emergency custody, parental permission is not necessary for the exam or any diagnostic or documenting photos or x-rays.

E. When a child is believed to be Alaska Native or American Indian:

1. If the child's Tribal affiliation has not already been verified, the PS Specialist will verify the child's Tribal affiliation as soon as possible by contacting the Tribe(s) believed to be the child's Tribe and, based on the information received from a Tribal representative, document the following information in an activity note in ORCA:

   a. the name, position, and contact information of the Tribal representative;

   b. the date of contact;

   c. the type of contact (phone, fax, email, etc.); and

   d. the nature of the child's affiliation, if any, with the Tribe (for example, whether the child is a member of the Tribe, whether the child is eligible for membership in the Tribe, or whether one of the child's parents is a member of the Tribe).

2. Inability to contact the Tribe will not be a reason for delaying assumption of emergency custody.

3. Removal from a Tribal Village:

   a. The PS Specialist will notify the Tribe prior to removing the child from the village, and the PS Specialist will make every effort to place the child within the village.

   b. The child will be returned to the village as soon as an appropriate placement is located by the Tribe and state. Attempts will be made to place the child in reasonable proximity to the child's parent, Indian custodian, or guardian.

   c. If the child is removed from the village by law enforcement, the PS Specialist will notify the Tribe as soon as law enforcement notifies the PS Specialist of the child's removal.

   d. If the Tribe disagrees with the removal, there will be a staffing with the PS Specialist and Tribe within four days of the removal.

   e. If the Tribe disagrees with the emergency placement of the child with a non-family member and recommends another placement, the Tribe's recommendation will be followed in the absence of good cause to the contrary (see section 2.7 Placement Preferences, Background Information (A)(1)(d)).

4. Removal from Child's Community of Residence When the Community Is Not the Tribal Village:

   a. Within 24 hours of the removal, the PS Specialist will make a diligent effort to notify the child's Tribe of the removal, the placement, and the date and time of the temporary custody hearing.

b. The PS Specialist will notify the Tribe of any scheduled temporary custody hearings or hearings.

c. Upon request by the Tribe, the PS Specialist will meet with the Tribe.

5. Termination of Removals: If the emergency removal of a child is terminated before a Child In Need Of Aid petition is filed or heard, the PS Specialist will provide the Tribe with a copy of its report to the court regarding the removal and return.

2.3.2 EMERGENCY CUSTODY/NOTIFICATION, PETITION, RELEASE, AND FILING

AUTHORITY:
25 U.S.C. §§ 1901 – 1923 Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
AS 47.10.142 Emergency Custody and Temporary Placement Hearing
AS 47.10.010 Jurisdiction
AS 47.10.020 Investigation and Petition
7 AAC 50.455(c) Health in Full Time Facilities

PURPOSE: To ensure that appropriate notification of emergency custody, petition for custody, and release from emergency custody is provided, and that the requirements for filing a petition or report are met.

BACKGROUND INFORMATION:

A. Federal Law:

1. In any involuntary proceeding in state court where the court knows or has reason to know that an Indian child is involved, the party seeking the foster care placement will notify the parent, Indian custodian and the Indian child's Tribe of the pending proceeding and of the Tribe's right to intervene.

2. The state may initiate a child protection proceeding involving an Indian child, unless the child's Tribe has exclusive jurisdiction over the child. (See section 4.15 Tribal Jurisdiction for an explanation of exclusive jurisdiction.) If a state court has jurisdiction over the proceeding, the child's Tribe (as defined under ICWA) may intervene in the CINA case. The child's Tribe may also request that the proceeding be transferred to the jurisdiction of the Tribe.

3. When a child is at risk of imminent physical damage or harm, the state may take emergency custody of a child and file an emergency petition, even if the Indian child's Tribe has exclusive jurisdiction.

B. State Law:

1. The Office of Children's Services (OCS) may take emergency custody of a child if:

a. the child has been abandoned as abandonment is described in AS 47.10.013; or

b. the child has been neglected by the child's parents, Indian custodian, or guardian, as neglect is described in AS 47.10.014, and OCS determines that immediate removal from the child's surrounding is necessary to protect the child's life or provide immediate necessary medical attention; or

c. the child has been subjected to physical harm by a person responsible for the

child's welfare, and OCS determines that immediate removal from the child's surroundings is necessary to protect the child's life or that immediate medical attention is necessary; or

d. the child or a sibling has been sexually abused under circumstances listed in AS 47.10.011(7).

2. When a child is taken into emergency custody, the department shall immediately, and in no event more than 24 hours later unless prevented by lack of communication facilities, notify the child's parents or guardian.

3. When emergency custody is assumed, within 24 hours a petition must be filed or the child must be released. If the child is released, the department must file a report with the court within 24 hours of the release explaining why the child was taken into custody, why the child was released, and to whom the child was released.

POLICY: Parent, legal guardians, Indian custodians, and Tribes all must be given timely and informative notice when OCS takes emergency custody of a child.

PROCEDURE:

A. Emergency Custody Assumed and Retained:

1. If OCS assumes and retains emergency custody of a child, the Protective Services (PS) Specialist must:

a. Notify the parents, legal guardians or Indian custodians, the Tribe(s) that may be the child's Tribe, and the court as soon as possible, and in no event later than 24 hours after custody was assumed.

1) In cases where one parent is absent, attempt to locate and give notice to that parent (this applies to the biological or adoptive parents, regardless of their current marital status). If needed in order to locate an absent parent, question the custodial parent regarding the identity and whereabouts of the absent parent, including last known employer, relatives who may know whereabouts, friends, last known address, etc. If the absent parent is not located in time for the emergency custody/probable cause hearing, efforts to locate and notice the parent must continue.

2) If the parents are present when emergency custody is taken, give them a copy of the "Notification of Custody – A Resource Guide for Parents and Guardians" (D-067).

3) Prior to providing the resource guide, the PS Specialist will:

- complete the second page in the resource guide titled "Notice of Hearing on Emergency Child-in-Need-of-Aid Proceeding" with the following information:

- The name(s) of the child or children taken into emergency custody;
- the date and time emergency custody was taken;
- the date, time, and location of the first court hearing, if it is known;
- identified safety threats;
- the court's phone number; and
- the PS Specialist's and PS Specialist IV's name and phone numbers; and

- remove the third page titled "Notice of Filing for Non-Emergency Custody Child-in-Need of-Aid Proceeding".

4) If neither parent is available, provide notification by entering the case-specific information and removing the third page of the "Notification of Custody – A Resource Guide for Parents and Guardians", as described in 3) above, and leaving the brochure at each parent's residence, if known. As soon as contact is made, follow steps under emergency placement procedures as outlined in CPS Manual section 2.6 Placements.

b. Document in a progress note in ORCA that the Notification of Custody – A Resource Guide for Parents and Guardians" was provided to the parent or caregiver.

2. If emergency custody will be continued beyond 24 hours:

a. The PS Specialist will complete and file the petition, as outlined in section 4.2 Emergency Custody.

b. If the parents, guardian, or Indian custodian are available, the PS Specialist will:

1) review the petition with each of them to ensure that they understand the allegations, to explain the procedures in court and to advise them of their right to counsel, including the right to have an attorney appointed to represent each of them at no cost should the court determine that the individual's income is at or below poverty level. Provide them with a copy of the petition;

2) give them notice of the date, time, and location of the hearing; and

3) ask each of them if the child is currently enrolled as a member of an Indian Tribe, whether any of the parents are currently enrolled or affiliated with any Tribe and if the child is currently eligible for membership.

c. If the child is believed to be an Indian child, the PS Specialist will:

1) verify the child's Tribal affiliation as soon as possible by contacting the Tribe(s) believed to be the child's Tribe and, based on the information received from a Tribal representative, document the following information in an activity note in ORCA:

- the name, position, and contact information of the Tribal representative;
- the date of contact;
- the type of contact (phone, fax, email, etc.); and
- the nature of the child's affiliation, if any, with the Tribe (for example, whether the child is a member of the Tribe, whether the child is eligible for membership in the Tribe, or whether one of the child's parents is a member of the Tribe).

2) notify the Assistant Attorney General (AAG) of the child's Tribal affiliation so that legal notice can be sent to the Tribe for the initial hearing, as outlined in section 6.6.3 Notification of Court Hearings and Conferences, Administrative Reviews, Removals, and Assumption of Custody.

3) give informal notice to any Tribe that may be the Indian child's Tribe as outlined in section 6.6.3 Notification of Court Hearings and Conferences, Administrative Reviews, Removals, and Assumption of Custody.

d. The petition may be dismissed prior to the probable cause hearing at the request of the PS Specialist. This should only occur when information obtained after emergency custody was assumed indicates that continued custody is not necessary to protect the child.

e. Non-Emergency CINA Petitions are addressed in sections 2.4 Non-Emergency Custody/Decision Making and 2.4.1 Non-Emergency Custody/Petition Filing Procedures.

B. Emergency Custody Assumed but NOT Retained: If OCS releases custody within 24 hours after assuming emergency custody the PS Specialist will file a report with the court within 24 hours of such release. OCS will release the child only to the following individuals:

1. a custodial parent;

2. a non-custodial parent or relative if the custodial parent agrees in writing (if the custodial parent will not agree to placement with the non-custodial relative, a court petition must be filed); or

3. a person who was the child's Indian custodian (as defined by 25 U.S.C. § 1903(6)) at the time of removal, unless a parent or the custodian has dissolved the Indian custodianship.

C. Medical Examinations: The PS Specialist will follow the requirements for medical exams that are outlined in section 6.3.1 Medical, Dental, and Vision Care.

DEFINITION:

"Indian child" means any unmarried person who is under age eighteen and is either (a) a member of an Indian Tribe, or (b) is eligible for membership in an Indian Tribe and is the biological child of a member of an Indian Tribe.

2.3.3 EMERGENCY CUSTODY/ PROBABLE CAUSE HEARING AND COURT ORDERS

AUTHORITY:

25 U.S.C §§ 1901–1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
AS 47.10.030(b) & (d)	Summons and Custody of Minor
AS 47.10.142	Emergency Custody and Temporary Placement Hearing
CINA Rule 14	Stipulations

PURPOSE: To ensure that Protective Services (PS) Specialists are appropriately prepared for hearings, that all parties entitled to notification are identified and notified, and that inquiries to identify the Indian child's Tribe are made during the hearing.

BACKGROUND INFORMATION:

A. Federal Law: The state must notify the parent or Indian custodian and the Tribe of any court proceeding pertaining to a child who is an Indian child as defined in ICWA, i.e., a child who is a member of an Indian Tribe, or a child who is eligible for membership in an Indian Tribe and is the biological child of a member of an Indian Tribe.

B. State Law:

1. A probable cause/temporary custody hearing must be held within 48 hours after the filing of an emergency petition.

2. The child, each parent, the child's Tribe, foster parent or other out-of-home care provider, guardian, and guardian ad litem must be given notice of all hearings. In addition, each grandparent of the child must be given notice if:

   a. the grandparent has contacted Office of Children's Services (OCS), provided evidence acceptable to OCS of being the child's grandparent, requested notice of hearings in the child's case, and provided OCS with a current mailing address; or

   b. OCS staff is aware that the child has a grandparent and has the grandparent's mailing address on file.

   c. Evidence of Relationship:
      1) If the grandparent claims to be a grandparent of the child and the child's parent(s) confirms the claim, this constitutes acceptable evidence of the relationship.
      2) If a parent of the child is not available to confirm the claim, or if the child's parent(s) denies the relationship, the grandparent will be required to provide evidence in the form of birth certificates.

   d. OCS is not required to give notice of hearings if:

1) the grandparent has been convicted of a crime in which the child was the victim; or
2) the grandparent is prohibited by court order to have contact with the child.

C. State Court Rule: Parents may stipulate, or agree, that probable cause exists to believe the child is a Child In Need of Aid. In doing so, the parents need not admit to the allegations contained in the petition.

POLICY:

A. The PS Specialist will identify and notify all parties entitled to notification of the probable cause/temporary custody hearing.

B. The PS Specialist will prepare for the hearing by being prepared to testify as to all facts of the case that support the allegation in the petition.

C. During the hearing, the PS Specialist will ensure that inquiries are made to identify the child's Tribe.

PROCEDURE:

A. Prior to the temporary custody hearing, the PS Specialist will complete the following tasks according to local protocol and in coordination with the Assistant Attorney General (AAG):

1. prepare and file the petition;

2. give notice of the date, time, and location of the hearing to parents, legal guardian or Indian custodian, any Tribe that may be the child's Tribe, the child's guardian ad litem (GAL), foster parent or other out-of-home provider, and each grandparent of the child entitled to notice under AS 47.10.030(d) (see section 4.1 (D) Rights, Responsibilities, and Roles of Parties and Participants in a Court Proceeding);

3. make arrangements for parties to appear telephonically, if necessary;

4 gather and prepare witnesses and evidence for the hearing; and

5. formulate recommendations regarding the disposition of the case and make them available to the AAG for incorporation into the court's order if custody is granted.

B. If the parents do not contest the facts of the petition, or if they agree with the PS Specialist's recommendations for protecting the child, they may stipulate to probable cause and temporary custody.

C. During the Hearing:

1. Unless the Indian child's Tribal affiliation already has been established, at the hearing the AAG or the PS Specialist will inquire of the parties whether the child is a member of an Indian Tribe or is eligible for membership in an Indian Tribe and is the biological child of a member of an Indian Tribe.

2. The PS Specialist will request the following to be included for all children committed to the custody of OCS:

   a. Authorization for the department to obtain emergency medical treatment.

   b. Any special conditions that may be necessary to protect the child from further harm or to assist the PS Specialist in assessing the need for services (e.g., visitation restrictions or participation in evaluation or treatment programs).

3. If the child is placed out of the home, the PS Specialist will make every effort to ensure that the court order includes the following:

   a. A finding that reasonable efforts were made to prevent the removal or a finding that such efforts could not be made under the circumstances due to the emergency situation. For Indian children, a finding that active efforts were made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that those efforts were unsuccessful.

   b. A finding that it is contrary to the welfare of the child to remain in the parental home.

   c. That parents complete and mail to Division of Child Support Services the forms contained in the child support packet, within 30 days of the hearing or the date the child support packet was received, whichever is later.

D. After the hearing, the PS Specialist will provide informal notice of the next hearing(s)/meeting(s) in the case to any Tribe that may be the child's Tribe and was not present at the hearing. The Attorney General's Office will provide all formal notices required by 25 U.S.C. § 1915(e) to such Tribes.

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2.4.1 NON-EMERGENCY CUSTODY/DECISION MAKING

AUTHORITY:

25 U.S.C §§ 1901–1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
AS 47.10	Children in Need of Aid

BACKGROUND INFORMATION

A. Federal Law: The state may initiate a child protection proceeding involving an Indian child, unless the child's Tribe has exclusive jurisdiction over the child. (See section 4.15 Tribal Jurisdiction for an explanation of exclusive jurisdiction). If a state court has jurisdiction over the proceeding, the child's Tribe (as defined under ICWA) may intervene in the CINA case. The child's Tribe may also request that the proceeding be transferred to the jurisdiction of the Tribe.

B. State Law: The Office of Children's Services (OCS) may file a petition for custody when an investigation of a report of child maltreatment results in a determination that the child is subjected to conditions in AS 47.10.011 and that it is in the child's best interest to be in state custody.

POLICY:

A. OCS may seek non-emergency custody of a child when parental conduct or conditions described in AS 47.10.011 exist but immediate removal is not necessary to address abandonment (as defined in AS 47.10.013), neglect (as defined in AS 47.10.014), sexual abuse (AS 47.10.011(7)), or to protect the child's life or to provide immediate medical attention. See AS 47.10.142(a).

B. Nothing in OCS' Policy and Procedures Manual shall preclude an OCS Protective Services (PS) Specialist from continuing to utilize, when appropriate, protective action and safety plans that allow OCS to provide reasonable efforts and avoid the necessity of filing a CINA petition.

C. OCS will not file a non-emergency petition for a child who is a member of an Indian Tribe with exclusive jurisdiction over the child.

D. Prior to OCS seeking legal custody of a child, timely, reasonable efforts will be made to provide services to the family to eliminate the necessity for placement outside the home.

PROCEDURE:

A. An OCS PS Specialist may file a non-emergency CINA petition if:

1. in-home case planning has been attempted and the PS Specialist has documented a failure by a family to participate in services offered; or

2. the safety plan no longer ensures the child's safety due to a change in family circumstances.

B. An OCS PS Specialist must confirm the existence of each of the following three criteria before the PS Specialist can file a non-emergency CINA petition:

1. a valid basis exists for the CINA petition under AS 47.10.011;

2. that the critical needs to ensure the child's safety and well being are not being met; and

3. that the parent's willingness, ability, and/or availability to ensure the child's safety and well being are not sufficient without agency intervention.

C. Additional Requirement for Alaska Native/American Indian Children:

1. Unless verification of the child's Tribal affiliation has already been completed, the PS Specialist will verify the child's Tribal affiliation by contacting the Tribe(s) believed to be the child's Tribe and, based on the information received from a Tribal representative, document the following information in an activity note in ORCA:

a. the name, position, and contact information of the Tribal representative;

b. the date of contact; and

c. the nature of the child's affiliation, if any, with the Tribe (for example, whether the child is a member of the Tribe, whether the child is eligible for membership in the Tribe, or whether one of the child's parents is a member of the Tribe).

2. Prior to filing a non-emergency petition regarding an Indian child, the PS Specialist will contact the child's Tribe to find out whether:

a. the Tribe has exclusive jurisdiction over proceedings involving the child; or

b. the child is a ward of the Tribal court; or

c. the Tribe has already initiated child protection proceedings.

3. If 2(a) or 2(b) applies, the PS Specialist will not file a non-emergency petition. If 2(c) applies, the PS Specialist should contact the Attorney General's Office.

4. Nothing in this section prohibits OCS from assuming emergency custody of an Indian child and filing an emergency petition if emergency circumstances as described in AS 47.10.142(a) exist, regardless of Tribal jurisdiction.

2.4.2 NON-EMERGENCY CUSTODY/PETITION FILING PROCEDURES

AUTHORITY:
25 U.S.C. §§ 1901 – 1923 Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
AS 47.10.010 Jurisdiction

PURPOSE: To ensure that appropriate notification of a petition for custody is provided and that the Tribal affiliation of Alaska Native/American Indian children is verified.

BACKGROUND INFORMATION:

A. Federal Law:

1. In any involuntary proceeding in state court where the court knows or has reason to know that an Indian child is involved, the party seeking the foster care placement will notify the parent and the child's Tribe of the pending proceedings and of their right to intervene.

2. The state may initiate a child protection proceeding involving an Indian child, unless the child's Tribe has exclusive jurisdiction over the child. (See section 4.15 Tribal Jurisdiction for an explanation of exclusive jurisdiction). If a state court has jurisdiction over the proceeding, the child's Tribe (as defined under ICWA) may intervene in the CINA case. The child's Tribe may also request that the proceeding be transferred to the jurisdiction of the Tribe.

B. State Law: The Office of Children's Services (OCS) may file a petition for custody when an investigation of a report of child maltreatment results in a determination that the child is subjected to conditions in AS 47.10.011 and that it is in the child's best interest to be in state custody.

POLICY:

A. If a determination is made that legal custody is necessary to protect the child, but emergency circumstances requiring immediate removal do not exist, a non-emergency CINA petition will be filed.

B. OCS will not file a non-emergency petition for a child who is a member of a Tribe with exclusive jurisdiction.

PROCEDURE:

A. When it has been determined that it is appropriate to file a non-emergency petition, the Protective Services (PS) Specialist will complete and file the petition. The non-emergency petition must specifically state that parental conduct or conditions described in AS

47.10.011 exist but immediate removal is not necessary under AS 47.10.142(a). The PS Specialist will consult with the Assistant Attorney General (AAG) regarding the drafting and filing of the non-emergency CINA petition, in accordance with regional/local procedures

B. If the parent(s), guardian, or Indian custodian is located after a timely and diligent search, the PS Specialist will:

1. give each a copy of the non-emergency CINA petition and a copy of the "Notification of Custody – A Resource Guide for Parents and Guardians" (D-067). Prior to providing the resource guide, the PS Specialist will:

   a. complete page three of the guide, titled "Notice of Filing for Non-Emergency Custody Child-In-Need-Of-Aid Proceeding" with the following information:
      - the identified safety threats;
      - the PS Specialist's name and phone number;
      - the Protective Services (PS) Supervisor's name and phone number; and
      - the court's phone number; and

   b. remove the second page in the resource guide titled "Notice of Hearing on Emergency Child-in-Need of-Aid Proceeding".

2. give each written notice of the date, time, and location of the temporary custody hearing;

3. review the non-emergency CINA petition with each of them to ensure that they understand the allegations and to explain the court procedures, and to advise them of their right to counsel, including the right to have an attorney appointed to represent them at no cost should the court determine that the individual's income is at or below poverty level; and

4. ask each of them whether the child is currently enrolled as a member of an Indian Tribe, or whether either of the parents is currently enrolled or affiliated with any Tribe in which the child is currently eligible for membership.

5. The PS Specialist must document in a progress note in ORCA that the Notification of Custody – A Resource Guide for Parents and Guardians was provided to the parent or caregiver.

C. If the child is believed to be an Indian child and verification of the child's Tribal affiliation has not already been completed, the PS Specialist will:

1. verify the child's Tribal affiliation by contacting the Tribe(s) believed to be the child's Tribe and, based on the information received from the Tribal representative, document the following information in an activity note in ORCA:

   a. the name, position, and contact information of the Tribal representative;

   b. the date of contact;

   c. type of contact (phone, fax, email, etc.); and

d. the nature of the child's affiliation, if any, with the Tribe (for example, whether the child is a member of the Tribe, whether the child is eligible for membership in the Tribe, or whether one of the child's parents is a member of the Tribe).

2. timely provide notice to the Tribe, as outlined in section 6.6.3 Notification of Court Hearings and Conferences, Administrative Reviews, Removals, and Assumption of Custody.

3. timely notify the AAG of the child's Tribal affiliation so the Attorney General's Office can provide formal written notice of the CINA proceeding.

D. If the PS Specialist files the non-emergency CINA petition but determines on or before the temporary custody hearing that the family's progress and/or compliance with the case plan has made legal custody unnecessary to protect the child, the PS Specialist will timely provide an affidavit to the AAG that sets forth a brief but sufficient basis to support a motion to dismiss the case.

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2.4.3 NON-EMERGENCY CUSTODY/PROBABLE CAUSE HEARING AND COURT ORDERS

AUTHORITY:

25 U.S.C §§ 1901–1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
AS 47.10.010	Jurisdiction
AS 47.10.030(b) & (d)	Summons and Custody of Minor
AS 47.10.142	Emergency Custody and Temporary Placement Hearing
CINA Rule 14	Stipulations

PURPOSE: To ensure that Protective Services (PS) Specialists are appropriately prepared for hearings, that all parties entitled to notification are identified and notified, and that inquiries to identify the Indian child's Tribe are made during the hearing.

BACKGROUND INFORMATION

A. Federal Law: The state must notify the parent or Indian custodian and the child's Indian Tribe of any court proceeding pertaining to a child who is an Indian child as defined in ICWA, i.e., a child who is a member of an Indian Tribe, or a child who is eligible for membership in an Indian Tribe and is the biological child of a member of an Indian Tribe.

B. State Law:

1. A probable cause/temporary custody hearing must be held when a Child in Need of Aid petition has been filed with the court.

2. The child, each parent, the Indian child's Tribe, foster parent or other out-of-home care provider, guardian, and guardian ad litem must be given notice of all hearings. In addition, each grandparent of the child must be given notice if:

   a. the grandparent has contacted the Office of Children's Services (OCS), provided evidence acceptable to OCS of being the child's grandparent, requested notice of hearings in the child's case, and provided OCS with a current mailing address; or

   b. OCS staff is aware that the child has a grandparent and has the grandparent's mailing address on file.

3. Evidence of the grandparent relationship:

   a. If the grandparent claims to be a grandparent of the child and the child's parent(s) confirms the claim, this constitutes acceptable evidence of the relationship.

   b. If a parent of the child is not available to confirm the claim, or if the child's parent(s) denies the relationship, the grandparent will be required to provide

evidence in the form of birth certificates.

4. OCS is not required to give notice of hearings if:

   a. the grandparent has been convicted of a crime in which the child was the victim; or

   b. the grandparent is prohibited by court order to have contact with the child.

C. State Court Rule: Parents may stipulate, or agree, that probable cause exists to believe the child is a Child In Need of Aid. In doing so, the parents need not admit to the allegations contained in the petition.

POLICY:

A. The PS Specialist will identify and notify all parties entitled to notification of the probable cause/temporary custody hearing.

B. The PS Specialist will prepare for the hearing by being prepared to testify as to all facts of the case that support the allegation in the petition.

C. During the hearing, the PS Specialist will ensure that inquiries are made to identify the child's Tribe.

PROCEDURE:

A. Prior to the temporary custody hearing, the PS Specialist will complete the following tasks according to local protocol and in coordination with the Assistant Attorney General (AAG):

   1. Prepare and file the petition;

   2. Give notice of the date, time, and location of the hearing to the parents, legal guardian or Indian custodian, any Tribe that may be the child's Tribe, the child's guardian ad litem (GAL), foster parent or other out-of-home provider, and each grandparent of the child entitled to notice under AS 47.10.030(d) (see section 4.1 (D) Rights, Responsibilities, and Roles of Parties and Participants in a Court Proceeding);

   3. Make arrangements for parties to appear telephonically, if necessary;

   4. Gather and prepare witnesses and evidence for the hearing; and

   5. Formulate recommendations regarding the disposition of the case and make them available to the AAG for incorporation into the court's order if custody is granted.

B. If the parents do not contest the facts of the petition, or if they agree with the PS Specialist's recommendations for protecting the child, they may stipulate to probable cause and temporary custody.

C. <u>During the Hearing</u>:

1. Unless the child's Tribal affiliation already has been established, at the hearing the AAG or the PS Specialist will inquire of the parties whether the child is a member of an Indian Tribe or is eligible for membership in an Indian Tribe and is the biological child of a member of an Indian Tribe.

2. The PS Specialist will request the following to be included for all children committed to the custody of OCS:

   a. Authorization for the department to obtain emergency medical or surgical treatment.

   b. Any special conditions that may be necessary to protect the child from further harm or to assist the PS Specialist in assessing the need for services (e.g., visitation restrictions or participation in evaluation or treatment programs).

3. If the child is placed out of the home, the PS Specialist will make every effort to ensure that the court order includes the following:

   a. A finding that reasonable efforts were made to prevent the removal or a finding that such efforts could not be made under the circumstances due to the emergency situation. For Indian children, a finding that active efforts were made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that those efforts were unsuccessful.

   b. A finding that it is contrary to the welfare of the child to remain in the parental home.

   c. That parents complete and mail to Division of Child Support Services the forms contained in the child support packet, within 30 days of the hearing or the date the child support packet was received, whichever is later.

D. After the hearing, the PS Specialist will provide informal notice of the next hearing(s)/meeting(s) in the case to any Tribe that may be the child's Tribe and was not present at the hearing.

E. The Attorney General's Office will provide all formal notices required by 25 U.S.C. § 1915(e) to any Tribe that may be the child's Tribe.

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2.5 ESTABLISHING PATERNITY/SEARCH FOR ABSENT OR UNKNOWN PARENT/SEARCH FOR RELATIVES

2.5.1 ESTABLISHING PATERNITY

AUTHORITY:

AS 18.50.160	Birth Registration
AS 25.23.180(f)	Relinquishment and Termination of Parent and Child Relationships
AS 25.27.165	Determination of Paternity in an Administrative Proceeding
AS 25.27.166	Disestablishment of Paternity
AS 47.10.020	Investigation and Petition
AS 47.10.030(b)	Summons and Custody of Minor
AS 47.10.084	Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities
AS 47.10.120	Support of Child
42 U.S.C. 671(a)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
45 CFR 1356.21(g)	Foster Care Maintenance Payments Program Implementation Requirements

PURPOSE: To provide guidance on establishing paternity if no father is listed on the birth certificate or paternity is in question. Timely identification of parents is critical for child's permanence and well-being.

BACKGROUND INFORMATION:

A. FEDERAL LAW:

1. States are required to provide for development of a case plan for each child who is placed out-of-home and receiving IV-E foster care maintenance payments, and the case plan must be developed jointly with the child's parent(s) or guardian.

2. States are required to make reasonable efforts to preserve and reunify families:

   a. prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child's home; and

   b. to make it possible for a child to safely return to the child's home;

B. STATE LAW:

1. When a petition for a finding that a child is a child in need of aid is filed, the child's parent(s) must be notified of the proceedings.

2. Before a petition for termination of parental rights is heard, notice of the hearing on the petition and opportunity to be heard shall be given the parents of the child.

3. When there has been transfer of legal custody or appointment of a guardian and parental rights have not been terminated by court decree, the parents shall have residual rights and responsibilities. These residual rights and responsibilities include, but are not limited to, the right and responsibility of reasonable visitation, consent to adoption, consent to marriage, consent to military enlistment, consent to major medical treatment except in cases of emergency or cases falling under AS 25.20.025 , and the responsibility for support, except if by court order any residual right and responsibility has been delegated to a guardian under AS 47.10.084(b).

4. When a child in need of aid is committed under this chapter, the court or the child support services agency created in AS 25.27.010 shall, after giving the parent a reasonable opportunity to be heard, require that the parent pay to the department a sum to cover in full or in part the maintenance and care of the child in a manner that the court or the child support services agency directs.

POLICY:

A. It is in the best interest of each child in the custody of the department for the child's parent(s) to participate in the support of and planning for the child. The Office of Children's Services (OCS) will actively seek to accurately identify the paternity of each child in the custody of the department at the time the child first comes into custody.

B. If a parent's whereabouts or identity are unknown, the Protective Services (PS) Specialist will attempt to locate the parent, as outlined in section 2.5.2 Search for Absent or Unknown Parent.

PROCEDURE:

A. Establishing Paternity

1. For each child taken into custody, the PS Specialist or other designated staff will access the child's birth certificate to ascertain the child's paternity. If no father is listed on the birth certificate, the PS Specialist will contact the Child Support Services Division (CSSD) via the CSSD link, CSSD – Send or Request Information, on the ORCA desktop, to determine whether they have an established support order naming the father of the child or are in the process of establishing paternity for the child.

2. The PS Specialist will verify that paternity is not in question by asking both the mother and the father who is listed on the birth certificate if he is the father. The PS Specialist will also ask CSSD whether paternity was established through a default order, i.e. an administrative order issued by CSSD due to a lack of response from the alleged father.

3. The PS Specialist will consider that the child's paternity is in question if:

   a. the mother alleges that someone other than the individual named on the birth certificate is the child's father; or

   b. someone other than the individual named claims paternity; or

c. the individual named denies paternity; or

d. no father is named on the birth certificate or in CSSD records; or

e. paternity was established through a default order.

4. When the paternity of a child who has been taken into temporary or emergency custody is in question and the name of the alleged father is known, the PS Specialist or Assistant Attorney General (AAG), as applicable, will request in the initial petition that the court order each putative father or party claiming or denying paternity to cooperate in testing required to establish paternity. The request will be for an order that the alleged parent obtain genetic testing within 30 days either through OCS or with CSSD if a support order already exists or if the court orders cooperation with CSSD to establish such an order.

5. If the mother was married at the time of the child's birth and another man is named the putative father, paternity tests should be done on both men. If the tests show that the legal father is not the child's biological father the legal father's paternity will be disestablished. An alternative way of establishing a father to the birth certificate in this situation is a 3 way affidavit of paternity from the mother, the father, and the husband.

6. The PS Specialist will arrange for paternity testing, including submitting a Request for Funds (RFF) to pay for the testing.

7. The PS Specialist will coordinate the request to establish paternity with CSSD and the Bureau of Vital Statistics (BVS). Only one agency needs to request the establishment of paternity for a child. Once paternity tests are completed, the PS Specialist will ask the AAG to consult with attorneys representing CSSD to coordinate a request for such an order to avoid potential conflicts in the establishment of a child's paternity.

8. The agency through which paternity was established must send the following documents to BVS in order to correct the birth certificate. A request from OCS or CSSD may be sent by fax to the BVS fax number listed in (A)(9)(a) below:

   a. The court order or administrative order establishing paternity;

   b. a copy of the paternity results; and

   c. a letter on agency letterhead listing the full name of the father and, if known, his DOB, SSN, and his place of birth.

9. <u>Contact information</u>:
   a. Bureau of Vital Statistics, P.O. Box 110675, Juneau, AK 99811-0675.
      Phone number: (907)465-8608. Fax number: (907) 465-3423.
   b. CSSD link, CSSD – Send or Request Information, on the ORCA desktop.

10. If no father is named on the birth certificate or in CSSD records, the PS Specialist will ask the mother and, if necessary, other relatives and/or the child's Tribe regarding the identity and whereabouts of the father, as outlined in section 2.5.2 Search for Absent

or Unknown Parent.

B. Disestablishing Paternity:

1. If a paternity test disproves the paternity of an individual named as the father on the child's birth certificate or an individual who was married to the mother at the time of the child's birth, the PS Specialist will forward the results of the paternity test to the AAG. The AAG will file a motion to disestablish paternity.

2. When an order disestablishing paternity has been issued, PS Specialist will follow the procedures in (A)(8) above to request that the birth certificate be corrected.

C. When paternity has been established or disestablished and a new birth certificate has been issued, the PS Specialist will request the new birth certificate. The process for requesting a new birth certificate is outlined on the Bureau of Vital Statistics web page; (click here).

2.5.2 SEARCH FOR ABSENT OR UNKNOWN PARENT

AUTHORITY:

AS 25.23.180(f)	Relinquishment and Termination of Parent and Child Relationships
AS 47.10.020	Investigation and Petition
AS 47.10.030(b)	Summons and Custody of Minor
AS 47.10.084	Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities
AS 47.10.120	Support of Child
42 U.S.C. 671(a)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
45 CFR 1356.21(g)	Foster Care Maintenance Payments Program Implementation Requirements

Alaska Rules of Civil Procedure Rule 4
Alaska Adoption Rule 10

PURPOSE: To ensure the timely location and engagement of parents to enable them to participate in case planning.

BACKGROUND INFORMATION:

A. FEDERAL LAW:

1. States are required to provide for development of a case plan for each child who is placed out-of-home and receiving IV-E foster care maintenance payments, and the case plan must be developed jointly with the child's parent(s) or guardian.

2. States are required to make reasonable efforts to preserve and reunify families:

   a. prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child's home; and

   b. to make it possible for a child to safely return to the child's home;

B. STATE LAW:

1. When a petition for a finding that a child is a child in need of aid is filed, the child's parent(s) must be notified of the proceedings.

2. Before a petition for termination of parental rights is heard, notice of the hearing on the petition and opportunity to be heard shall be given the parents of the child.

3. When there has been transfer of legal custody or appointment of a guardian and parental rights have not been terminated by court decree, the parents shall have residual rights and responsibilities. These residual rights and responsibilities include, but are not limited to, the right and responsibility of reasonable visitation, consent to adoption, consent to marriage, consent to military enlistment, consent to major medical treatment except in cases of emergency or cases falling under AS 25.20.025, and the responsibility for

support, except if by court order any residual right and responsibility has been delegated to a guardian under AS 47.10.084(b).

4. When a child in need of aid is committed under this chapter, the court or the child support services agency created in AS 25.27.010 shall, after giving the parent a reasonable opportunity to be heard, require that the parent pay to the department a sum to cover in full or in part the maintenance and care of the child in a manner that the court or the child support services agency directs.

5. Alaska Court Rules require diligent inquiry into the whereabouts of an absent parent who needs to be notified of court proceedings for termination of their parental. The results of the diligent inquiry may be used to support notice by publication in a newspaper, if ordered by the court. If the identity of the parent is unknown, the court may waive the notice,

POLICY:

A. It is in the best interest of each child in the custody of the department for the child's parent(s) to participate in the support of and planning for the child. If a parent's whereabouts are unknown, the Protective Services (PS) Specialist will attempt to locate the parent.

B. Attempts to locate parents will include requesting assistance from the Child Support Services Division (CSSD) to access information available through the federal and state parent locator services.

1. Federal Parent Locator Services (FPLS) is a national location system that assists states in locating noncustodial parents, putative fathers, and custodial parties for the establishment of paternity and child support obligations, as well as the enforcement and modification of orders for child support, custody, and visitation. It also identifies child support cases involving the same parties in different States.

a. FPLS includes databases; the *National Directory of New Hires* (a central repository of employment, unemployment insurance, and wage data from State Directories of New Hires, State Workforce Agencies, and Federal Agencies), and the *Federal Case Registry* (a national database of child support cases that includes information on individuals involved in those cases).

b. Additionally, the FPLS has access to external locate sources such as the Internal Revenue Service, the Social Security Administration, Veterans Affairs, the Department of Defense, the Federal Bureau of Investigation, and the National Security Administration.

2. State Parent Locator Service (SPLS) contains information obtained from the Federal Parent Locator Service and state sources, including Division of Motor Vehicles, Employment Security Division, Department of Labor (wage records), Department of Corrections, Department of Revenue (PFD), Division of Public Assistance, and the US Postal Service. The search also includes the Accurint database. In addition, CSSD uses the website Vinelink.com (for incarcerated people), local tax records online, the Social Security Death Index, and assorted phone number websites.

3. The information a state child support agency may share with a state child welfare agency varies based on the relative's relationship to the child in the child welfare case. For a custodial or noncustodial parent, or a putative father, a state child support agency may share the following information with the state child welfare agency:
   - Person's Name;
   - Person's Address;
   - Social Security Number;
   - Employer's Name;
   - Employer's Address;
   - Federal Employer Identification Number;
   - Wages, income, and benefits of employment, including healthcare coverage; and
   - Type, status, location, and amount of any assets, or debts owed by or to, any such individual.

C. Attempts to locate an absent parent may also include asking relatives and, when applicable, contacting the child's Tribe for information about the parent's whereabouts.

D. If the parent is not found the search will continue throughout the case and the search will be documented in ORCA.

PROCEDURE:

A. If a parent is absent or unknown at the time that custody is taken, the PS Specialist will attempt to locate and give notice to the parent. If the absent parent is not located in time for the emergency custody hearing, efforts to locate and notify the parent must continue. The PS Specialist will document in ORCA attempts to locate absent parents.

B. If needed in order to locate an absent or unknown parent, the PS Specialist will question the custodial parent regarding the identity and whereabouts of the absent parent, including last known employer, relatives who may know whereabouts, friends, last known address, etc.

C. If the PS Specialist is not successful in locating the absent parent by contacting relatives, employer, etc, within 15 days of when custody was taken, the PS Specialist will use the following resources in continuing the search:

   1. Initiate a Parent Search request through the Child Support Services Division (CSSD) using the "CSSD – Send or Request Information" link located on the ORCA desktop. When submitting a request to CSSD, the PS Specialist will draft an email message requesting assistance in locating an absent parent, including the absent parent's name and any known additional identifiers such as the parent's social security number, date of birth, place of birth, last known employer, the last state or city where the parent lived, and whether the parent is Alaska Native. At least one identifier is required in addition to the name, but providing as much information as is available will facilitate the search. The email should clarify that the request is for a parent (versus a relative search). If the PS Specialist knows of a related child support case ID number,

or a spouse's name, those can help in the locate effort.

The PS Specialist will document the email request to CSSD by copying and pasting the email into a Relative Search activity note in ORCA. Likewise, any results received back from CSSD will be documented.

2. if the child is Native, contact the child's and parents' Tribe(s) and/or Tribal social services agencies.

D. If the absent or unknown parent is not found, the PS Specialist IV will, on a monthly basis, review the PS Specialist's documentation of the search and verify in an activity note in ORCA that the diligent search for the absent or unknown parent is ongoing.

E. If the name or whereabouts of an absent parent is unknown and the custodial parent refuses to cooperate in providing information, the PS Specialist should request assistance of the AAG for an order requiring the custodial parent to provide such information.

F. If termination of parental rights is being requested, diligent efforts must be made to identify and/or locate the parent for purposes of notice.

1. If the parent's identity is known but the parent's whereabouts are unknown in spite of diligent efforts to locate the parent, notice by publication may be necessary for the absent parent. In that situation, the PS Specialist will complete an Affidavit of Diligent Inquiry and provide it to the AAG. The AAG files the Affidavit with a motion for an order to publish notice to the absent parent,

2. If the identity of the parent is unknown despite diligent efforts, the court may waive the notice.

3. See section 4.8(F)(4) Termination of Parental Rights for additional information about notification to absent or unknown parent.

2.6 PLACEMENTS

AUTHORITY:

AS 47.10.142	Emergency Custody and Temporary Placement Hearing
AS 47.14.100	Powers and Duties of Department over Care of Child
25 U.S.C 1901–1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
42 U.S.C. 670- 675	Title IV Part E – Federal Payments for Foster Care and Adoption Assistance

PURPOSE: To establish procedures for placing children in out-of-home care.

BACKGROUND INFORMATION:

A. Federal Law:

1. Within thirty days of removing a child from the parent(s), the State must exercise due diligence to identify and provide notice to all adult grandparents and to other adult relatives of the child subject to exceptions due to family or domestic violence. The notice must specify that the child has been or is being removed from the home and explain the options the relative has under federal and state law to participate in the care and placement of the child.

2. States are required to consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative meets all relevant State child protection standards.

3. For Native children, the placement preferences in the Indian Child Welfare Act must be followed absent good cause to the contrary.

4. The Multi-Ethnic Placement Act (MEPA) provides guidelines for foster care and adoptive placements. ICWA placement preferences are an exception to this Act and ICWA will be followed. MEPA outlines that States may not:

   a. deny to any person the opportunity to become an adoptive or a foster parent, on the basis of the race, color, or national origin of the person, or of the child, involved; or

   b. delay or deny the placement of a child for adoption or into foster care, on the basis of the race, color, or national origin of the adoptive or foster parent, or the child, involved.

5. States are required to make reasonable efforts to place siblings removed from their home in the same foster care, guardianship, or adoptive placement unless the State documents that such a joint placement would be contrary to the safety or well-being of any of the siblings.

6. Before a child under the responsibility of the State is placed with prospective out-of-home caregivers, the prospective caregivers will be prepared adequately with the

appropriate knowledge and skills to provide for the needs of the child.

7. At the time of a child's placement in out-of-home care, a copy of the child's most recent health and education records available must be provided to the caregivers with whom the child is placed.

B. State Law:

1. When a child is removed from the home, the department shall search for an appropriate placement with an adult family member or family friend. A supervisor at the department shall certify in writing in the case file whether the department has searched for an appropriate placement with an adult family member or family friend. If the department has not complied with the search requirements under the subsection, the supervisor shall work to ensure that the department completes the search in the shortest time feasible. OCS is required to place the child, in the absence of clear and convincing evidence of good cause to the contrary:

   a. in the least restrictive setting which meets the child's special needs, if any;
   b. within reasonable proximity to the child's home, taking into account any special needs of the child and the preferences of the child or parent;
   c. in the following order of preference:
      1) an adult family member;
      2) a family friend who meets the foster care licensing requirements established by the department;
      3) a licensed foster home that is not an adult family member or a family friend; or
      4) an institution for children that has a program suitable to meet the child's needs.
   d. For the purpose of determining whether the home of a relative meets the requirements for placement of a child, the department shall conduct a criminal background check from state and national criminal justice information available under AS 12.62. The department shall conduct a fingerprint background check on any member of the relative's household who is 16 years of age or older when the relative requests placement of the child.

2. Emergency placement of a child not already in custody shall occur only after a worker has assumed emergency custody.

3. Non-custodial supervision does not constitute legal custody, and therefore emergency placement of a child under non-custodial supervision requires filing an emergency petition as outlined in sections 4.2 Emergency Custody and 2.3.3 Emergency Custody/Probable Cause Hearing and Court Orders.

4. When a child is placed in foster care, the Office of Children's Services (OCS) is required to provide the foster parents with information regarding the education, medical, and mental health needs of the child in order to provide adequate care.

5. Foster parents are responsible for the following:

a. maintaining and updating records regarding medical, mental, educational, and behavioral services provided to children in their care;
b. returning all records described above to the department when the child leaves the foster home placement; and
c. maintaining the confidentiality of records regarding a child placed in the foster home except when disclosure of the records is allowed under regulations of the department or when disclosure is reasonably necessary to ensure the continuation of care for the child through appropriate medical, mental, educational, and behavioral services.

POLICY:

A. Priority consideration to the placement preferences outlined in federal and state law when making a placement decision will be given. Careful attention to meeting the child's needs will occur when choosing a placement preference.

B. Every effort will be made to place sibling groups together, provided it is in the best interest of the children.

C. Before placement, conduct a relative search as outlined in 3.5.4 How to Look for Relative Placement, Process Requests for Placement and Process Placement Denials (the Protective Services (PS) Specialist IV will certify in ORCA that a search for appropriate relatives and family friends was conducted).

D. Relatives will be given priority consideration as a placement preference over non-relatives unless a determination occurs that placement of the child with the relative is not in the child's best interest.

E. Obtain PS Specialist IV approval before placement unless a situation occurs where the PS Specialist IV is not available. In this case, the PS Specialist IV review and approval will occur within 24 hours of placement.

F. At or before placement, provide the out-of-home caregiver with the information needed to care for the child.

G. Within 30 days of removing the child from home, the PS Specialist will notify all known adult relatives of the child as outlined in section 6.6.3 Notification of Court Hearings and Conferences, Administrative Reviews, Removals, Assumption of Custody, and Placement Denials and Changes.

H. Other than relatives, all providers are required to have a licensed. A relative means an individual related to another by blood, adoption, marriage or Tribal custom.

I. Complete an Unlicensed Relative or Prospective Foster Home Safety Evaluation (06-9013) and background check before making placement in an unlicensed relative home. The Protective Services (PS) Specialist, ICWA Specialist, Tribal ICWA worker or a combination of these individuals can complete the safety evaluation.

J. Any placement of a child into an unlicensed relative home will require the PS Specialist or designee to complete (in person or by phone) an Unlicensed Relative Study Outline (06-9713) within 30 days of placement.

K. Unlicensed relative caregivers may be eligible to receive benefits on behalf of the child. In these instances, the relative may be able to choose between applying for a foster home license or applying for other benefits to assist with monetary support to meet the child's needs. Unlicensed relative caregivers may not receive the following benefits at the same time as foster care payments:

1. For Temporary Assistance for Needy Families (TANF) the relative may apply through the Department of Public Assistance or the Tribe to determine eligibility; and

2. With Social Security Income (SSI) or Social Security Disability Income (SSDI), the relative may apply to become the payee for the child and responsible for complying with eligibility requirements.

L. Issuance of a provisional license under emergency conditions may occur if the following conditions exist. The provisional license is at the discretion of the licensing unit and licensing supervisor:

1. A situation exists that a child must be placed in an out-of-home placement with a non-relative;

2. There are no other licensed foster homes available, or an applicant comes forward that has a positive relationship to the child, and the placement would reduce the trauma on the child from being placed in out-of-home care;

3. The potential placement meets the statutory placement preferences; and

4. The potential placement meets minimum safety requirements, which will be assessed by the department including an approved background check before placement.

PROCEDURES:

A. Exploring placement for providers who do not have a foster care license:

1. Relatives (related to the child by blood, marriage, adoption, or Tribal custom) do not have to be licensed, but they may pursue one.

2. A foster care license is required for all non-relatives. If it is an emergency, non-relatives may be able to obtain a provisional license under emergency conditions. If not, the individual must go through the regular licensing process before placement.

3. When considering an unlicensed provider for placement, the PS Specialist will complete the following background checks outlined in 3.5.5 Background Checks for Placement Resources before the decision is made to place the child in the home:

a. Alaska Public Safety Information Network (APSIN) check on all household members 16 or older in the home when there is not enough time to run fingerprints before placement of the child is needed;

b. Child protection records (Prober and ORCA);

c. JOMIS;

d. Sex offender Registry; and

e. Alaska Court System/Court View.

4. The PS Specialist will take the following steps before placing the child in the home:

a. Visit, or arrange for a designee (i.e., ICWA worker, Tribal worker) to visit the potential caregivers to assess the health and safety conditions of the home by completing an Unlicensed Relative or Prospective Foster Home Safety Evaluation (06-9013) which will be signed by the applicant(s).

b. Fingerprint all non-relatives before placement of the child.

c. For relative placements only, complete (in person or by phone) an Unlicensed Relative Study Outline (06-9713) and fingerprints within 30 days of placement on any family when a relative chooses not to be licensed.

5. If considering a provisional license under emergency conditions, the PS Specialist will send the Unlicensed Relative or Prospective Foster Home Safety Evaluation (06-9013) to the Licensing Specialist on the next working day. The Licensing Specialist will conduct the licensing assessment and determine if to issue a license.

6. If the potential placement resource is a relative, the PS Specialist will explain the options of either applying for a foster home license or applying for benefits such as SSI or public assistance.

B. Licensed Caregivers: For placement with licensed foster parents, the PS Specialist will assess the foster parent's ability to meet the specific child's needs (i.e., medical, education, physical, mental health) and the impact the placement would have on the family, including any other children placed in the home. The PS Specialist will also coordinate with the licensing unit to determine if the foster home has the capacity to take the additional child(ren), and whether any modifications are needed before placing the child(ren) in the home.

C. Pre-Placement Staffing: The pre-placement staffing will occur during the TDM process for participating regions. For OCS regions that do not practice TDMs, the following will occur whenever possible.

1. This staffing will include the child, the child's PS Specialist, the licensing worker when the caregiver is a licensed foster parent, the ICWA or Tribal worker, and the prospective caregiver(s). The previous caregiver may also participate as well as the

child's parent(s), Indian custodian, or guardian, if feasible.

2. The purpose of this staffing is to discuss the placement with the prospective caregiver, share pertinent background information, and communicate how the provider will meet the child's needs.

D. Placement Procedures:

1. At the time of placement, if possible, or at the latest on the next business day, the PS Specialist or designated OCS staff will provide the caregiver with the placement packet and a completed Consent for Emergency and Routine Medical Care (06-9716) for the child.

2. The PS Specialist will inform the caregiver that the placement packet will accompany the child throughout the child's placement(s), ask the caregiver to keep the child's medical and education records current, and to add current photos and other mementos to the packet as available. Inform the caregiver to return the packet to OCS when the child leaves the placement so the PS Specialist or designated OCS staff can update the packet with necessary documents.

3. Placement Packet:

a. In this section, "Placement Packet" refers to a folder containing a group of forms or documents that, collectively, provide information to out-of-home caregivers about children placed in their home; including:
   1) Consent for Emergency and Routine Medical Care (06-9716);
   2) If applicable, a summary of the child's mental health issues that may affect the safety of the child, the caregiver, or the caregiver's family; or that the caregiver needs to provide care for the child;
   3) The child's education reports prepared by or for the department, including reports compiled before placing the child with the caregivers; and supplements to such plans, orders, and reports;
   4) Visitation Schedule for Relatives;
   5) Clothing Inventory and Request Form (06-9741);
   6) Medical, Dental, and Medication Record Form (06-9180);
   7) EPSDT Guidelines and Periodicity Schedule (D-090);
   8) Dear Resource Family Letter (D-020);
   9) Rate Information Letter (D-021);
   10) Medicaid Card (if applicable);
   11) ICWA Pamphlet (if applicable);
   12) Request for Special Needs Funding (06-9710);
   13) "Bedtime for Baby" Infant Safe Sleep Brochure;
   14) Tribal Health Organization Letter;
   15) AMCCI (brochure or flyer); and
   16) Emergency Room Use (brochure or flyer).

b. When the child leaves out-of-home care for the return home, adoption, guardianship, or is released to the child's own custody, the medical, education,

social information, mementos, and photos in the packet become the property of the child. The PS Specialist or designated OCS staff will give the documents to the child's parents, adoptive parents, guardian, or the child, with a copy in the child's file.

E. Supervisory Review: When a PS Specialist places a child in an emergency placement without PS Specialist IV approval, the PS Specialist IV will review and approve that the following has occurred within 24 hours of placement:

1. The placement is the least restrictive setting, which meets the child's special needs;

2. The Unlicensed Relative or Prospective Foster Home Safety Evaluation and background checks have been completed and documented in ORCA;

3. The placement complies with the ICWA placement preferences and the placement preferences in state law; and

4. The placement is documented in ORCA.

F. Documenting the Placement:

1. Timeframe: The PS Specialist will enter the child's new placement in ORCA within 24 hours of the placement.

2. PS IV Documentation: When emergency custody is granted, a child is removed from the parent's home, or before a placement change is made, the PS Specialist IV will document in an ORCA Relative/Placement Search note that a search for an appropriate placement with an adult family member or family friend was conducted. The note must contain the following:

   a. Wording which states that the PS Specialist IV has certified that the department has searched for an appropriate placement with an adult family member or family friend; or

   b. If the search has not been completed, document what steps will be needed to complete the search in the shortest time feasible.

3. PS Specialist Documentation of Unlicensed Placements:

   a. The PS Specialist will contact ORCA Help to create the relative as a provider in ORCA and document the child's placement within one-business days.

   b. Scan the Unlicensed Relative and Prospective Home Safety Evaluation into ORCA.

   c. Document a summary of the fingerprint results in the ORCA background check tab, or

   d. For emergency placements, document the summary of the APSIN results.

4. The PS Specialist will provide the caregiver with a copy of the case plan within 60 days.

G. Placements in Emergency Shelter Care: When placing a child in emergency shelter care in a residential child care facility, the placement may not exceed 30 days unless there is documentation which shows that continued care is necessary. The PS Specialist will assess the need for continued care within 30 days after admission and every 15 days after that. The PS Specialist will provide the information to the facility when requested to enable the facility to meet licensing requirements. The assessment must include the reasons for continued care, plans for other placement, and barriers to other placement and plans to eliminate the barriers.

2.6.1 VOLUNTARY PLACEMENTS

AUTHORITY: AS 47.14.100(c) Powers and Duties of Department over Care of Child, P. L. 96-272 Adoption Assistance and Child Welfare Act of 1980, P. L. 95-608 Indian Child Welfare Act of 1978

POLICY: The division may place minors for a period of up to six months on the basis of an individual voluntary written agreement between the minor's parent, legal guardian, Indian custodian, or other person having legal custody, and the department. The legal or Indian custodian can remove the child from the placement at any time. It is not appropriate to use a voluntary placement when there are child abuse or neglect issues present, and voluntary placement will never be used when emergency custody has been assumed, as an alternative to initiating CINA proceedings, or if a parent appears incapacitated or does not appear competent to sign legal documents. Voluntary placements are not to be confused with voluntary relinquishment which must be taken in court.

Placement preferences should ordinarily be followed when children go into voluntary placement (see section 2.7 Placement Preferences).

PROCEDURE:

a: Voluntary placements will:

1. Be based on sound case planning designed to address problems of a short-term crisis nature. For example, the parent or a sibling requires medical care that makes the parent unable to care for this child and there are no other alternatives for care.

2. Not involve neglect or abuse.

3. Be of short duration. In no event will a voluntary placement exceed 180 days. Longer placements will require a petition and a court order.

4. Have supervisory consultation prior to effecting a voluntary placement. In rural situations, consultation may not be immediately available, but in all cases such consultation and approval from the Protective Services (PS) Specialist IV will be documented in the case record by the PS Specialist within 2 weeks.

5. Require prior approval by the Protective Services Manager II or designee before the initial placement.

6. Be signed using the Voluntary Placement Agreement form (06-9693).

7. Have the parent complete the Child Support Enforcement packet before the placement occurs.

8. Have the case plan developed by the parents and the PS Specialist which must spell out the exact steps to be taken to alleviate the crisis as well as the criteria for evaluating progress, and the date for joint evaluation by the parents and the PS Specialist .

9. Follow placement preference.

10. Be reviewed with the PS Specialist IV at the end of a 3 month period, with the supervisor approving continued placement for an additional 3 month period, up to a maximum 6 months allowed for a voluntary placement.

11. Not be used for placement in a residential treatment program.

12. The PS Specialist will notify the child's Tribe of any voluntary placements involving Native children.

b. If a parent, guardian, or Indian custodian who has signed a Voluntary Placement Agreement requests return of the child, the PS Specialist will arrange for the return without delay.

2.6.2 NON-VOLUNTARY PLACEMENT

AUTHORITY: AS 47.10.080(c) Judgments and Orders, AS 47.10.084 Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities, P. L. 96-272 Adoption Assistance and Child Welfare Act of 1980, P. L. 95-608 Indian Child Welfare Act of 1978

POLICY: A child is placed into department custody by virtue of a court order. At that time the department assumes custody responsibilities. The parent(s) or Indian custodian, unless parental rights are terminated, have certain residual rights and responsibilities.

INTRODUCTION: A non-voluntary placement is one that is achieved through a legal process. This may be a result of the division filing a petition for custody (temporary or other, including emergency custody) or by a court ordering placement based on legal proceedings in domestic violence or contested custody proceeding.

PROCEDURE:

a. The department will:

1. assume responsibility for physical care and control of the child;

2. determine where and with whom the minor shall live;

3. have the right and duty to protect, nurture, train, and discipline the minor;

4. have the duty of providing the child with food, shelter, education, and medical care; and

5. have the right and responsibility to make decisions of financial significance concerning the child.

b. The parent or Indian custodian will, unless parental rights have been terminated:

1. have reasonable visitation;

2. consent to adoption, marriage, and military enlistment;

3. consent to major medical treatment except in case of emergency or pursuant to AS 25.20.025 which in certain situations allows a minor to consent to medical or dental

treatment of himself/themselves or their child;

4. have the responsibility to support the child

2.9 CASE PLANNING

2.9.1 A FRAMEWORK FOR ESSENTIALS IN CASE PLANNING

AUTHORITY:

AS 47.10	Children in Need of Aid
42 U.S.C. 675	Definitions (Title IV-E)
25 U.S.C. 1901-1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
45 CFR 1356.21(g)	Case Plan Requirements

PURPOSE: The Office of Children's Services (OCS) aims to achieve the best possible outcomes related to safety, wellbeing, permanency, cultural continuity, and ICWA compliance for all children entrusted in state custody. This section describes the agency's expectations for meeting and documenting the above outcome areas during the case planning process.

BACKGROUND INFORMATION:

A. Federal Statutes and Regulations regarding Case Planning:

1. A case plan must be developed within 60 days of when a child is removed from home.

2. The case plan must be developed jointly with the parent(s) or guardian of the child in foster care; and

   a. include a description of the services offered and provided to prevent removal of the child from the home and to reunify the family; and

   b. be designed to achieve placement in the least restrictive (most family-like) setting available and in close proximity to the parents' home consistent with the best interest and special needs of the child; and

   c. include a discussion of how the plan is designed to achieve a placement in the least restrictive (most family-like) setting available and in close proximity to the home of the parent(s) when the case plan goal is reunification and a discussion of how the placement is consistent with the best interests and special needs of the child; and

   d. include a description of the type of home or institution in which the child is to be placed, including a discussion of the safety and appropriateness of the placement and how OCS plans to carry out the voluntary placement agreement entered into or the court order that removed the child from home and placed the child in state custody; and

   e. if the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, the case plan must set forth the reasons why such placement is in the best interests of the child; and

f. if the child has been placed in foster care outside the State in which the home of the parents of the child is located, the case plan must require that, periodically, but not less frequently than every six months, a caseworker on the staff of the State agency of the State in which the home of the parents of the child is located, of the State in which the child has been placed, or of a private agency under contract with either such state, visit such child in such home or institution and submit a report on such visit to the State agency of the State in which the home of the parents of the child is located); and

g. include strategies for assuring that the child receives safe and proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the parent(s) home, facilitate the child's return to his own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan; and

h. includes the health and education records of the child, including the most recent information available regarding:
   1) the names and addresses of the child's health and educational providers;
   2) the child's grade level performance;
   3) the child's school record;
   4) a record of the child's immunizations;
   5) the child's known medical problems;
   6) the child's medications; and
   7) any other relevant health and education information concerning the child determined to be appropriate by the State agency; and

i. Include strategies for ensuring the educational stability of the child while in foster care, including
   1) assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement; and
   2) an assurance that the State agency has coordinated with the local school district to ensure that the child remains in the school in which the child is enrolled at the time of placement; or
   3) if remaining in such school is not in the best interests of the child, assurances by the State agency and the local school district to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school; and

j. where appropriate, for a child 16 or over, include a written description of the programs and services which will help such child prepare for the transition from foster care to independent living; and

k. for a child for whom foster care maintenance payments are being made or who is receiving independent living benefits or services, include a transition plan that is developed during the 90-day period immediately prior to when a child is turning 18. The transition plan must address options on housing, health insurance, education, local opportunities for mentors and continuing support

services, and work force supports and employment services, and must be as detailed as the child chooses; and

l. in the case of a child with respect to whom the permanency plan is adoption or placement in another permanent home, documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangement for the child, to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and to finalize the adoption or legal guardianship. When the case plan goal is adoption, at a minimum, such documentation shall include child specific recruitment efforts such as the use of State, regional, and national adoption exchanges including electronic exchange systems; and

m. if the State has determined that there is a compelling reason not to file a petition for termination of parental rights for a child who has been placed out-of-home for 15 out of the last 22 months, the compelling reason must be documented in the case plan, which must be available for court review.

B. State Requirements:

1. The department may recommend to the court another planned permanent living arrangement (APPLA) for a child who is in state custody only if:

a. the child is 16 years of age or older;

b. the department has unsuccessfully made intensive efforts to find a permanent placement for the child; and

c. the department, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, determines that there is a compelling reason that the most appropriate permanency plan for the child is placement in another planned permanent living arrangement, and the department documents for the court the compelling reason for the alternate plan.

2. Another planned permanent living arrangement (APPLA) means a permanent living arrangement for a child who is committed to the custody of the department under AS 47.10.080(c)(1) that is an alternative to permanent placement with a fit and willing relative, and to reunification, adoption, and legal guardianship.

3. "Compelling reason" may include circumstances in which:

a. the child has specifically requested that emancipation be established;

b. a parent and child have a significant bond, but the parent is unable to care for the child because of an emotional or physical disability, and the child's foster parents have committed to raising the child to the age of majority and to facilitating visitation with the disabled parent.

POLICY:

A. Case planning will occur for all families who have an open case (in-home or out-of- home).

B. Case plans will be created and distributed to all appropriate parties within 60 days of assuming custody. For Family Services cases without custody, case plans will be created and distributed to all appropriate parties within 30 days of opening the case for services or no later than 30 days from the case transfer date.

C. Case planning will encompass areas surrounding child safety, child well-being, child permanency, cultural continuity, and ICWA compliance.

D. The case planning process must be conducted in a culturally appropriate manner, and sensitivity in cross cultural communication encounters is necessary. OCS employees must be careful to ensure that miscommunication and/or biases are avoided due to a lack of cultural understanding. All clients, regardless of race or ethnicity, should be encouraged to share about their culture during the FSA process.

E. Considering that a disproportionate number of Alaskan Native families are involved in Alaska's child welfare system, special considerations must be given to Alaskan Native cultural norms, traditions and behaviors, that should be respected during the Family Services Assessment and Case Planning process and when facilitating a trauma screening for either parents or children (Section 2.9.3 and 2.9.4).

1. Communication Style:
   - Silence is important, particularly from children who must listen before they can learn skills. There can be long pauses before speaking.
   - Direct questioning is considered rude to many Alaska Native cultures.
     - It is rude to many Alaska Native cultures to ask personal questions.
   - Direct eye contact while speaking (particularly with elders) is considered rude to many Alaska Native cultures.
   - Interrupting is considered rude to many Alaska Native cultures.
   - It is rude to many Alaska Native cultures to express an unsolicited opinion (elders are the exception to this rule).
   - It is rude to many Alaska Native cultures to give unsolicited advice (elders are the exception to this rule).
   - Many Alaska Native people will express themselves nonverbally when possible, e.g. eyebrow raises can mean "hello" or "yes".
     - Some Alaska Native women will not address men directly, instead asking questions of them through their significant other or spouse, to show respect for the relationship.
   - Teasing is a means to create/sustain intimacy.
   - Alaska Native cultures have existed for millennia based upon oral tradition.
     - Spoken words have more significance/meaning to Alaska Native people than words on paper.
   - Many Alaska Native people (elders, in particular) do not speak English as their first language.

2. Presentation:
   - People in many Alaska Native communities may be quiet, shy, and withdrawn around strangers. Children in these communities may be very curious about strangers.
     - On the other hand, Native children raised in the village may cling to parents, relatives, or other adults when a non-Native stranger comes into the village. Once they learn the stranger is safe and overcome their initial shyness, they may become clingy with the newcomer as they strive to build a relationship.
   - Members of many Alaska Native cultures will present as stoic, withdrawn, and/or unemotional by Western standards.

3. Belief System:
   - Time is a flexible concept to many Alaska Native cultures. Beyond preparing for winter, planning for the future is discouraged.
   - Humility is important to many Alaska Native cultures and boasting is discouraged. A Native child may minimize their abilities or refuse to talk about themselves for this reason.
     - In many Alaska Native cultures, it is considered to be "bad luck" to speak hopefully of the future or to speak against another.
   - Sharing is important to many Alaska Native cultures and those who don't share what they have are considered "stingy".
     - Many Alaska Native cultures believe that acts of generosity/sharing pay off during hunting/fishing seasons and rejections of gifts may have an adverse effect on the catch.
   - It is rude to many Alaska Native cultures to reject an invitation, gift, or offering (food or otherwise).
     - There is no greater level of intimacy in Alaska Native culture than eating together. An invitation to eat is an invitation to a deeper relationship.
   - Alaska Native children are typically named after multiple ancestors and are considered to be the embodiment (read: reincarnation) of those ancestors. As a result, scolding and disciplining Native children is discouraged as an effort to respect the namesakes.
   - Most Alaska Native cultures are traditionally non-material and therefore do not place importance on money, clothes, and belongings.
     - It is not unusual for members of Alaska Native cultures to spend/give money extravagantly on gifts (because acts of generosity pay off during hunting/fishing seasons and at all other times).
     - It is not unusual for Alaska Native children to break/lose toys and belongings and think nothing of it.
   - Alaska Native cultures observe complex, spiritually-significant rituals surrounding a death of a community member to acknowledge the life of the person and bring closure to the bereaved.
     - It is vitally important to not offend the spirit of the departed (because it may have an effect upon subsistence success). This is why all family members (immediate and extended) must be present for these rituals.
   - Alaska Native people believe that all animals and people have souls that are reincarnated and sometimes interchanged at death.
     - It is vitally important to not offend these souls or there will be an adverse effect upon subsistence and/or fertility and/or general happiness.
     - Elaborate rituals and observances ensure these souls are not offended.

- All Alaska Native cultures observe ancient, land-based spiritual beliefs that emphasize love, respect, forgiveness, and interconnectedness.

4. Subsistence Customs:
   - It is traditional in many Alaska Native cultures to move to fish/hunting/berry picking camps throughout the year.
   - It is traditional in many Alaska Native cultures for children to learn to hunt and fish at a young age and therefore cause/witness the deaths of animals, birds, and fish.
     - Most Alaska Native children (boys, in particular) will have direct knowledge of the use of firearms and other weaponry.
   - Traditional Alaska Native cultures relied solely on subsistence/barter economies.
     - Some traditional Alaska Native cultures are more hierarchical than others, but none easily translate into Western hierarchical terms.
       - Western political and administrative systems are foreign to many Alaska Native people due to their complexity and documentation-based nature.

5. Childrearing Practices:
   - Alaska Native children are encouraged to become independent at an early age and are allowed to freely explore the world around them unsupervised.
   - It is traditional in many Alaska Native cultures to allow children to move and live with different relatives or friends.
   - All Alaska Native cultures observe rites of passage to honor a boy's first catch or a girl's first gathering of food (berry picking).
   - Traditional Alaska Native childrearing practices are viewed as "passive" by Western clinicians and can conflict with educational practices at Western schools.

6. Historical Trauma:
   - Many Alaska Native people today are struggling with the reconciliation of Native and Western culture (which are in many ways mutually exclusive).
     - One result of this lack of reconciliation is a lack of Western education which results in lack of employment which results in poverty.
     - Village conditions which were once hospitable to Alaska Native people are now inhospitable due to Western housing, plumbing, and sewage disposal systems ill-equipped to endure extreme weather patterns.
     - The cost of goods and services in the village is much greater than in urban areas.
     - Seasons of low-subsistence catch are financially devastating to Alaska Native families in the village.
   - Many Alaska Native people today are struggling with the residual effects of past governmental policies that attempted to assimilate Native people into Western society.
     - Alaska Native families still suffer the effects of:
       - devastating disease epidemics which occurred in the 19th and 20th Centuries, some of which wiped out entire villages;
       - cultural, spiritual, physical, and sexual abuse by non-Native missionaries of various Christian denominations.
       - cultural, spiritual, physical, and sexual abuse by non-Native miners and schoolteachers living in the village.
       - cultural, spiritual, physical, and sexual abuse which occurred in government-run boarding schools in Alaska and the Lower-48.

- Alaska Native children were forbidden from speaking their Native languages in the schools and were beaten for doing so.
- Alaska Native children were torn away from their villages and families for years at a time while in boarding school.
  - These children never learned their cultural practices/beliefs/values;
  - These children never learned how to parent;
  - These children never developed a strong identity and self-esteem.

- Many Alaska Native people have never been taught the traditional beliefs and values of their cultures as presented above because of historical trauma.
- Many Alaska Native people have not developed a strong identity and self-esteem because of historical trauma.

F. Desired Outcomes for Children And Families:

1. Child Safety: When families come to the attention of the agency, and the agency intervenes with a family by doing an initial assessment, or by opening a case with the family, the desired outcomes for children in the family are:

   a. Children will remain free from substantiated abuse or neglect for 12 months after agency intervention.

   b. Children in out of home care will not be abused or neglected while in care. There will not be a substantiated report of abuse or neglect.

2. Child Permanency: When children are removed from a parent's care, the desired permanency outcomes include:

   a. Children will be returned to their parent's care within one year or placed in a permanent home within one year.

   b. Children will experience no more than two placement changes prior to placement in their permanent home.

   c. Children shall be placed with a relative as a possible alternative permanent care provider within 90 days of removal.

   d. Youth who are likely to remain in foster care until they reach age 21 will have the skills necessary to live independently upon release of state custody.

3. Child and Family Well-Being: When children are in custody, the desired outcomes for their physical and emotional health include:

   a. Children are medical, dental, educational, and development needs met.

   b. Children's mental health needs will be met, including an assessment for exposure to trauma and any need for follow up services.

   c. Children placed in out of home care will be in a placement that is least restrictive, can meet the child's needs, and is culturally appropriate.

   d. Children who are separated from their parents will have the opportunity to

maintain contact with their family as appropriate to meet their needs.

e. Children who are separated from their sibling will have the opportunity to maintain contact as appropriate to meet their needs.

4. Cultural Continuity: Children in out of home care will continue to participate in their family, cultural, and spiritual traditions, customs, and connections as appropriate to meet their needs.

5. ICWA Compliance: For children and families who fall under the jurisdiction of the Indian Child Welfare Act:

a. Active efforts will be provided whenever possible to prevent the removal of a child from the family. (See section 4.16(B) for definition of active efforts).

b. If a child must be removed from a parent or Indian custodian, they will be placed with another parent, a relative or other Tribal member in accordance with the placement preferences outlined in the ICWA. If not in a first preference placement, efforts shall be made in consultation with the Tribe, parents, children, and family members to locate a family that is of higher preference as outlined in ICWA. Once found, the child may be moved to a higher level of preference placement:

c. Active efforts are provided to re-unify the family which includes active efforts to assist the family in receiving all needed services in order to achieve the permanency goal.

d. Active efforts are provided for children placed in out of home care so they maintain contact with their family, culture, customs and Tribal connections.

G. Required Case Plan Elements: Each case plan document will have the following components:

1. Identifying Information: Each case plan will include the case name and case number along with the names of the parents and children connected to the case plan.

2. Permanency Goals:

a. Each child will have a primary and secondary (aka alternative) permanency goal on the case plan. (see section 2.9.2 Permanency Goals for Children).

b. Also included in this section is:

1) A description of what efforts are being made to locate and identify a permanent family if the child is placed out of home in a non-permanent placement.

2) If the permanency goal is adoption or guardianship, an explanation of how that goal is in the child's best interest and what efforts are being employed to reach that goal.

3) If the goal is reunification but the child has been out of home for 15 of the previous 22 months, the compelling reasons why a petition to terminate parental rights is not being filed.

3. Placement Planning: Each case plan will describe efforts to prevent out of home placement for the children and efforts to involve parents, children and the Tribe in the case planning process. If a child is not placed in a first preference placement, or is out of proximity of their parent's home, or is not placed in a least restrictive setting, or is not able to attend their own school, or is not placed with their siblings, the Protective Services (PS) Specialist must explain how this is in their best interest and what efforts are being made to keep them connected in the above referenced areas.

4. Reason for OCS Involvement: Each case plan will include a description of the safety threats and/or high risk factors that required OCS to open a case with the family. Additionally, each case plan will include the parent/caregivers perception regarding the safety and risk factors and their understanding of why OCS is involved with them.

5. Parent/Caregiver Protective Factors, Strengths and Concerns: Each case plan will outline the strengths the parent has related to the 5 protective factors; parental resilience, concrete supports in times of need, social connections, knowledge of parenting and child development, and social and emotional competence of children. These strengths should be identified and confirmed during the Family Services Assessment and are summarized in the case plan. The family strengths can then be a basis for working with the family toward achieving their goals. All concerns should be connected to the safety threats or high risk behaviors and each concern must be addressed in a goal for the parent.

6. Parent/Caregiver Goals and Activities: Each case plan will include behaviorally specific goals established between the parent and PS Specialist. The goals should be simple, written in the parent's language, and be connected to the safety threats or high risk factors that caused the child to be unsafe or at high risk in the parent's care. The selected activities, tasks, and services should help the parent achieve their case plan goals to enhance their protective factors. Included are how OCS will help the parent achieve their goals, who is responsible for what, and reasonable timelines by which to participate in the required services.

7. Case Plan Goals for Children:

   a. Each child will have a series of case plan goals targeted at meeting their needs and the established permanency goal. The following areas must be addressed for all children in out of home care:

      1) Medical/dental/vision needs;

      2) Mental health needs;

      3) Educational needs;

      4) Cultural continuity;

5) Developmental needs for children between birth and three years old;

6) Independent living for youth ages 16 and older;

7) Other needs specific to each individual child.

b. For children who are not in custody, their case plans should focus not only those needs that are connected to the reason for opening the case, but also any other areas that need some attention, including an assessment for exposure to trauma and any follow up needed in that area.

2.9.3 FAMILY SERVICES ASSESSMENT: CASE PLANNING WITH PARENTS

AUTHORITY:

AS 47.10	Children in Need of Aid
42 U.S.C. 675	Definitions (Title IV-E)
25 U.S.C. 1901-1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
45 CFR 1356.21(g)	Case Plan Requirements

PURPOSE: To provide a structured approach for engaging and involving parents/guardians/custodians in their case planning process that is known as the Family Services Assessment (FSA).

BACKGROUND INFORMATION - FEDERAL REQUIREMENTS:

A. A case plan must be developed within 60 days of when a child is removed from home.

B. The case plan must be developed jointly with the parent(s) or guardian of the child in foster care.

The required elements of case plans are addressed in the Background Information subsection of the CPS Manual section 2.9.1 A Framework for Essential Case Planning.

POLICY:

A. OCS will develop a case plan, using the Family Services Assessment (FSA) process, for each parent, legal guardian, or Indian Custodian who is subject to an open OCS Family Services case, with or without custody, in home or out of home.

B. The agency will work with the parent/guardian/custodian individually in developing their own case plan. Tribal representatives will be included when applicable in the initial and ongoing development of the case plan.

C. Each case plan will be written using language that the parent/guardian/custodian can understand and include services they request to meet their identified needs.

   1. The needs assessment for each individual will include an exploration of the five protective factors: parental resilience, concrete supports in times of need, social connections, knowledge of parenting and child development and social and emotional competence of children; and

   2. The identification of desired services will include an exploration of the available traditional wellness practices, cultural activities and Tribal services (see the Cultural Resources for Alaska Families guide located in Statewide Forms folder).

D. Case plans will be created and distributed to all appropriate parties within 60 days of assuming custody. For Family Services cases without custody, case plans will be created and distributed to all appropriate parties within 30 days of opening the case for services or no later than 30 days from the case transfer date.

E. The case plan evaluation process will occur every six months after development of the case plan, and when a significant change occurs with the family that would require a case plan evaluation.

PROCEDURES:

A. During the Initial Assessment process, the assigned Protective Services (PS) Specialist may determine that an immediate service is needed that cannot wait until the formal case planning process is completed.

1. In such situations the PS Specialist will refer parent, guardian, or custodian to services, as appropriate (such as substance abuse detox or emergency mental health services);

2. The PS Specialist will explain to the parent/guardian/custodian that activities might change as the case plan is developed.

3. The attorney or Tribal representative for the parent/guardian/custodian may also suggest referrals for services.

B. Prior to making referrals, the PS Specialist will talk to the parent/guardian/custodian about their understanding of the safety threats and protective factors and how the identified service may assist in decreasing the safety threats.

C. When the PS Specialist makes referrals for any types of service in the first 60 days of case prior to development of a case plan, the PS Specialist will fill out the Initial Referral for Services (06-9771) and distribute copies of the form to all appropriate parties.

D. The PS Specialist will document the discussion they have with the parent/guardian/custodian in a Caseworker Visit Activity Note in ORCA.

E. A copy of the Initial Referral for Services document will be placed in the hard copy case file and reviewed during the case transfer process (see CPS Manual section 2.2.5.3 Transferring Cases in Initial Assessment and Family Services for policies and procedures for the case transfer).

F. Case Planning Process: The primary purpose of the case planning process is to provide a method for parent/guardian/custodian to be actively involved in their own case planning. As a result of the case plan, families are able to take care of their children by making sure that their basic needs are met, they are safe, and live in permanent homes.

G. First Meeting with the Parent/Guardian/Custodian:

1. The general purpose of the first meeting between the PS Specialist and the

parent/guardian/custodian is for the PS Specialist to introduce themselves, explain the FSA process, and to make sure all roles, responsibilities, expectations, safety threats, and risk factors are discussed and understood (see FSA Practice Handbook).

a. No more than five days after the case transfer meeting, the PS Specialist will schedule a meeting with the parent/guardian/custodians. The meeting should occur at a place the parent/guardian/custodian would like to meet with consideration given to PS Specialist safety.

b. This meeting is also the time for the PS Specialist to:

1) Confirm the safety plan is working, the household composition, explore relatives, and reiterate permanency time lines;

2) Provide information about the rights and responsibilities the parent/guardian/custodians has, the need to share information about the child's needs and a search for and consideration of relatives who may be able to care for the child or provide support to the child;

3) Provide information to the parent/guardian/custodians and discuss with them the different permanency goals, the need for alternative permanency planning, and the goal for their family's case; and

4) Provide information to the parent/guardian/custodian about federal and state timelines for permanency if their child is placed in out-of-home care.

2. Before the first meeting is completed, the PS Specialist will schedule another time to meet with the parent/guardian/custodian no later than five days after the introduction meeting, documenting the date and time on the To-Do List (06-9698) form and leaving a copy with the parent/guardian/custodian. In rural communities, this meeting may occur telephonically if needed.

3. The PS Specialist will document this meeting in a caseworker visit activity note.

H. Case Planning Meeting:

1. The parent/guardian/custodian, PS Specialist and Tribe if applicable should meet to identify and discuss changes that need to be made. The changes are focused on the diminished protective factors associated with safety threats and to determine what the parent/guardian/custodians are willing to work on to be able to safely parent their children (see FSA Practice Handbook and Cultural Resources for Alaska Families).

a. Discuss and identify existing caregiver protective factors;

b. Discuss the relationship between diminished caregiver protective factors and impending danger;

c. Discuss and examine the needs of the child(ren) and identify ways in which

the parent/guardian/custodian can be fully involved in supporting and meeting the child's needs;

d. Determine whether any professional evaluations (i.e. mental health, medical, educational, unresolved trauma) are needed;

e. Determine areas of agreement and disagreement regarding impending danger. Identify the readiness for change that the parent/guardian/custodian has related to addressing diminished caregiver protective factors; and

f. Understand and consider the parent's trauma history.

2. Depending on the perspective of the parent/guardian/custodian during the case planning discussions, the PS Specialist may need to revisit conversations that would normally occur in the first meeting to help them understand the FSA process.

3. Prioritizing what must change, develop the case plan goals, select change strategies associated with the goals, and finalize the individual case plan (see FSA Practice Handbook).

4. The PS Specialist and parent/guardian/custodian will:

a. Discuss changes necessary to create a safe and protective home;

b. Discuss areas of agreement regarding what must change and acknowledge areas of disagreement;

c. Establish case plan goals related to enhancing diminished protective factors, including issues related to trauma exposure in the past;

d. Determine perceptions that the parent/guardian/custodian has and what language to use for the case plan;

e. Confirm any specific needs for children and how those needs will be addressed;

f. Identify services and the provision of service delivery (see the Cultural Resources for Alaska Families guide in Statewide Forms);

g. Discuss the status of the working relationship between the PS Specialist and the parent/guardian/custodian and child(ren), the motivation and readiness of the parent/guardian/custodian to participate in the case plan, and continuing roles and expectations; and

h. Seek commitment from the parent/guardian/custodian to remain actively involved in the change process and to participate in services.

5. Upon referral for any services, the PS Specialist will:

a. Use all available qualified providers for service providers. This includes using providers in the following order:

1) Tribal Health Organizations and Tribal providers including those listed in the appendix of the Cultural Resource Guide in Statewide Forms for Alaskan Native and American Indian adults and children.

2) Medicaid eligible service providers for Medicaid eligible beneficiaries.

3) Grant Service providers listed at (click here).

4) Providers which have signed provider agreements with the Office of Children's Services.

b. If a potential service provider does not fall under the individuals listed above in 5(a) of this policy section or is not a provider in ORCA, then the PS Specialist will contact the Service Array Unit at hss.ocsservice.array@alaska.gov to explore payment options.

c. The PS Specialist will contact the services provider to ensure the provider understands:

1) The parent's goal for engaging in the service;

2) Expected frequency of contact between the provider and the family case plan participants;

3) Expected frequency and format (verbal or written) of progress reports from the provider.

4) Likelihood or possibility of having to testify in court.

6. Before the meeting is completed, the PS Specialist will schedule another time to meet with the parent/guardian/custodian, explaining that monthly visits are required. The PS Specialist will document this meeting in a caseworker visit activity note and on the form 06-9698 To-Do List and leave a copy with the parent/guardian/custodian. The caseworker visit activity note must address what services were offered, including whether traditional/cultural services were explored.

I. Documenting the Family Services Case Plan:

1. The 06-9699 Case Plan should be created and documented with the parent/guardian/caregiver, and Tribe if appropriate, during the case planning meeting. The case plan should be written in the parent's language. A copy of the plan should be left with the parent, a copy given to the Tribe, and a copy for the case file.

2. Information for the case plan is gathered through the FSA process and is focused on the following five primary areas:

a. Safety threats (impending danger) and high risk factors associated with the reason for agency involvement;

b. The five protective factors;

c. Outcomes for change associated with diminished protective factors;

d. Case plan activities and services; and

e. Permanency planning for the children.

3. The PS Specialist must complete the case plan within 60 days of the assumption of custody, or within 30 days of case transfer for cases without custody.

4. The PS Specialist must obtain signatures for the completed case plan in the meeting with the parent. The PS Specialist will get the PS Specialist IV's signature after the case plan has been completed. The case plan should be scanned into ORCA after completion.

J. Level of Effort in Completing the Case Plan:

1. The level of effort required to complete the case plan through the FSA process is determined by the number, frequency and length of contacts with the parent/guardian/custodians and child(ren) necessary to complete the case plan.

2. The PS Specialist must conduct an adequate number of face to face contacts with the parent/guardian/custodians (individually, jointly, or group meetings) necessary to engage with the parent to complete the case plan. A minimum of monthly face to face contact with the parent/guardian/custodians is required.

3. All contacts and documentation of the FSA meeting with the parent and Case Planning process must occur within 60 days, unless authorized by a PS Specialist IV and documented in a Supervisor Case Staffing Note in ORCA.

K. Case Planning with Parent/Guardian/Custodians Who Will Not Engage in the Family Services Assessment:

1. When a parent/guardian/custodian is difficult to locate or engage in the FSA the PS Specialist will:

a. Make numerous and regular attempts to talk to the parent/guardian/custodian through a variety of means including:

1) Home visits, announced and unannounced;

2) Phone calls, letters, e-mails;

3) Through a third party such as an attorney or Tribal representative;

4) At court or other events such as family visits; and

5) Diligent inquiries when applicable.

b. Document efforts to engage the parent/guardian/custodian in caseworker visit activity notes in ORCA.

2. If a PS Specialist is unable to engage a parent/guardian/custodian after multiple attempts, the PS Specialist will develop the case plan document, indicating the efforts to engage the parent/guardian/custodian in the process and that the case plan was developed without their input. The case plan goals and services will be based upon known safety threats and diminished protective factors.

3. The case plan will be distributed to all appropriate parties, including the parent/guardian/custodian, within 60 days of custody or within 30 days of the case transfer for cases without custody.

L. Case Plan Evaluation:

1. The case plan evaluation is intended to provide a standardized approach for measuring progress related to case plan achievement.

2. During regular monthly caseworker visits with parent/guardian/custodians, the PS Specialist should take some time to discuss case plan goals and activities with the parent/guardian/custodian. During these visits the PS Specialist should:

   a. Bring at least one extra copy of the case plan to ensure the parent/guardian/custodian has a copy of the plan;

   b. Bring extra copies of release of information documents to fill out as appropriate;

   c. Bring writing material, including applications for what might be applicable services;

   d. Discuss progress towards one or more goals, and what's needed to continue progress or to improve progress;

   e. Discuss service provision and whether it's meeting the family's needs and addressing their case goals;

   f. Discuss status of children, needs, and family contact schedules; and

   g. Discuss any other pertinent issues as needed (see section 3.2.1 Caseworker Visits with Children, Parents, and Caregivers for guidelines).

3. The PS Specialist will document their caseworker visits in ORCA within seven calendar days.

4. The PS Specialist will contact each service provider prior to the completion of the case plan evaluation, to review status of services, engagement by the parent/guardian/custodian and progress in meeting their case plan goals.

5. The PS Specialist will contact other collaterals who are familiar with the family to gather information for the case plan evaluation. These collaterals could include safety plan participants, extended family members, Tribal representatives, family contact supervisors, educational and/or child care staff.

6. The PS Specialist will meet with the parent/guardian/custodian to complete the case

plan evaluation. This can be done in a regular monthly caseworker visit or at a different designated time.

M. Documenting the Case Plan Evaluation:

1. The PS Specialist will complete a case plan evaluation in a meeting with the parent, using information collected from monthly contact with the parent/guardian/custodian and information gathered from appropriate collaterals. The PS Specialist will:

   a. Evaluate progress on each specific case plan goal:

      1) No progress: demonstrated behavior change as required by the goal is not evident.

      2) Some progress: demonstrated behavior change as required by the goal may or may not be evident.

      3) Significant progress: repeated demonstrated behavior change as required by the goal is evident.

      4) Goal achievement: consistently demonstrated and sustained behavior change as required by the goal is evident.

   b. Determine if changes to the case plan are needed based on the following questions:

      1) Was the correct case plan goal initially developed?

      2) Were service providers able to meet the family's needs?

      3) What is the family's progress?

   c. Re-evaluate safety:

      1) Describe the current status of impending danger or why OCS continues to not place in the non-removal parent/guardian/custodian home;

      2) Re-evaluate assessment of in-home safety plan;

      3) Make any necessary adjustments to the safety plan; and

      4) Determine if child's placement needs to change based upon completion of a new safety analysis.

2. If case plan changes are needed based upon the case plan evaluation, the PS Specialist will complete a new case plan in the meeting with the parent/guardian/custodians.

3. If case plan changes are not needed based upon the case plan evaluation, the PS Specialist and PS Specialist IV will initial the current case plan form and scan the document into ORCA.

4. The updated case plan will be distributed to the parent/guardian/custodians at the time of the evaluation meeting, Tribe if appropriate, and all applicable parties.

P. Scheduling the Case Plan Evaluation:

1. A case plan evaluation will be completed every six months after development of the case plan, or more frequently when a significant change or event occurs with the family that would require a case plan evaluation.

2. A case plan evaluation is required in the following circumstances. When possible, a new evaluation should occur within 10 business days of the identified event.

   a. A change in household composition or other significant family circumstances that warrant a review of the case plan and possible revision of the plan;

   b. Information is received that raises questions about the sufficiency of the safety plan or the quality of case plan services;

   c. There are newly emerging impending danger threats;

   d. Safety management has resulted in a decision to remove the child from home or make a placement change for the child;

   e. There is a lack of progress toward established goals and/or an immediate change in the case plan seems indicated;

   f. Preparing for a case plan review or permanency planning staffing;

   g. Reunification or a trial home visit is being considered; or

   h. Closing the case is being considered.

Q. Level of Effort in Completing the Case Plan Evaluation:

1. The level of effort required to complete the evaluation is determined by the number, frequency, and length of contacts with the parent/guardian/custodians and child(ren), appropriate collaterals, and resource families necessary to completely and accurately determine progress towards enhancing diminished protective factors and reducing safety threats.

2. The PS Specialist must conduct an adequate number of face to face contacts with the parent/guardian/custodians (individually, jointly, or group meetings) necessary to complete the case plan evaluation. A minimum of monthly face to face contact with the parent/guardian/custodians is required.

3. Contacts with the parent/guardian/custodian must be focused on engaging them in the case planning process and should result in the ability to make key determinations on the progress of behavior change as related to the specific goals, the sufficiency of the safety plan, and any case plan changes needed. Monthly contact is required and documentation of the contact must be completed in ORCA

within seven business days. The PS Specialist will complete a To-Do List regarding what needs to be completed by the next visit and a copy given to the parent/guardian/custodian.

4. The quality and quantity of visits between the parent/guardian/custodian and child(ren) should be reviewed and revised as needed by the PS Specialist and the PS Specialist IV (see section 6.5.6 Family Contact for Parents, Guardian, Indian Custodian, and Family Members).

5. The PS Specialist IV will determine whether the PS Specialist has demonstrated a sufficient level of effort and achievement.

2.9.4 FAMILY SERVICES ASSESSMENT: CASE PLANNING WITH CHILDREN

AUTHORITY:

AS 47.10	Children in Need of Aid
42 U.S.C. 675	Definitions (Title IV-E)
25 U.S.C. 1901-1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
45 CFR 1356.21(g)	Case Plan Requirements

PURPOSE: To provide a structured approach for the development of the child's case plan and for engaging and involving children in their case planning process.
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BACKGROUND INFORMATION - FEDERAL REQUIREMENTS:

A. A case plan must be developed within 60 days of when a child is removed from home.

B. The case plan must be developed jointly with the parent(s) or guardian of the child in foster care.

The required elements of case plans are addressed in the Background Information subsection of section 2.9.1 A Framework for Essential Case Planning.

POLICY:

A. The agency will develop a case plan for each child who is subject to Family Services Case, regardless of custody or placement.

B. Case plan development will begin when the case has been transferred from an Initial Assessment worker to a Family Services worker, or when the assigned Protective Services (PS) Specialist remains the same, but the focus of the work changes from the initial assessment phase to the case planning and service provision phase.

C. The agency will gather information to help create the child's case plan:

   1. from each child, using developmentally appropriate strategies; and

   2. from each parent; and

   3. from alternate caregivers, where applicable; and

   4. from the child's Tribe, when appropriate.

D. Each case plan will focus on child safety, permanency, and well-being issues, and facilitate the permanency plan for the child. The plan will address all the applicable case plan elements outlined in section 2.9.1 A Framework for Essential Case Planning.

E. When appropriate, alternative permanency planning will be used to ensure timely permanency for the child, as outlined in section 2.9.2 Permanency Goals for Children.

F. Case plans will be created and distributed to all appropriate parties within 60 days of assuming custody. For Family Services Cases without custody, case plans will be created and distributed to all appropriate parties within 30 days of opening the case for services or no later than 30 days from the case transfer date.

PROCEDURES:

A. In order to develop the case plan for a child, the Protective Services (PS) Specialist must meet with the child at least one time face to face, or more frequently as the child needs. The PS Specialist must also collect information about the child from various other sources to learn enough about the child to form the child's case plan. The child's GAL and/or CASA and the child's Tribe should be invited to participate in the development of the child's case plan, if appropriate.

1. Within five business days of the case transfer meeting, the PS Specialist will schedule a meeting with the parents or alternate caregivers (foster parents, unlicensed relatives, family friends, or other parent) to meet the child. This first meeting should occur in the home where the child lives.

a. The PS Specialist must meet with the child privately, and separately to introduce themselves, explain who they are and their role, assess for safety in the home, and to get to know the child better.

b. When case planning with youth age 16 and older, please see section 2.9.5 Case Planning with Youth.

2. The PS Specialist must also meet with the parent or alternate caregiver to talk about the child's interests and needs.

3. The PS Specialist must contact collateral resources as appropriate to learn more about the child's needs and behaviors. These collaterals may include any number of school and/or childcare personnel, extended family members, therapists or counselors, medical providers, and Tribal representatives.

B. The PS Specialist should review any case documentation regarding the child to include school records, treatment records, prior reports on the family, evaluations, and medical records.

C. Once sufficient information has been collected and reviewed, the PS Specialist will use that information to screen for trauma exposure to help determine service referrals and therapeutic needs.

1. The PS Specialist will complete the trauma screening at least 15 days prior to the finalization of the case plan document and, based on the child's age, document the screening on either Trauma Screening Checklist for Ages 0-5 (06-9768) or Trauma Screening Checklist for Ages 6-18 (06-9769).

2. If the child is Alaskan Native, considerations for Alaskan Native cultural norms, traditions and behaviors must be taken into account when screening for trauma. Please see section 2.9.1 A Framework for Essentials in Case Planning, policy section E for more information.

3. A copy of the Trauma Screening Checklist will be placed in the hard copy case file.

4. The trauma screening will be reviewed and updated prior to each administrative review or before any case plan changes. If a child is receiving mental health services, the PS Specialist can do the screening update in consultation with the mental health provider.

5. If the history is positive for trauma exposure and concerns are present in one or more trauma areas, the PS Specialist will refer the child for a comprehensive mental health assessment to help understand child functioning and needs.

D. The PS Specialist will develop the case plan document after meeting with the child and parents, collecting collateral information, reviewing documents, and completing the trauma screening.

E. The child's portion of the case plan will include services to ensure safety, permanency, and well-being and to facilitate the child's permanency goal (including mental health services, medical services, EPSDT, developmental services, educational services, family contact with each parent and with siblings, and cultural continuity), as outlined in section 2.9.1 A Framework for Essential Case Planning.

F. Children's needs should be determined from the information learned from:

1. Information collection in the initial assessment, especially child functioning;

2. The EPSDT;

3. Trauma screening;

4. The parent, resource family, and child;

5. Infant Learning Program if referred to during the initial assessment;

6. Child care and/or school personnel.

G. The PS Specialist is responsible for ensuring that an appropriate primary and secondary permanency goal is established for the child, based on the parent's protective capacities and the best interest of the child. The permanency goal options are:
1. Remain in own home;
2. Reunification/Placement with other parent;
3. Adoption;
4. Guardianship;
5. Permanent placement with a fit and willing relative; and
6. Another Planned Permanent Living Arrangement (APPLA) (compelling reason is required).

NOTE: The permanency goal options are addressed in more detail in the following sections:

- 3.8 Reunification Efforts
- 3.15 Adoption
- 3.12 Guardianship
- 3.13 Permanent Placement with a Fit and Willing Relative:
- 3.14.3 APPLA

H. The PS Specialist will ensure that an alternative permanency plan is developed, as outlined in section 2.9.2 Permanency Goals for Children.

I. For all children with an open case the child's health and education records are referenced in the case plan, and the PS Specialist will ensure that they are provided to the out-of-home caregiver and parent or Indian custodian, to the extent that they are available and accessible.

J. The PS Specialist will document the case plan in ORCA, obtain signatures for the completed plan, and distribute the plan to all appropriate parties.

K. Evaluation of the Case Plan:

1. The PS Specialist is responsible to engage with children and develop a working relationship which supports the exchange of information as is age appropriate. For infants and very young children, the PS Specialist is responsible for observing the children.

2. The PS Specialist is responsible to meet with the child on a monthly basis and more frequently if case needs indicate. Each child must be seen privately and separately for at least a portion of the visit, unless the child is too young to be interviewed.

3. During monthly caseworker visits with the child the PS Specialist will reassess the child's safety, whether the services provided ensures the child's safety, permanency, and well-being, and whether the permanency goal for the child is still appropriate. See section 3.2.1 Caseworker Visits with Children, Parents, and Caregivers and (4) - (6) below.

4. Visits with Children in Out-Of-Home Care:

   a. During the visit the PS Specialist is responsible to discuss with the child, as is age appropriate, their experience in out-of-home care.
      1) This discussion must include the child's feelings about safety, permanency and well-being; and that their needs are being met. The discussion on needs should include adequate food and clothing, age appropriate discussion about their potential long-term living arrangement, adequate personal space, personal supplies, school supplies, and recreational and social needs.
      2) The discipline which is used in the home should be discussed.
      3) The ability to maintain contact with their parents, siblings and other relatives should be discussed.
      4) An age appropriate discussion about the permanency goal will take place.
      5) The child's appropriateness of dress, hair style, and cleanliness should be assessed.
      6) The child's room or sleeping area should be observed by the PS Specialist.

7) Needs in any of these areas should be noted by the PS Specialist and a plan to meet the needs should be discussed with the child.
8) Very young children should be observed for developmental levels, appropriate play and interactional skills, and any behaviors which would not be expected from a child of that age.
9) The PS Specialist should assess for positive and negative changes in the child's behavior and presentation from the last meeting. If there are changes, the PS Specialist should assess if additional services are needed or if there is a need to decrease services.

b. The PS Specialist will, within 7 days of the visit, document the discussion with the child in an activity note in ORCA which describes the changes in need and adjustments in services. If the services or status of the child are not changed, this should also be documented.

5. Visits with Children Who Are in Their Own Homes:

a. During the meetings the PS Specialist is responsible to discuss with the child, as is age appropriate, their experience in living in their own home.
1) This discussion must include the child's feelings of safety, the child's feelings of well-being, and that their needs are being met. The discussion on needs should include adequate food and clothing, adequate personal space, personal supplies, school supplies, and recreational and social needs.
2) The discipline which is used in the home should be discussed.
3) The ability to maintain contact with any sibling who is placed out-of-the-home should be discussed.
4) The child's appropriateness of dress, hair style, and cleanliness should be assessed.
5) The child's room or sleeping area should be observed by the PS Specialist.
6) Needs in any of these areas should be noted by the PS Specialist and a plan to meet the needs should be discussed with the child.
7) Very young children should be observed for developmental levels, appropriate play and interactional skills, and any behaviors which would not be expected from a child of that age.
8) The PS Specialist should assess for positive and negative changes in the child's behavior and presentation from the last meeting. If there are changes, the PS Specialist should assess if additional services are needed or if there is a need to decrease services.

b. The PS Specialist will, within 7 days of the visit, document the discussion with the child should be documented in an activity note which describes the changes in need and adjustments in services. If the services or status of the child are not changed, this should also be documented.

6. During the monthly visit with youth age 16 or older the PS Specialist will ask the youth to complete an Older Youth Needs Inventory (06-9767) and will discuss items or concerns as indicated on the inventory or brought up by the youth. The PS Specialist will provide a copy of the inventory to the Regional Independent Living Specialist (RILS) and ensure that there is follow-up to the concerns addressed on the inventory.

7. The PS Specialist will also contact service providers, other collaterals, and, when applicable, the child's out-of-home caregiver, to discuss the child's needs and whether the case plan ensures that the child's needs are met and the child is safe.

8. When needed, the PS Specialist will update the case plan, obtain signatures, including the youth, when appropriate, and distribute the plan.

2.9.5 FAMILY SERVICES ASSESSMENT: CASE PLANNING AND TRANSITION PLANNING WITH YOUTH

AUTHORITY:

AS 13.26.090	Purpose and Basis for Guardianship
AS 13.26.165	Protective Proceedings
AS 47.10	Children in Need of Aid
42 U.S.C. 675	Definitions (Title IV-E)
25 U.S.C. 1901-1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
45 CFR 1356.21(g)	Case Plan Requirements (P.L. 113-183)

PURPOSE: To provide guidelines for engaging and involving youth in their case planning process and developing case plans that facilitates youths' transition to adulthood. Regardless of their permanency plan, all youth at age 14 can benefit from a plan that facilitates a successful transition into adulthood and self-sufficiency.

BACKGROUND INFORMATION:

A. Federal Requirements:

1. A case plan must be developed within 60 days of when a child is removed from home.

2. The case plan must be developed jointly with the parent(s) or guardian of the child in foster care.

3. The case plan must be developed in consultation with the child, and at the option of the child, 2 members of the case planning team, who are not the caseworker or foster parent.

4. The required elements of case plans are addressed in the Background Information subsection of section 2.9.1 A Framework for Essential Case Planning. The following case plan requirements apply specifically to youth:

   a. where appropriate, for a child 14 or over, the case plan must include a written description of the programs and services which will help such child prepare for the transition from foster care to independent living; and

   b. during the 90-day period immediately prior to the date on which a child in State custody will attain 18 years of age or a greater age that the State has elected, a Protective Services (PS) Specialist on the staff of the State agency must provide the child with assistance and support in developing a transition plan that:

      1) is personalized at the direction of the child;

2) includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services; and

3) includes information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, and provides the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law; and

4) is as detailed as the child may elect.

5. The case plan must document the child's education, health, visitation, and court participation rights, the right to receive a credit report annually, and a signed acknowledgment that the child was provided these rights and that they were explained in an age appropriate way.

6. States must ensure that each youth age 14 or older, who is in custody and placed out-of-home, receives without cost a copy of any consumer credit report each year until custody is released, and that the youth is provided assistance in interpreting the report and resolving any inaccuracies.

POLICY:

A. All the policies in section 2.9.4 Family Services Assessment: Case Planning with Children apply to this section. In addition, the policies in (B) below apply to case planning with youth age 14 and older.

B. Transition Plan:

1. A transition plan will be developed for all youth in custody and out-of-home placement who are 14 years of age or older and updated in accordance with the following time lines:

a. The initial plan must be developed within 30 days following the youth's 14th birthday. If a youth enters care after their 14th birthday, the initial plan will be developed within 30 days of when the youth enters care.

b. The transition plan will account for the identified permanency goal(s), and activities on the transition plan will support the achievement of the permanency goal(s). For youth 16 and older with a goal of APPLA there will be continued efforts towards permanency and lifelong connections.

c. The plan must be updated at least every six months and during the 90 day period immediately prior to when the youth's case is closed.

d. Every effort will be made to ensure that a face-to-face transition planning session occurs at least annually.

2. The transition plan is part of the case plan and identifies goals and programs, services, knowledge, skills, and supports which will help prepare the youth in their transition from custody.

3. Development of the plan will include an assessment of the youth's ability to live self-sufficiently and take into consideration any disabilities, mental health issues, or developmental delays that may mean that the youth will require ongoing supportive services after release from foster care.

C. OCS will not recommend that a youth aged 18-21 be released from custody if the youth needs out-of-home care and lacks supports to ensure self-sufficiency.

PROCEDURES:

A. The Protective Service (PS) Specialist will follow the procedures in section 2.9.4 Family Services Assessment: Case Planning with Children. The additional procedures in (B) – (C) below apply to case planning with youth age 14 and older.

B. Coordination:

1. The Regional Independent Living Specialist (RILS) and primary PS Specialist are expected to serve as co-team members to insure the safety, permanency, and well-being of the youth.

2. PS Specialist will coordinate the development of a transition plan with the RILS and coordinate case work to ensure that the youth's needs are met.

3. Out of Area Youth:

a. If a youth is residing outside the immediate location of the assigned RILS, the RILS will request assistance from a RILS located in the area or a secondary PS Specialist assigned to the case.

b. If a youth is placed in another region, the two RILS will coordinate services and transition planning for the youth.

c. The assigned RILS will facilitate services to youth residing in their region regardless of where venue is.

d. The RILS is responsible for entering the provided services in ORCA.

C. When case planning with youth, the PS Specialist will give the youth ample time to process and thoroughly understand their permanency options. This will require more than one or

two conversations with the youth. Youth should be prepared to advocate for themselves and be empowered to speak on their own behalf. If they cannot it may be an indication that they are not comfortable or understand what the permanency goals are. If not, the PS Specialist will not force the youth to make a decision. The goal will be unchanged until the youth is fully aware of the goals and their meaning.

1. The youth will also be given the opportunity to have 2 members of their choosing to assist them in the case planning.

2. If at any time the PS Specialist has reason to believe that the individuals selected are not acting in the best interest of the youth, the PS Specialist will inform the child that the individual will not be allowed to assist in the case planning.

3. An individual selected by the youth if acting in the youth's best interest, may act as the youth's advocate, with respect to the reasonable prudent parent standard application. For further information see CPS Manual section 6.5.4 Prudent Parent Standard.

4. The youth will be given a copy of their rights in the Foster Children's Rights Brochure (D-073), and will have them explained in an age appropriate way by the OCS staff member. The OCS staff member will then have the youth sign a copy to place in the case file. The PS Specialist document that the youth was given a copy and understands their rights.

D. For APPLA cases see CPS Manual section 3.14.3 Another Planned Permanent Living Arrangement (APPLA) for further guidance.

E. <u>Development, Implementation, and Monitoring of Transition Plans</u>:

1. Transition plans are youth focused and the RILS are responsible for developing and implementing transition plans with youth. Whenever possible, the youth's assigned PS Specialist, the youth's guardian ad litem (GAL) and the Tribe will be invited to participate in the process.

2. The RILS is responsible for tracking the youth's progress and modifying the youth's transition plan as needed to ensure the goals and objectives are being met.

3. If the youth refuses to participate in the transition plan initial or update meeting, the RILS must document in an activity note in ORCA why a transition plan conference was not held with the youth, including what efforts were made to contact and engage the youth in the transition plan meeting. The RILS must make at least three attempts to contact and engage the youth in the transition plan meeting, and document the attempts in ORCA.

4. The assigned PS Specialist will assess the youth's ability to live self-sufficiently and, if applicable, take action as follows:

   a. Special planning may need to be done for children who need developmental disability services and are about to be released from custody. Starting at age

16 or at least one year prior to the youth being released, the PS Specialist will ensure that the youth's case plan addresses services that the youth will need upon release from custody. When possible, application/request for the services will be made prior to release from custody, to facilitate a smooth transition. The local adult protection worker and any other professionals who could be helpful in the area of adult services for older teens or services to the developmentally disabled should be included in the planning. The GAL should be involved in this process.

b. Special planning may be needed for youth who have a need for adult guardianship. The assigned PS Specialist is responsible for ensuring that a protective proceeding is initiated if it is determined that without a guardian:

1) health care, food, shelter, clothing, personal hygiene, and protection without which serious physical injury or illness is more likely than not to occur; OR

2) the youth's ability to receive and evaluate information or to communicate decisions is impaired the extent that the person lacks the ability to provide the essential requirements for the person's physical health or safety without court-ordered assistance.

5. The assigned PS Specialist will assess the youth's ability to manage their financial affairs and property.

a. After the PS Specialist has discussed the issue with the youth's GAL or court appointed special advocate (CASA) and/or the Office of Public Advocacy (OPA), it may be determined that a conservator should be appointed. If such a decision is made, the PS Specialist will ask the Assistant Attorney General (AAG) to initiate a conservatorship proceeding.

b. A conservatorship is similar to a type of limited guardianship dealing only with issues of money and property. A youth is not declared "incapacitated" as under the guardianship statute. A conservator proceeding should be initiated if it is determined that:

1) the youth will receive funds or property that will be "wasted or dissipated" unless proper management is provided; OR

2) funds are needed for the support, care and welfare of the youth or those entitled to be supported by the person and protection is necessary or desirable to obtain or provide funds.

6. See section 3.14.1 Independent Living Services Delivery regarding the credit reporting requirement.

7. <u>Release from Custody</u>:

a. The assigned PS Specialist will monitor the youth's custody status and prior to

when custody is due to expire will assess the progress of the transition plan to determine whether a petition for extension of custody should be filed.

b. If the youth needs out-of-home care and lacks supports to ensure self-sufficiency, or if the objectives in the transition plan have not yet been accomplished, the PS Specialist will file a petition for extension of custody unless the youth has attained age 19 and no longer consents to custody or one of the other grounds for release of custody that are listed in section 4.14 Release from Custody exist.

F. Content of Transition Plans:

1. The following is required for all transition plans:

a. The plan is customized to meet the needs and strengths of the youth and:

1) Includes an assessment of the academic levels, interests, aptitudes, supportive service needs, and developmental needs of the youth.
2) Includes an assessment of the youth's educational needs. If he or she is still in high school, OCS recommends that custody be extended until the youth completes high school. If he or she has not attained a high school education and is not currently enrolled in high school, programs or services that assist in attaining a G.E.D. must be identified in the youth's transition plan.
3) Includes a developmentally appropriate sequence of specific activities to meet each youth's needs and prepare the youth for further activities.
4) Focuses on short-term and long-term achievable and measurable educational and employment goals.
5) Outlines the specific Independent Living (IL) services the youth will and has received and who will provide the services.
6) Documents the need for and eligibility for services from multiple funded programs and/or other community partner programs.
7) Identifies adults who can act as mentors and/or are lifelong connections.
8) Addresses credit reports. For a youth age 18 or older, includes whether the youth objects to OCS obtaining their credit report.

b. The plan is signed by the youth and the transition plan team member.

2. Ninety days prior to case closure, the following must also be addressed in the transition plan:

a. Assessment of the youth's ability for self-support;

b. Obtaining housing, transportation, health care, and other necessary services, and how to pay for them;

c. Options for health insurance;

d. How to handle any funds received from the Permanent Fund Trust account or

Native corporation(s) and how to apply for unclaimed permanent fund dividends;

e. For Native youth, how to access benefits and services available through their Tribe;

f. Obtaining employment, post-secondary education, or vocational training;

g. Re-establishing connections with birth families and extended family members, if appropriate;

h. Returning to their home/community, if appropriate;

i. Information about:
   1) the importance of designating another individual to make health care treatment decisions; and
   2) how to execute a health care power of attorney or health care proxy;

j. The eligibility requirements for re-entry into custody after discharge;

k. Assistance in obtaining or compiling documents.

G. Documentation and Dissemination of Transition Plans:

1. The transition plan must be documented in writing on the Transition Plan form (06-9720) that is located in the Independent Living Forms subdirectory of the Statewide Forms directory.

2. A copy of the signed plan must be provided to the youth and the assigned PS Specialist.

3. Copies of the signed plan must be filed in the case file and in the Regional Independent Living Specialist's working file. In addition, the plan must be scanned into ORCA and the date and type of transition plan must be entered into an activity note in ORCA. Types of transition plans are:
   - Initial
   - 6 months
   - 90 days prior to discharge
   - Former foster care youth update (open Independent Living cases)

4. The transition plan will be reviewed during permanency planning conferences and TDM's annually, where other parties will have an opportunity to comment. When the independent living case is closed the original plan is transferred to the assigned PS Specialist to be filed in the case file.

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2.11 TEAM DECISION MAKING (TDM)

AUTHORITY:
AS 47.05.065(3) Legislative Findings Related to Children
45 CFR 1326.21 Case Plan Requirements (Title IV-E)

PURPOSE: Provide standards and guidelines for conducting Team Decision Making (TDM) meetings. OCS holds TDM meetings in situations when a child is at risk of leaving home or moving to a new placement. Key participants will be invited to the TDM such as parents/caregiver, parent supports, youth, Tribe, resource families, service providers, and agency staff. A TDM meeting is aimed to ensure every voice is heard and that the OCS decision results in the safest, least restrictive/intrusive placement and is in the best interest of the child.

BACKGROUND INFORMATION:

A. Federal Law: For each child in out-of-home placement, the state is required to involve the child's parent or guardian in the development of a plan for ensuring that the child receives safe and proper care, in the least restrictive setting available.

B. State Law: The department is required to make active and reasonable efforts to ensure that children in the custody of the state are provided with reasonable safety, adequate care, and adequate treatment while in custody.

POLICY:

A. A Team Decision Making (TDM) meeting will be held for all children experiencing present danger, impending danger, or high risk that may result in the children residing outside of the home.

B. TDM meetings will be held before a change in placement for a child already in care. In emergency situations where the TDM is unable to be scheduled before the placement change, the TDM will be held within one business day following an emergency change of placement.

PROCEDURE:

A. Types of Team Decision Making Meetings:

1. Initial Removal TDM: When a Protective Services (PS) Specialist identifies that there is present danger, impending danger, or high risk, and the Initial Assessment (IA) reveals that the child may need to leave home to ensure safety a TDM will be scheduled.

   a. In cases where emergency custody has been assumed, the TDM meeting must be held within one business day and/or before the initial court hearing.

b. It is critical that the PS Specialist makes diligent efforts to ensure the parents are at the TDM.

2. Placement Change (Placement Preservation or Disruption/Change in Placement): TDMs are held to determine whether a move to a new placement is necessary or can be avoided:

a. The PS Specialist will request a TDM at the first sign a child may need to move from their current placement; and

b. Make a TDM referral within 24 hours of when a caregiver is requesting moving a child from their home on all non-emergency placement requests (requiring a 10-day notice). (Refer to Policy 3.7.1 Change or Termination of a Placement).

B. Ensuring Team Decision Making Meetings Occur as Intended: The following must occur to ensure that every family whose child is at risk of leaving home or changing placements receives a timely TDM:

1. Relative Placement: Before placing any child in a relative placement, the PS Specialist IV must confirm that a TDM was held and that the placement was recommended in the TDM summary report in ORCA. A relative is defined as an individual who is related to another by blood, adoption, marriage, or Tribal custom.

2. Pursuant to an out-of-home safety plan arrangement, the PS Specialist IV who approves the plan must confirm that a TDM was held and that the placement recommendations are followed.

C. <u>Before Team Decision Making Meeting</u>:

1. Additional steps are required before referring an Initial Removal TDM:

a. The PS Specialist will:

1) Gather information regarding the safety concerns, protective factors, and family's situation leading to a conclusion that OCS must consider an out-of-home plan for a child.

2) Staff with PS Specialist IV to determine the need for the meeting and ensure the Tribe is informed. It is important to talk about an initial recommendation, yet be open to changing that recommendation in the meeting as new information arises.

3) PS Specialist will invite and prepare family and youth for the meeting. This includes a discussion of the purpose of the TDM meeting, who the family and youth would like to attend, and how the participants will be invited. The PS Specialist should also strive to identify a time and location that will meet the family's needs while ensuring holding the meeting before making a placement decision.

b. The Protective Services Specialist IV will ensure scheduling the TDM meetings at the PS Specialists first indication that the child may need to move from their current placement.

2. Referral Process:

a. Parent, youth, and Tribal participation is critical. When submitting TDM referrals, the PS Specialist will make efforts to accommodate the family's schedule.

b. The PS Specialist or Social Services Associate (SSA) will complete the TDM referral form. If a case involves PS Specialists from more than one region, the primary PS Specialist will complete the TDM referral and invite the secondary worker(s) from the other regions (i.e., IL Specialist, previous caseworker, secondary worker).

c. The PS Specialist or SSA will invite the TDM participants, notifying them of the time and location, and provide any other pertinent information (see the TDM referral form).

d. Whenever domestic violence is or has been involved, as indicated on the referral form or other communication, the TDM Facilitator will ensure that the TDM Domestic Violence protocol is followed.

C. Participant Roles:

1. Every TDM participant is involved in developing a plan that best protects the child, promotes stability, preserves family ties, maintains cultural continuity and identity, and safely reunifies families.

2. Parents and youth are encouraged to invite anyone who serves as a support to them. PS Specialists may also invite participants to help develop quality plans. OCS will respect parental wishes as much as possible regarding who is participating in the TDM.

3. It is important that all participants attend the TDM in person whenever possible. OCS staff must be in person at the meeting when they are working in the same office as where the meeting is being held.

4. Birth Parents/Adoptive Parents/Legal Guardians/Indian Custodians:

a. Birth parents/adoptive parents/legal guardians/Indian custodians are recognized as the experts on their family's needs and strengths.

b. Except TDM meetings for reunification, absence, or non-participation, absence of the birth parents/adoptive parents/legal guardians/Indian custodians will not preclude or delay a scheduled TDM meeting if a situation calls for immediate action.

5. Children:

a. OCS will invite children over the age of 10 when developmentally appropriate to the TDM meeting. There may be exceptions based on individual circumstances.

b. The PS Specialist will consult with other team members when applicable, including their PS Specialist IV, the family, GAL, Tribe, and service providers to help make decisions regarding the appropriateness of having an individual child participate in the TDM process. Take the child's cognitive and emotional functioning into consideration. In circumstances where participation could cause undue trauma or stress to a child, the PS Specialist and other support persons will present the child's thoughts, needs and wishes at the TDM meeting.

c. If the child does not attend, the PS Specialist will give the child other options to present their thoughts and needs. These may include avenues they are most comfortable with, such as text, email, note, etc. Examples include:

1) Discussion between the child and PS Specialist about the child's needs and wants;

2) Representation at the meeting by a close support person to the child;

3) An opportunity for the child to speak to the TDM team telephonically or to submit input in writing; or

4) Participate in a portion of the meeting, as determined by the child's PS Specialist in consultation with the TDM facilitator.

6. Extended Family and Non-Relative Support: Are invited by OCS or the parents to serve as a support during and outside of the meeting, a potential placement resource, or as someone that will help to ensure child safety.

7. Resource Families or Current Caregivers (if the child is already living away from home): Are key team members who may assist in providing information regarding child's adjustment, progress, and individual needs. Their presence is critical at any placement change TDM.

8. PS Specialist:

a. The PS Specialist will discuss any behavior that impacts the child's safety and identifies the family's protective factors that may help mitigate the safety concerns or risks. The PS Specialist refers to assessment findings, in accessible language, to support their statements (refer to the PS Specialist Presentation Outline).

b. The PS Specialist will provide ideas on the least intrusive, least restrictive, and sustainable placement options, including details on efforts to seek relative and kinship placements. The PS Specialist will maintain an open mind on other ideas that are generated in the meeting to achieve the goals of keeping children safe and families together.

9. PS Specialist IV:

    a. Will guide the PS Specialist before, during, and after the meeting to support the PS Specialist and help ensure that the child's safety is assured making the least restrictive and least intrusive placement decision.

    b. The presence of the PS Specialist IV is critical to the success of a TDM. The expectation is that the PS Specialist IV attends TDM meetings with their staff. Attendance is especially critical when:

        1) The PS Specialist has been employed for less than a year;

        2) Any time the PS Specialist may need support; or

        3) If the case is complex in nature.

10. Tribal Representative: The Tribe's participation is integral to the decision-making process and the identification of culturally appropriate resources, services, and placements. When the child is either a Tribal member or eligible to be a Tribal member, the PS Specialist must provide notification of the TDM to the Tribe and Tribal representative.

11. Community Representatives: OCS strives to include members of the family's community who may be able to provide support and creative solutions. Such persons may include:

    a. Parents are encouraged to invite anyone that they choose for support to the TDM meeting. Parents are also able to exclude any participants except legal or OCS staff who are a party to the case at the meeting.

    b. Representatives of services that currently support the family or child. They may include teachers, therapists, and child care providers.

    c. The parents or OCS staff may invite community representatives that may enrich the TDM by bringing information, context, natural supports, resources, knowledge, or experience to the meeting. Community representatives may help mitigate safety threats and risk factors for the child.

12. Other OCS Staff: Independent Living Specialists, Licensing Specialists, ICWA Specialist, or others can provide expertise or information. As agency personnel, they share responsibility for high-quality decisions.

13. Facilitator: Are trained and experienced non-caseload carrying OCS staff, who have knowledge of policy, law, practice, and available resources as well as facilitation skills. The facilitator is not the decision maker in the TDM; yet guides the group through structured, solution-focused process. Like other OCS staff, they are responsible for high-quality decision making. At the conclusion of the meeting, they ensure a common understanding of next steps and provides a summary report to participants outlining decisions and actions.

14. Guardian ad Litem (GAL) or Court Appointed Special Advocates (CASA): the court-appointed representative responsible for representing the children's best interests.

15. Attorneys: Responsible for representing their clients' wishes. While OCS welcomes their participation, the Facilitator must ensure that the TDM remains an informal, non-adversarial forum with a focus on child safety and stability.

D. During the Team Decision Making Meeting: The facilitator leads the group through a structured, 6-step meeting model.

1. The facilitator ensures that the family and other participants engage in a discussion regarding the concerns which resulted in the meeting and the strengths and protective factors the family can draw upon to address those concerns.

2. The TDM meeting goal is to decide on a team consensus. While consensus is not always possible, the process ensures hearing everyone's voice at the meeting exploring all ideas to ensure child safety in the least intrusive manner.

3. The purpose of the meeting is to make a placement decision. If a consensus cannot be reached, OCS must meet its legal responsibility to make a placement decision.

4. Privacy: Conduct TDM meetings with the utmost attention to privacy, dignity, and respect towards families and team members.

   a. Absolute confidentiality cannot be guaranteed. Inform families that information may be used for case planning or in court, or if information surfaced would constitute a new protective service report.

   b. Should a parent not attend a TDM meeting, OCS staff can only discuss information about the safety and placement of the child and not discuss information that would violate the Health Insurance Portability & Accountability Act (HIPAA).

5. Before the meeting's conclusion, the facilitator will ensure that all participants understand the final decision, as well as action steps to support it. The facilitator will distribute a summary of the meeting to all who participated at the close of the meeting and ensure it is emailed or mailed within 24 hours to anyone who participated remotely.

E. Team Decision Making Review or Reconsideration Process:

1. If any OCS staff who are in attendance believe the decision may place a child in an unsafe, high risk, or overly intrusive situation, or violates law or policy, that person may request a review.

2. The Protective Services Manager in the region with primary case assignment will conduct a review immediately with all TDM members present. The facilitator will present a succinct summary of the TDM and the decision. The staff calling for the review will present their case on why the review is needed. If the PSM is not available, another regional PSM may make the decision.

3. The decision made by the PSM is the agency's final decision and agency personnel are responsible for implementing the plan.

F. After the TDM Meeting:

1. The facilitator and PS Specialist will ensure that post-meeting actions are taken to secure the safety of any participants who may fear reprisal, for example, if intimate partner violence has been an issue in the TDM (refer to Domestic Violence/ Interpersonal Violence (DV/IPV) protocol).

2. If the result of the TDM meeting includes a placement change for the child, the child's PS Specialist will schedule an ice-breaker with parents and caregiver (when available). The PS Specialist will schedule a meeting to address the Family Contact Plan.

3. The facilitator will complete ORCA data within one business day and document each TDM meeting in ORCA within five business days using guidelines developed for this purpose.

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3.0 PERMANENCY PLANNING/INTRODUCTION

The purpose of Child Protective Services is to identify, treat, and prevent child abuse and neglect, through provision of services to children and families. Reasonable efforts to maintain children in their own homes must be made unless the child is a Native child, in which case active efforts to provide remedial services and rehabilitative programs designed to prevent removal of the child from his/her home must be made. However, if conditions are unsafe for the child, then removal of the child is warranted. From that point forward, casework services should be directed toward permanency for the child, where possible through family reunification. In some cases, reunification is not possible; some parents cannot, or will not, provide security, affection, and continued care for their child, and reunification efforts have failed, an alternative placement plan must be developed and promptly implemented.

Whenever a decision is made to maintain a case open beyond the initial assessment phase services must be provided to the family.

In-home services:

- address any problems impairing the ability of the family to function at a minimally sufficient level;
- enable the parents or Indian custodian to remain in charge of their children;
- utilized the family system and community;
- utilize the family strengths ;
- utilize the natural resources of extended family;
- periodically assess whether in-home services are adequate to assure protection of the child.

Out-of-home services provide:

- structured, time-limited rehabilitation programs for parents or Indian custodians, to help reunite families as quickly as possible;
- planned, regular visitation between parents or Indian custodians and child;
- decisiveness about the best future placement of the child, including consideration of termination of parental rights when parents are not progressing towards providing a minimally sufficient level of care within one year, and a range of services have been offered;
- a range of permanency planning choices include long-term foster or relative care, guardianship, and adoption, or other plans that may be offered by the child's Tribe if the child is Native.

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3.1 ADMINISTRATIVE REVIEWS

AUTHORITY:

25 U.S.C 1901–1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
42 U.S.C. 670-675	Title IV Part E – Federal Payments for Foster Care and Adoption Assistance
AS 47.05.065(5)(c)	Legislative Findings Related to Children
AS 47.10.086	Reasonable Efforts
AS 47.10.088	Termination of Parental Rights and Responsibilities
AS 47.14.100	Powers and Duties of Department over Care of Child
Federal Register, Vol. 44, No. 228	Guidelines for State Courts; Indian Child Custody Proceedings (1/26/79)

PURPOSE: Provide standards and guidelines for conducting administrative reviews. The purpose of the administrative review system is to review:

1. continuing necessity for and appropriateness of placement
2. the extent of compliance with the case plan
3. the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care
4. projection of likely date by which the child(ren) may be safely returned home or placed for adoption or legal guardianship.
5. the steps the agency is taking in cases where the youth 16 or older with Another Permanent Planed Living Arrangement (APPLA) goal, ensuring the foster family home or child care institution is following the reasonable and prudent parent standard. To ascertain whether the youth has regular, ongoing opportunities to engage in age or developmentally appropriate activities.

BACKGROUND INFORMATION:

A. Federal Requirements:

1. Administrative Reviews:

a. It is required that the status of each child be reviewed periodically but no less frequently than once every six months by a court or administrative review (as defined below) in order to determine:

1) the safety of the child;

2) the continuing necessity for and appropriateness of the placement;

3) the extent of progress in reducing safety threats and enhancing protective factors with the case plan;

4) a likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship,

5) for a child for whom another planned permanent living arrangement has been determined as the permanency plan, determine the steps the state/Tribal agency is taking to ensure the child's foster family home or child care institution is following the reasonable and prudent parent standard and to ascertain whether the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities

b. The term "administrative review" means a review open to the participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services to, either the child or the parents who are the subject of the review.

POLICY:

A. Periodic reviews will be conducted for all children in OCS custody who are placed out of the home. This includes cases where trial home visits are in effect. OCS will review the child's case through the administrative review process every six months until the case is closed.

B. The Panel members may include the Protective Services (PS) Specialist and/or PS Specialist IV, Tribal representative, Guardian ad Litem, and reviewer. In cases where the youth 16 and older has Another Permanent Planned Living Arrangement (APPLA) the youth and the resource family may also be invited.

PROCEDURE:

A. Meeting Organization: All participants will be encouraged to provide input in the reviews. Each participant will be treated with respect and with knowledge and respect for cultural differences. Parents will be supported and encouraged to give their input and perspective. Facilitators are responsible for supporting all participants while maintaining the structure of the meeting. The following will be followed for the organization of the meeting:

1. Introduction of Participants – facilitator;

2. Presentation of Case – PS Specialist;

3. Input/feedback from parties – parents, Tribe, GAL; and

4. Review of five items – all parties

a. continuing necessity for and appropriateness of placement;

b. the extent of compliance with the case plan;

c. the extent of progress which has been made toward alleviating or mitigating the

causes necessitating placement in foster care;

d. projection of likely date by which the child(ren) may be safely returned home or placed for adoption or legal guardianship; and

e. the steps the agency is taking in cases where the youth 16 or older with Another Permanent Planed Living Arrangement (APPLA) goal, ensuring the foster family home or child care institution is following the reasonable and prudent parent standard. To ascertain whether the youth has regular, ongoing opportunities to engage in age or developmentally appropriate activities.

B. Conducting the Review: The review will be conducted telephonically.

1. Reviewer Guidelines**:** The reviewer's role is to serve as the facilitator – supporting the participants and ensuring that the participating parties understand the purpose of the review, have the opportunity to provide input, and understand the time allocated for the review. The reviewer should note that they will be assisting with keeping the meeting on track so that everyone is able to be heard. The reviewer should note the challenges in teleconferences and encourage participants to let the reviewer know if they cannot hear, or need something repeated. The pace of the review should be measured to allow for participants' understanding and making comments as needed.

a. participants should be introduced.

b. explain purpose of meeting – summary of the four requirements.

c. explain structure of meeting – PS Specialist presentation, parents' opportunity for input, group discussion, and conclusions on continuing care and permanency goal date.

d. the reviewer will guide the structure of the review – then summarize the continuing need for care or that follow up is needed for the issue of continuing out of home care.

e. the reviewer will summarize the projected goal for completion of permanency – noting it is a projection based on complex factors and is not a set date.

f. the reviewer will document the review in ORCA following the guidelines.

2. PS Specialist Guidelines: The PS Specialist's role is to provide information regarding their management of the case as it pertains to the issues that caused the case to open, why/why not there are continuing safety concerns, the services arranged to mediate those concerns, and the parent's participation in the services and progress towards achieving a safe environment for the child. This presentation should reflect knowledge and sensitivity to the parent's culture, their background and experiences, and be supportive yet factual. Points for PS Specialist to present:

a. parties involved, reason case open;

b. issues causing case to be open;

c. length of time children out of home;

d. current placement;

e. permanency goals by child: If the youth has a goal of APPLA the PS Specialist will determine the steps the state is taking to ensure the child's foster family or child care institution is following the reasonable and prudent parent standards (see CPS Manual section 6.5.4 Prudent Parent Standard for information) and has regular and ongoing opportunities to engage in age or developmentally appropriate activities;

f. parents' participation in services (treatment, counseling, etc);

g. parents progress in making needed behavioral change; and,

h. continuing safety concerns in the home.

3. Parent Participation: the reviewer should indicate to the parents that they are encouraged to comment on their current situation (are they able to access services, which services, are the services helpful, are other services needed, what do they see as remaining to be done to have their home ready for their children).

4. Tribal Participation: the reviewer should seek Tribal input (their perspective of the case, what do they see as remaining efforts and services to reunify the family or to reach permanency for the child).

5. GAL Participation: the reviewer should seek GAL input (their perspective of the case, what do they see as remaining efforts and services to reunify the family or to reach permanency for the child).

C. Documentation of Administrative Reviews: All administrative reviews will be documented in ORCA. Documentation will be completed immediately after the review is held. The documentation should be focused on the findings from review of the five required elements.

3.1.4 PERMANENCY GOALS AND PERMANENCY PLANNING

AUTHORITY:

AS 47.10.010	Jurisdiction
AS 47.10.086	Reasonable Efforts
AS 47.10.088	Termination of Parental Rights and Responsibilities
42 U.S.C. 670-675	Federal Payments for Foster Care and Adoption Assistance
AS 47.10.080	Children in Need of Aid
AS 47.10.086	Reasonable Efforts
AS 47.14.100	Powers and Duties of Department over Care of Child
42 U.S.C. 671	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C. 675	Definitions (Title IV-E)
45 CFR 1356.21(h)	Case Plan Requirements

PURPOSE: To outline the formal process for making recommendations on setting goals and making goal changes in all cases to help ensure timely permanency.

BACKGROUND INFORMATION:

A. Federal Requirements:

1. At permanency hearings, which must be held within 12 months of when a child is taken into State custody and placed out of home, and at least every 12 months thereafter, the hearing shall determine the permanency plan for the child that includes whether, and if applicable, when:

   a. The child will be returned to the parent;

   b. Placed for adoption and the State will file a petition for termination of parental rights;

   c. Referred for legal guardianship; or

   d. In cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian, placed in another planned permanent living arrangement.

2. If the title IV-E agency concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, that the most appropriate permanency plan for a child is placement in another planned permanent living arrangement, the title IV-E agency must document to the court the compelling reason for the alternate plan. Examples of a compelling reason for establishing such a permanency plan may include:

a. the case of an older youth who specifically requests that emancipation is established as their permanency plan;

b. the case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising them to the age of majority and to facilitate visitation with the disabled parent; or

c. the Tribe has identified another planned permanent living arrangement for the child.

3. Reasonable efforts to place a child for adoption or with a legal guardian, including identifying appropriate in-State and out-of-State placements, which may be made concurrently with reasonable efforts to return the child home.

B. State Requirements:

1. Within 12 months after the date a child enters foster care, the court shall hold a permanency hearing. When establishing the permanent plan for the child, the court shall make appropriate written findings, including findings related to whether:

a. and when the child should be returned to the parent or guardian;

b. the child should be placed for adoption or legal guardianship and whether a petition for termination of parental rights should be filed by the department; and

c. there is a compelling reason that the most appropriate placement for the child is in another planned permanent living arrangement (APPLA), and the department has recommended the arrangement under AS 47.14.100(p) (see (7) below). The findings under this paragraph must include the steps that are necessary to achieve the new arrangement.

2. The court shall hold a permanency hearing to review the permanent plan at least annually until successful implementation of the plan. If the plan approved by the court changes after the hearing, the department shall promptly apply to the court for another permanency hearing, and the court shall conduct the hearing within 30 days after application by the department.

3. At the permanency hearing, the court may conclude that continuation of reasonable efforts is not in the best interest of the child. The department shall make reasonable efforts to place the child in a timely manner in accordance with the permanent plan and to complete whatever steps are necessary to finalize the permanent placement of the child. The court may make this finding if:

a. a parent or guardian has not sufficiently remedied their conduct or the conditions in the home, despite timely resonable efforts made by the department; and
b. family support services have been provided to the child, and the parents or

guardian, that are designed to prevent out-of-home placement, or to enable the safe return of the child to the home.

4. The court may determine that reasonable efforts of the type described in (B)(3) above are not required if the court has found by clear and convincing evidence that:

   a. the parent or guardian has subjected the child to circumstances that pose a substantial risk to the child's health or safety; these circumstances include abandonment, sexual abuse, torture, chronic mental injury, or chronic physical harm;

   b. the parent or guardian has:

      1) committed homicide of a parent of the child or of a child;
      2) aided or abetted, attempted, conspired, or solicited to commit a homicide of a parent of the child or of a child;
      3) committed an assault that is a felony and results in serious physical injury to a child;
      4) committed the conduct described in (B)(4)(b)(1)-(3) above that violated a law or ordinance of another jurisdiction having elements similar to an offense described in (B)(4)(b)(1)-(3) above; or
      5) during the 12 months preceding the permanency hearing, failed to comply with a court order to participate in family support services.

   c. the department has conducted a reasonably diligent search over a time period of at least three months for an unidentified or absent parent and has failed to identify and locate the parent;

   d. the parent or guardian is the sole caregiver of the child and the parent or guardian has a mental illness or mental deficiency of such nature and duration that, according to the statement of a psychologist or physician, the parent or guardian will be incapable of caring for the child without placing the child at substantial risk of physical or mental injury even if the department were to provide family support services to the parent or guardian for 12 months;

   e. the parent or guardian has previously been convicted of a crime involving a child in this state or in another jurisdiction and, after the conviction, the child was returned to the custody of the parent or guardian and later removed because of an additional substantiated report of physical or sexual abuse by the parent or guardian;

   f. a child has suffered substantial physical harm as the result of abusive or neglectful conduct by the parent or guardian or by a person known by the parent or guardian and the parent or guardian knew or reasonably should have known that the person was abusing the child;

   g. the parental rights of the parent have been terminated with respect to another child because of child abuse or neglect, the parent has not remedied the conditions or conduct that led to the termination of parental rights, and the

parent has demonstrated an inability to protect the child from substantial harm or the risk of substantial harm;

h. the child has been removed from the child's home on at least two previous occasions, family support services were offered or provided to the parent or guardian at those times, and the parent or guardian has demonstrated an inability to protect the child from substantial harm or the risk of substantial harm; or

i. the parent or guardian is incarcerated and is unavailable to care for the child during a significant period of the child's minority, considering the child's age and need for care by an adult.

5. The department may develop and implement an alternative permanency plan for the child while the department is also making reasonable efforts to return the child to the child's family described in (3) above.

6. Except as provided in (7) below, the department shall continue to search for a suitable adoptive or permanent legal guardianship for a child who is in the custody of the state and who is under 18 years of age.

7. The department may recommend to the court another planned permanent living arrangement for a child who is in state custody only if:

a. The child is 16 years of age or older;

b. The department has unsuccessfully made intensive efforts to find a permanent placement for the child; and

c. The department, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, determines that there is a compelling reason that the most appropriate permanency plan for the child is placement in another planned permanent living arrangement, and the department documents for the court the compelling reason for the alternate plan. "Compelling reason" may include circumstances in which:

1) the child has specifically requested that emancipation be established; or

2) a parent and child have a significant bond, but the parent is unable to care for the child because of an emotional or physical disability, and the child's foster parents have committed to raising the child to the age of majority and to facilitating visitation with the disabled parent.

POLICY:

A. Each child who is subject to an open OCS case will have an identified permanency goal. Permanency goals will be established and distributed in the case plan within the first 60 days of assuming custody or opening a case for services without custody.

B. In most cases, the first goal will be for the child to remain in their home if the child has not been legally removed, or to reunify a child with one or both of the parents if the child is in an out of home placement after a temporary custody order.

C. During the Family Services Assessment (FSA) process the Protective Services (PS) Specialist will:

1. identify the most appropriate primary permanency goal for the child;

2. identify the most appropriate alternative goal for the child when it appears achievement of the primary goal within the federal timeframe of 15 out of the last 22 months will not occur (an alternative goal is not necessary for children remaining in their home); and

3. document the permanency goal(s) in ORCA and make it available to all appropriate parties in the case.

D. See Background Information Section (B)(4) for circumstances when the primary goal may be a different goal than reunification. In these circumstances, the Protective Services (PS) Specialist may request the court to cease reasonable efforts for reunification. Reasonable efforts to return the child home must continue until the court has determined that such efforts are no longer required. For ICWA cases 25 U.S. Code 1912 requires active efforts continue. The PS Specialist will meet with the AAG under circumstances listed in Background Section (B)(4) for ICWA cases.

E. Selection of permanency goals must be in the best interest of the child. The permanency planning goal options, in order of preference under Federal Regulations include:

1. Reunification: The child should be back in the home within 12 months of coming into care;

2. Adoption: A child should be in a finalized adoption within 24 months of coming into care;

3. Guardianship: A child should be in a finalized guardianship within 18 months of coming into care;

4. Permanent Placement with a Fit and willing relative: Only appropriate for youth 16 and older when it expected that the youth would be in care beyond their 18th birthday. This goal is preferable over APPLA; or

5. Another Planned Permanent Living Arrangement (APPLA): Only applies to youth 16 and older who have OCS Director approval. See CPS manual section 3.14.3 for further information on APPLA.

6. OCS has established Regional Permanency Specialists (RPS) for each region to function as experts regarding permanency for children in care. The RPS provides consultation and guidance on permanency for children and youth. Disagreements on the permanency goal should be escalated through the chain of command and reviewed by management. If alignment is not found, then the Division Operations

Manager should be consulted.

PROCEDURES:

A. Initial Goal Setting

1. During the Family Services Assessment (FSA) process, the PS Specialist will discuss with each parent about the establishment of a permanency goal for the child and, if appropriate, the need for an alternate permanency goal. The initial goal in almost all cases will be for the child to remain in their home, or reunification if placing the child out of the home.

2. In extreme incidences, the initial primary goal may be a different goal than reunification. Background Information Section (B)(4) lists these situations, including but not limited to:

   a. abandonment;

   b. torture;

   c. sexual abuse of a child;

   d. parental rights previously terminated;

   e. the parent has killed or seriously harmed another child; or

   f. the parent has an untreatable mental illness or cognitive impairment that renders the parent unable to parent.

3. Alternative permanency goals should be developed with parents and explained as a backup plan should the primary goal not work out. OCS will focus on the primary goal, but efforts will simultaneously be made toward the alternative goal such as relative/extended family search for potential permanent placement.

B. Goal Change:

1. Within nine months from the date of removal, or whenever a goal change is considered, the PS Specialist will:

   a. complete a case plan evaluation to assess and document progress toward case plan goals;

   b. consult with the Assistant Attorney General (AAG) to determine if the agency should proceed with Termination of Parental Rights (TPR); and

   c. consult with the child, child's Tribe, parents and GAL regarding the recommendation of any goal change.

2. If the child has been placed out of home for 15 out of the last 22 months and if a decision has been made not to file for TPR, documentation of compelling reason(s) not to file a TPR petition in the permanency report must occur. Compelling reasons not to file a petition may include but are not limited to the following:

   a. The parent has made substantial progress in eliminating the problems causing the child's continued placement in foster care, it is likely that the child will be able to return home within three months safely, and no prior extension has been granted.

   b. The child is over the age of 14 and:

      1) Has a close and positive relationship with the parent, and an alternative permanent plan that does not require termination of parental rights will provide the most secure and appropriate placement for the child; or

      2) Is firmly opposed to termination of parental rights; thus making it likely that any adoptive placement will result in disruption. To help the child make an informed decision about termination and adoption, the PS Specialist must make certain that the child has received meaningful counseling about the benefits of adoption and that the child is aware of the possibility of an adoption which allows for continued contact with members of his or her birth family. Counseling must take place before this compelling reason is invoked and cannot be provided by an employee of the Office of Children's Services.

   c. In consultation with the AAG, it is determined there are insufficient grounds for the termination of parental rights;

   d. Where the child is an Indian child as defined in the Indian Child Welfare Act (ICWA), the child's Tribal culture does not acknowledge termination of parental rights as a viable option, and the Tribe has identified and offered an alternative permanent placement plan for the child that is in the best interest of the child;

   e. The parent's actions or inactions are not the cause of the child being in need of aid (e.g., the child is developmentally disabled, delinquent, or otherwise has needs that simply cannot be met by the parents without assistance from the state despite appropriate parenting);

   f. The child is 16 years of age or older, and the permanency plan is another planned permanent living arrangement. To help the child make an informed decision, the PS Specialist must make certain that the child has received meaningful counseling about becoming self-sufficient. Counseling must take place before this compelling reason is invoked and cannot be provided by an employee of the Office of Children's Services; or

   g. The child has a sibling(s) who will not be the subject of termination

proceedings, and it is not in the best interest of the child to separate from the other sibling(s).

C. Additional actions required as part of permanency goal change:

1. If the recommended goal is **Adoption or Guardianship:**

a. PS Specialist and PS Specialist IV will use the following criteria when considering designating the current placement (relative or non-relative foster parents/unlicensed relative) as the potentially permanent home:

1) The placement is in the best interests of the child;

2) The relative/extended family search has been exhausted, completed documentation on all extended family members in the Relative tab in ORCA, and sent Notice of Right to Request Placement to all relatives/extended family members;

3) All efforts have been made to place the child in the highest preference placement possible;

4) The Tribe approves or does not object to the placement for ICWA cases;

5) The foster parents have verbally expressed their commitment to adopting, or being the guardian, of the child. The child has indicated they are interested in being adopted, or entering into guardianship, by the family if age or developmentally appropriate;

6) The placement resource has completed fingerprint-based criminal background checks and CPS checks for all adult household members 16 and older. See section 6.8.4 Criminal Record Check;

7) If legal risk adoption, the family has been informed about and acknowledge the legal risk involved by signing the Legal Risk Adoptive Placement Agreement (06-9721); and

8) Referral made to adoption/guardianship orientation or preparation training for the family.

b. The PS Specialist IV will document each criterion in a permanency plan activity note in ORCA, with notes on what follow-up is needed before designated the home as the permanent placement resource for the child.

c. If there is no identified permanent home, the PS Specialist IV will document recommended methods of child-specific recruitment to include:

1) the diligent relative/extended family search;

2) exploration of the connections for the child/youth; and

3) child specific recruitment website listings such as the Alaska Adoption Exchange and Heart Gallery.

2. If the recommended goal is permanent placement with a fit and willing relative, these additional steps will be taken:

   a. The PS Specialist IV will document whether a relative assessment has been completed to help ensure the relatives are fit and willing to provide care for the youth until the youth reaches adulthood; and

   b. The PS Specialist IV will document whether fingerprint-based criminal background checks and CPS checks are completed on the placement.

3. If the recommended goal is APPLA, these additional steps will be taken:

   a. The PS Specialist IV will ensure that an APPLA meeting occurred;

   b. The RILS will document the compelling reasons and why adoption, guardianship, and fit and willing relative were ruled out; and

   c. The RILS will seek OCS Director approval of the goal per CPS manual section 3.14.3.

D. Documenting Permanency Goals: Recommendation for goal changes following a PS Specialist and PS Specialist IV staffing:

1. The PS Specialist IV will document the justification for the goal change in ORCA, along with the additional information required in the previous section for the specific goal chosen;

2. If applicable, the PS Specialist IV will document the compelling reason to delay filing of the TPR in ORCA; and

3. The PS Specialist will:

   a. Update the permanency goal in the child's case plan in ORCA and route case plan for approval;

   b. Report to the court in a Permanency Report (see CPS manual section 4.5.5 Permanency Hearings) that will be filed within 30 days of recommending the goal change; and

   c. When changing a goal to adoption or guardianship, all relatives, and extended family members will be sent the Notice of Right to Request Permanent Placement within 30 days of the goal change.

Definitions:

A. Remain in own home: This goal is chosen when a child is placed in their home, and the goal is to help the child stay safely in that home.

B. Reunification: This goal should be the primary goal whenever a child is removed from a parent's care, except in the extreme circumstances (see A, 2 of this section). The goal can apply to reunifying the child with both of their parents, the parent from the removal home, or the parent from the non-removal home. When the permanency goal is reunification, a child should be back in the home within 12 months of coming into care. See section 3.8 for further information.

C. Adoption: This goal can be chosen at any time in the life of the case and is applicable to all children, including youth 18 and older. A child should be in a finalized adoption within 24 months of coming into care. See CPS manual section 3.15 for further information.

D. Guardianship: This goal can be chosen at any time in the life of the case and is applicable to all children. Guardianship is an option for children under ten with Protective Services Manager I approval. A child should be in a finalized guardianship within 18 months of coming into care. Adult guardianship is pursued for youth who are unable to care for themselves due to disability. See CPS manual section 3.12 for further information.

E. Permanent Placement with a Fit and Willing Relative: This goal is only applicable to youth age 16 and older who will not be reunified, adopted or placed in a guardianship, and the intent is that the youth remain in OCS custody until the age of majority. This goal is a preferred goal over APPLA. See CPS manual section 3.13 for further information.

F. Another Planned Permanent Living Arrangement (APPLA): This goal means a permanent living arrangement for a child who is committed to the custody of the department under AS 47.10.080(c)(1). It is an alternative to permanent placement with a fit and willing relative, and to reunification, adoption, and legal guardianship (see Background Information section (A)(2) and (B)(7). See CPS manual section 3.14.3 for further information.

3.1.5 PLACEMENT DECISION CONFERENCE (OPTIONAL)

AUTHORITY: AS 47.10.010 Jurisdiction, AS 47.10.086 Reasonable Efforts, AS 47.10.088 Termination of Parental Rights and Responsibilities, P. L. 105-89 Adoption and Safe Families Act of 1997

POLICY: The purpose of Placement Decision Conferences is to designate the permanent adoptive or guardian home for a child. The staffing is held as soon as adoptive or guardianship home studies are completed and ready for review by the staffing team and there are multiple options for permanent placement, or when there are no options. The staffing is held separately from the permanency placement staffing, if needed, but is often combined; for example when home studies have been done at the time of the Permanency Planning Conference. The purpose is to designate the permanent adoptive or guardian home for a child.

PROCEDURES:

a. A Placement Decision Conference is held as soon as adoptive or guardianship home studies are completed and ready for review by the staffing team. If home studies have been done at the time of the Permanency Planning Conference, the two conferences are combined.

b. Participants:

   1. PS Specialist ;

   2. PS Specialist IV;

   3. Adoption/Permanency Planning Specialist;

   4. GAL;

   5. Child's Tribal representative, if applicable;

   6. ICWA Specialist, if applicable.

c. Content: The following issues will be addressed:

   1. Review of adoption/guardianship studies and discussion of families being considered;

2. Recommendation regarding relative placement (for all children) and ICWA placement preferences (for Native children), if not addressed and finalized at the Permanency Planning Conference. Discussion of good cause reasons to waive relative placement (for all children) or ICWA placement preferences (for Native children), if not addressed and finalized at the Permanency Planning Conference. For Native children, if the adoptive/guardian placement is out-of-preference, written approval from the Tribe is requested. Tribes do provide Tribal resolutions approving the placement in some cases. If the Tribe does not approve the placement, yet the remainder of the placement staffing team agree that the placement is in the child's best interest, a judicial finding of good cause to deviate from the ICWA placement preferences may be requested from the court."

3. Recommendation regarding placement with sibling or separation of siblings, if not addressed and finalized at the Permanency Planning Conference.

4. Designation of adoptive/guardian family.

e. Expected Outcome of the Conference: Designation of a permanent adoptive or guardian home.

f. Documentation: The recommendations and decisions made at the conference will be documented in the case file.

g. Follow-Up: The PS Specialist will follow through with the recommendations and decisions from the conference. The follow-through and progress will be addressed at the next conference or review which is held on the case.

3.2 SERVICES TO ALL CHILDREN AND FAMILIES

3.2.1 CASEWORKER VISITS WITH CHILDREN, PARENTS, AND CAREGIVERS

AUTHORITY:

AS 47.10	Children in Need of Aid
42 U.S.C. 622(b)(17)	State Plans for Child Welfare Services (Title IV-B)
42 U.S.C. 623(e)	Payment to States
42 U.S.C. 675(5)(A)(ii)	Definitions (Titles IV-B and IV-E)

PURPOSE: To establish standards to ensure the quality of caseworker visits with children, families, and out-of-home caregivers.

BACKGROUND INFORMATION - FEDERAL LAW:

A. Children in out-of-home care must be visited by a Protective Services (PS) Specialist on a monthly basis and the caseworker visits must be well-planned and focused on issues pertinent to case planning and service delivery to ensure child safety, permanency, well-being, and cultural continuity.

B. Children Placed Out-of-State:

1. A child who has been placed in out-of-home care in a different state than has custody of the child must be visited by a caseworker not less frequently than every six months. The visit may be made by a caseworker who is on the staff of:

   a. the State agency of the State that has custody of the child; or

   b. the State in which the child has been placed; or

   c. a private agency under contract with either such State.

2. The visit must take place in the home or institution where the child is placed, and the caseworker in the receiving state who makes a visit must submit a written report on the visit to the State agency of the State that has custody of the child. Caseworker visits must be well-planned and focused on issues pertinent to case planning and service delivery to ensure child safety, permanency, well-being, and cultural continuity.

POLICY:

A. Caseworker Visits with Children

1. Any child with an open case will be visited and seen by the assigned primary or secondary OCS Protective Services (PS) Specialist at least one time a month. These visits will occur regardless whether the case is in the initial assessment phase, regardless of the legal custody status, and whether the child is living in their own home or in out-of-home placement.

2. Caseworker visits will occur at least once a month, or more if the family needs indicate, with the majority of the visits being in the home in which the child resides.

3. Visits between the OCS PS Specialist and the child will include observation and a discussion with the child regarding their current placement, their safety, well being, cultural continuity, and permanency. The Caseworker Visit Guide in Statewide forms may be utilized to assist in the observations and conversations with the individuals.

4. During each visit, the PS Specialist will reassess the child's initial needs and assess their ongoing needs. These activities should be appropriate to the child's age and reflect the child's developmental level. The initial assessment of needs includes making an inquiry to the child if the services and activities on the case plan are still meaningful and helpful to the child. Conducting ongoing assessment of needs means determining through discussion with the child if there are other areas that need to be worked on or addressed through services and included on the case plan. These areas of inquiry should encompass the child's functioning including mental health needs, physical health needs, educational needs, social needs, recreational needs, family relationships, and adjustment to the out of home placement setting.

5. All visits should be in person, face to face. For children who are placed outside of their own region or in a community in the same region that is served by another office, but within the state, the primary PS Specialist will request a secondary PS Specialist as outlined in section 6.6.2 Out-of-Town Requests (OTR). The receiving office will assign a secondary PS Specialist who will visit the child in person at least once a month.

6. Children who live out of state will have at least once a month telephonic contact with the assigned PS Specialist. For children placed in foster care or with unlicensed relatives, the Deputy ICPC Administrator will request monthly visits with written reports.

7. For a child placed in an out-of-state residential facility, face-to-face visits with the child are required every six months. The PS Specialist will have unsupervised phone contact with the child once a month to discuss the child's placement, activities on the case plan, and any safety or well being issues. The PS Specialist or psychiatric nurse will have weekly contact with facility and child to exchange treatment information and help facilitate discharge planning. (for further details see section 5.24 ICPC Placement Supervision Out-of-State Placements).

8. Visits that occur in a setting that does not provide for the privacy and the time necessary for a meaningful observation and conversation will not meet the requirement for a monthly contact.

B. <u>Caseworker Visits with Parent/s (or Indian Custodian)</u>:

1. Any parents and/or Indian custodian with an open case will be visited and seen by the assigned primary or secondary OCS PS Specialist at least one time a month. More frequent visitation should occur as family needs indicate. These visits will occur regardless whether the case is in the initial assessment phase, regardless of the legal custody status, and whether the child is living in their own home or in out-of-home placement.

2. Caseworker visits with parents will occur at least once a month, or more if the family needs indicate, with the majority of the visits being in the home in which the parent resides.

3. For a parent that resides out of state the contact will be telephonic.

4. During each visit, the PS Specialist will reassess the parent's initial needs and assess their ongoing needs. These activities should be appropriate to the case situation and reflect the behavioral needs of the parents. The initial assessment of needs includes making an inquiry to the parent if the services and activities on the case plan are still meaningful and helpful to the parent. Conducting ongoing assessment of needs means determining through discussion with the parent if there are other areas that need to be worked on or addressed through services and included on the case plan. These areas of inquiry should encompass the issues which compromise the safety of the child and which address the enhancement of the protective capacity of the parents.

5. Visits on a monthly basis are required until the court determines that reasonable efforts towards reunification are no longer required (AS 47.10 086(c)). In ICWA cases, active efforts must continue, unless the court rules no further active efforts are needed.

6. PS Specialist safety must be considered for face-to-face visits. If a PS Specialist has concerns about personal safety regarding contact with a parent, they will consult with their PS Specialist IV.

    a. If in-home visits are determined to be unsafe, the PS Specialist IV will document in ORCA the reasons for this decision and what the alternative plan for monthly contacts will be.

    b. Parent contact setting will be reassessed and documented by the PS Specialist IV as circumstances change.

C. <u>Caseworker Visits with Out-of-Home Caregivers</u>:

1. Foster care providers and unlicensed relative care providers will be contacted by the PS Specialist during the course of their routine monthly contact with the child. In two-parent homes, it is strongly recommended that efforts are made to visit both providers whenever possible. The majority of the visits will be in the care provider's home and face-to-face. This contact will be directed at meeting the needs of the substitute

caregiver as pertains to the children placed in their home as well as the individual needs of the child(ren).

2. During each visit, the PS Specialist will reassess the caregivers' initial needs and assess their ongoing needs. Any services should be appropriate to the family situation and reflect the needs of the caregiver to provide care for the child. The initial assessment of needs includes making an inquiry to the caregiver if the services and activities being provided are still meaningful and helpful to the caregiver and/or child. Conducting ongoing assessment of needs means determining through discussion with the caregiver if there are other areas that need to be worked on or addressed through support.

D. Some case visits should be scheduled with the parents/caregiver/child and some visits should be unannounced.

E. All visits will be documented within 7 days in ORCA as a Caseworker Visit Activity note.

PROCEDURE:

A. Caseworker Visits with Children:

1. The PS Specialist will contact the child's caregiver to schedule a time to visit with the child in the home in which the child lives.

2. The PS Specialist will visit with the child every month, and more frequently if needed to help meet the child's needs. The majority of the visits will in the home in which the child resides.

3. Prior to the initial meeting with the child, the PS Specialist will consult with their PS Specialist IV to ensure they have the needed information for the visit. This may include whether or not more frequent visits are needed, strategies on interviewing the child, and other case related information that needs to be addressed.

4. If a child changes homes, the PS Specialist will help move the child as needed and as appropriate. Within one week of the child's placement change, the PS Specialist will visit with the child to help with the transition and ensure the child is safe and their needs are being met.

5. For children who are being visited by secondary workers from other regions or offices, the secondary PS Specialist and primary PS Specialist will communicate at least monthly to exchange information in accordance with section 6.6.2 Out-of-Town Requests.

6. For children who are placed out of state, the PS Specialist will call the child monthly on the phone to talk with them. The child must be spoken to alone for at least a portion of the call.

7. Contact with the child will be meaningful and purposeful:

a. Visits include the PS Specialist interacting with the child and observing interactions between the child, caregiver, and other household members.

b. The child must be seen alone for a portion of each visit.

c. The following must be discussed in an age appropriate manner or assessed during the visits:
   1) the child's safety in the home in which they live;
   2) cultural continuity;
   3) the reason why the child was placed out-of-home;
   4) the child's permanency goal and the time frames for implementing the permanency goal,
   5) services and activities in the case plan, including independent living services for youth age 16 or older, or other needed services;
   6) the child's wellbeing including:
      - the appropriateness of the placement;
      - physical health and mental health issues;
      - educational needs;
      - parent, sibling, and other family contact, including impact of being separated from family;
   7) social/recreational needs, including connection to friends.

B. Caseworker Visits with Parents:

1. The PS Specialist will contact the parent to schedule a time to visit with the parent wherever the parent lives.

2. The PS Specialist will visit with the parent every month, and more frequently if needed to help meet the parent's needs. The majority of the visits will be in the home in which the parent resides.

3. Prior to the initial meeting with the parent, and when necessary for PS Specialist safety reasons, the PS Specialist will consult with their PS Specialist IV to ensure they have the needed information for the visit. This may include whether or not more frequent contact is needed, strategies on interviewing the parent, PS Specialist safety concerns, and other case related information that needs to be addressed.

4. For parents who are being visited by secondary workers from other regions or offices, the secondary PS Specialist and primary PS Specialist will communicate on a regular basis to exchange information in accordance with section 6.6.2 Out-of-Town Requests.

5. For parents who live out of state, the PS Specialist will call the parent on the phone each month to talk with them.

6. Contact with the parent will be meaningful and purposeful. The following must be discussed and/or assessed during caseworker visits with parents:

   a. any safety issues in the home at the time;

b. reasons for OCS involvement based on safety, high risk, and need for enhanced protective factors;
c. any safety plan that may be in place at the time, whether it is sufficient and any changes that need to be made;
d. the parents' protective factors, are diminished factors enhanced in order to reduce threats to safety; what protective factors the parents are working on addressing;
e. cultural continuity;
f. the current permanency goal and the time frames for implementing the permanency goal;
g. the appropriateness of the services and activities in the case plan in order to increase protective factors and alleviate the conditions that brought the child into care, including services needed to effect change in the parent's ability to safely care for their child;
h. parent's participation in services that are provided for the purpose of keeping the child safe and/or implementing the permanency goal; discuss any updates received from collateral sources regarding progress made toward case plan goals (feedback from therapists, police reports, etc);
i. the child, regardless of placement, including:
    - medical/counseling issues;
    - educational needs;
    - family and sibling contact;
    - social/recreational needs;
    - physical health;
j. whether the level of family contact is adequate or whether the family contact plan needs to be adjusted;
k. explain and prepare the parent for any upcoming court hearings or review meeting.

C. Caseworker Visits with Out-of-Home Caregivers:

1. The PS Specialist will contact the out-of-home caregiver to schedule a time to visit. This may be done at the same time the PS Specialist comes to visit with the child in the home.

2. It is strongly recommended that the PS Specialist has contact with the out-of-home caregiver every month, and more frequently if needed to help meet the caregiver's needs. The majority of the visits will be in the home in which the care giver resides.

3. Prior to the initial meeting with the caregiver, the PS Specialist will consult with their PS Specialist IV to ensure they have the needed information for the visit. This may include whether or not more frequent contact is needed, strategies on interviewing the caregiver, and other case related information that needs to be addressed.

4. For out-of-home caregivers who are being visited by workers from other regions or offices, the secondary PS Specialist and primary PS Specialist will communicate on a regular basis to exchange information in accordance with section 6.6.2 Out-of-Town Requests.

5. For out-of-state caregivers, the PS Specialist will have regular communication to ensure the child's and caregiver's needs are being met in a meaningful and purposeful manner.

6. Contact with the caregiver will be meaningful and purposeful. Visits include the PS Specialist interacting with the caregiver and observing interactions between the child, caregiver, and other household members.

7. The following must be discussed and/or assessed during caseworker visits with caregivers:

   a. the safety of the child*;*

   b. cultural continuity;

   c. the appropriateness of the services and activities in the case plan;

   d. the permanency goal for the child and long terms needs if appropriate;

   e. the child's wellbeing, including:
      - the appropriateness of the placement;
      - physical health and mental health needs;
      - educational needs;
      - referrals being made for any necessary evaluations, assessments, and services;
      - social/recreational needs;

   f. services that the caregiver needs in order to provide care for the child;

   g. the caregiver's role in working with the parents, including mentoring, facilitating family contact, and communicating with the parent about their child;

   h. any new documentation that is included in the placement packet.

D. <u>PS Specialist IV Role:</u>

1. During weekly supervision, the PS Specialist IV will help ensure the PS Specialist has plans to visit their children, parents, and out-of-home caregivers.

2. Prior to the visits, the PS Specialist IV will consult with the PS Specialist to ensure the PS Specialist understands the purpose and focus of the visit and has the information needed for their visit, including any support that may be needed to ensure the PS Specialist is safe while in the field.

3. Every month, the PS Specialist IV will review the caseworker visit reports in ORCA to determine if any visits were missed for the month. If visits were missed, the PS Specialist IV will consult with the PS Specialist to ensure the PS Specialist makes their contacts before the month ends.

4. If the PS Specialist is unable to make their visits, the PS Specialist IV will strategize on ways for the contacts to be made for the month. For team case management cases, the PS Specialist IV should contact the primary office with as much notice as possible so the primary staff can make arrangements to meet the contact standards.

5. For all visits which are not made, the PS Specialist IV must document in a supervision note in ORCA why the contacts for the month were missed.

E. Documenting Caseworker Visits:

1. Workers will record their visits as a Caseworker Visit Activity note in ORCA within 7 calendar days.

2. The PS Specialist will document the following information in the narrative of the Caseworker Visit Note:

   a. any safety issues assessed, identified, or discussed;

   b. any permanency, well-being, and cultural continuity issues assessed or discussed; and

   c. observations and conclusions that may necessitate revision of the case plan, the safety plan, or the permanency goal.

3. If the required visits were not met, the PS Specialist will document in a caseworker activity note the reason why the visit did not occur that month.

3.2.2 SERVICE DELIVERY

AUTHORITY: AS 47.10 Children in Need of Aid, P. L. 96-272 Adoption Assistance and Child Welfare Act of 1980

POLICY: In order to reduce risk to the child and achieve a minimally sufficient level of care for children in the family, the Protective Services (PS) Specialist will provide case management, direct services, and purchased services.

PROCEDURE: Services provided to the family, and goals developed in the case plan, should relate to reducing risk to the child in the family and achieving a minimally sufficient level of care for the child. A case plan is required for all cases.

a. Minimally sufficient level of care: the minimally sufficient level of care is the point in which a home is adequate for the physical care and emotional nurturing of a child.

   If you are concerned for the child's welfare at home, identify the principal area of concern, (i.e. physical safety, inadequate supervision, risk for abuse, emotional neglect, etc.)

   Case plan problems and goals must relate directly to achieving the minimally sufficient level of care, and the specific areas of concern and risk, as defined for this particular child. Overly ambitious or "global" plans will only discourage parents or Indian custodians.

b. Direct services: direct services are those provided directly to the family or child by the agency worker(s). In rural areas, with few outside resources, direct services will form the majority of the service plan. However, even in cities with many resources, certain services, such as home visits, will be provided directly by the agency worker. See minimum contact standards in section 3.2.1 Minimum Service Levels.

   Providing direct services ensures that the worker builds a relationship with the family, allows for observing family dynamics and strengths, and provides direct knowledge with which to make case decision.

   Direct services include, but are not limited to: crisis intervention; family counseling; teaching parenting skills; teaching daily living and survival skills; role modeling; support for the family; assisting the family in developing alternate support systems; assisting the family in utilizing their natural environment and resources; providing information and referrals; teaching home management skills; case management.

c. Case Management: CPS workers must act as case managers, in addition to any direct services they may provide. The goal of case management is to ensure that clients receive the services and resources that they need. The Protective Services (PS) Specialist is responsible for insuring collaboration of all service providers. This requires the case manager to have a holistic view of the entire case and to focus on both the person and the environment.

Tasks required include:

1. Conducting home visits and foster home visits;

2. assessment of any new reports of harm on the case;

3. gathering and recording relevant data, from client and environment;

4. locating resources, including family, friends and community and Tribes, and meeting with Tribal representatives to ensure appropriateness of services;

5. integrating social, cultural and economic factors;

6. coordinating resources;

7. coordinating administrative reviews and staffings;

8. monitoring and evaluating outcomes;

9. facilitating communication between relevant resources such as with schools, courts, mental health and treatment agencies, and financial assistance;

10. using the helping relationship to enhance clients' coping, problem-solving, social interaction, and resource use skills;

11. assessment of risk on an ongoing basis.

d. Protective Services Child Care: Protective services child care (day care) is a support service designed to help keep families together. It may be authorized for children at risk of abuse or neglect and for whom child care during the day is part of a family treatment plan. Its objective is to enable the child to remain with his or her biological family or to return the child to the child's own family following an out of home placement.

1. Protective services child care may be authorized when:

A. A parent or Indian custodian is unable to cope with child care for the full day, but shows capacity for shorter time periods.

B. There are a number of children in the family and a parent or Indian custodian needs to make time for each child individually.

C. One or more children have special needs that require extra care.

D. A child has experienced abuse or neglect and the child's safety needs to be monitored on a regular basis by someone outside the home.

E. A parent or Indian custodian needs appropriate role models to develop parenting skills and is able to spend time in the child care setting.

F. A parent or Indian custodian needs to take part in a medical or treatment program.

G. A parent or Indian custodian needs some time alone (respite).

H. A parent or Indian custodian has special needs or is disabled.

2. Protective services child care MAY NOT be used for child care for foster children. The division uses a different system and a budget line for child care for foster children.

3. If the need for child care is not related to child protective service/family preservation issues, parents or Indian custodians should be referred to the state's child care assistance program, which provides child care subsidies for low to moderate income parents who are working or in training or education. Information is available through public assistance offices, Dept. of Community and Regional Affairs, and local child care assistance and child care resource and referral offices.

4. Persons eligible to provide protective services child care: The division may purchase protective services child care from a child care home, child care group home, or child care center. The provider must:

A. Have a current child care center, child care home, or child care group home license.

B. Have a current Child Care Agreement for Services on file with the division (child care centers 06-9346; child care homes 06-9347; child care group homes 06-9348).

C. Receive an orientation beyond routine licensing to enable them to participate in the Protective Services child care program and agree to participate annually in protective services child care training, if offered in the provider's community.

5. Orientation/training for providers should include, but is not limited to:

   A. Provider responsibilities in case planning and case review process,

   B. identifying indicators of abuse and neglect,

   C. reporting abuse and neglect,

   D. the special needs of children who have experienced or are at risk of abuse or neglect,

   E. confidentiality requirements,

   F. working effectively with parents or Indian custodians.

6. The PS Specialist will:

   A. Assess the parents' or Indian custodian's capacity to use child care, including convenience to their home, travel requirements and opportunities for parent/Indian custodian involvement.

   B. Consider the child's age, developmental level, special needs, and readiness for out-of-home child care.

   C. Include protective services child care on the Plan of Action in the Case Plan (06-9699), including objectives for child care, and tasks and responsibilities including those of the provider.

7. Parent or Indian custodian and PS Specialist select eligible provider.

8. The PS Specialist follows payment procedures in Administration Chapter, section 6.2.2.4.A Protective Services Child Care.

9. The PS Specialist discusses with the provider the goals to be achieved, brief plan of care for the child, specific responsibilities of the provider, and amount of child care the division is authorizing.

10. The PS Specialist confers with the provider to assess progress toward goals in conjunction with the case plan review and as needed.

e. <u>Referral Services</u>:

1. Many communities offer a wide variety of parent and family support services. The PS Specialist should carefully consider integrating available local services into the case plan whenever appropriate. Categories include:

   A. alcohol and drug treatment;

   B. counseling services;

   C. educational services;

   D. placement services;

   E. medical/dental services;

   F. parent/child education;

   G. vocational/employment services;

   H. day treatment/structured intensive day programs.

2 For Native children, the child's Tribe will participate in providing services to the extent possible and to the extent resources permit for native children.

3. The PS Specialist will use Tribal experts from the child's Tribe, when available, in providing services to the family in consultation on cultural issues involving family or child.

4. Release of information. When the service is required in order to solve a problem identified in the case plan, feedback from the provider is required. The PS Specialist must include provision for release of information from the provider, in order to check attendance and progress towards meeting goals.

5. Prioritize. To keep a case plan reasonably achievable, avoid the tendency to refer to all possible resources. The PS Specialist, family, and Tribe, where a Native child is at issue, should select the 2 or 3 services most pertinent to the identified problem, and include them in the plan. Other services could be suggested, but not required.

3.2.3 SERVICES TO THE FAMILY - CHILDREN IN-HOME

AUTHORITY: AS 47.10.081 Predisposition Hearing Reports, AS 47.10.086 Reasonable Efforts, AS 47.10. 990 (11) Definitions ("Family Support Services"), P. L. 96-272 Adoption Assistance and Child Welfare Act of 1980

POLICY: The agency will provide services to children in their own homes when the Protective Services (PS) Specialist has determined that there is no immediate risk to the child in remaining at home, or returning home, and a minimal sufficient level of care can be provided.

If a court has determined that a child is a child in need of aid, the division will provide time-limited family support services to the child and the child's family in order to offer parents the opportunity to remedy parental conduct or conditions in the home that made the child a child in need of aid and to prevent out-of-home placement of the child. These services are developed in the case plan.

Family support services includes services provided by the community, Tribal community, a church, or other service organization, and may include counseling, substance abuse treatment, mental health services, assistance to address domestic violence, visitation with family members, parenting classes, in-home services, temporary child care services, and transportation

PROCEDURE: In-home services also meet the requirement of reasonable efforts to prevent or eliminate the need for removal of the child from their home. Where a Native child is at issue, active efforts must be made to provide remedial services and rehabilitative programs designed to prevent removal of the child and maintain the family unit.

a. Families receive in-home services when:

1. The intake decision is to keep the children in the home, but the case requires ongoing services to resolve the conditions that led to intervention.

2. The child was placed in emergency custody, but the immediate danger that necessitated placement has subsided, (e.g., the molester has moved out of the home and the remaining caretaker is supportive and protective.) In those cases, it may be reasonable to reunite the family and provide in-home services.

3. When one or two children are in emergency or short-term care and others remain in the home, in-home services are provided for the entire family.

4. Parents or Indian custodian voluntarily request services due to self-reported child abuse/neglect, or a belief that high risk for an incident exists.

b. In-home service standards include:

1. The family must be involved in identifying case goals and plans. They may not totally agree with the plan, but they must be aware of it.

2. The PS Specialist must maintain regular contact with the family, with minimum levels of service as based on risk assessment stated in the case plan.

3. Treatment options should involve acceptable alternatives, so families can have some choices in how to achieve the goal. Cultural and environmental factors should be included.

4. Creating and utilizing other supports for the family must also be considered.

c. Follow-up on all appointments:

1. It is important to follow-up on missed appointments and to document them in the case record.

2. Parents should understand their responsibility to let the PS Specialist or service provider know if they are unable to keep an appointment. Documentation of appointments is an important component of monitoring case plan compliance

3. Contact should be followed-up be a short letter to the parent or Indian custodian (copy in the file), and an entry for future narrative dictation.

3.2.4 SERVICES TO THE FAMILY - CHILDREN IN OUT-OF-HOME CARE

AUTHORITY: AS 47.10 Children in Need of Aid, AS 47.05.065, Legislative Findings Related to Children, AS 47.10.086 Reasonable Efforts, AS 47.10. 990 (11) Definitions ("Family Support Services"), P. L. 96-272 Adoption Assistance and Child Welfare Act of 1980

POLICY: Whenever a child is placed out of home and the permanency plan is reunification, the division will provide time-limited family support services to the child and the child's family in order to offer parents or Indian custodian the opportunity to remedy parental conduct or conditions in the home that placed the child at risk of harm so that the child may return home safely and permanently. These services are developed in the case plan. The division will develop a concurrent alternative permanency plan for the child while also making reasonable efforts to return the child to the child's family. Where a Native child is involved, the division will develop the concurrent alternative plan with the child's Tribe, while also making active efforts to return the child to the child's family.

Family support services includes services provided by the community, Tribe, a church, or other service organization, and may include counseling, substance abuse treatment, mental health services, assistance to address domestic violence, visitation with family members, parenting classes, in-home services, temporary child care services, and transportation

PROCEDURE: Services to the families of children in out-of-home care follow all other requirements of case planning, case review, and services to families. In addition, the following areas should be considered;

a. Limits of one year or less, should be set for the change program as a whole. If a court finds at a permanency hearing that the parents or Indian custodian have, for the 12 months preceding the hearing, been offered family support services, but failed to comply with a court order to participate in family support services, the court may decide that efforts to provide family support services are no longer required. At that time, the concurrent permanency plan will be implemented.

b. Be responsive to reasonable requests. However, remind the parents that while you are willing to rearrange the short-term goals, the long-term goal for family reunification must be met in a reasonable length of time.

c. Keep track of the parents or Indian custodians. Some parents or custodians move frequently or do not have telephones. For these and other reasons, they often lose contact with the agency. Although time consuming, it is the responsibility of the Protective Services (PS) Specialist to keep track of elusive parents or Indian custodians by making frequent trips to their residences

or the houses of friends and relatives, by telephoning places they are known to frequent, and by sending letters, registered if necessary, to ask them to come to the office for appointments. This constant effort to involve parents or Indian custodians in treatment is necessary to ensure that every effort is extended to support parents or Indian custodians or to document their failure to work toward providing care.

d. Provide reasonable support. The degree of support a PS Specialist provides a parent depends on the capability, resourcefulness, and sophistication of that parent.

1. The less capable a parent or Indian custodian, the more help needed with transportation, arranging housing, making appointments with clinics, etc.

2. The PS Specialist must extend himself in every respect to help parents out of temporary financial and emotional despondency, but furnishing a PS Specialist full-time to a particular family for an entire childhood is unrealistic.

3. Prolonged, massive support is unrealistic. If a healthy mother is so despondent and permanently incapacitated that she cannot make a two mile bus trip to the office for a scheduled visit with her children, she probably will not be capable of getting her children to the doctor via the same bus or be able to attend school conferences. Transporting the children each week to the home of a physically healthy mother because she cannot walk l/2 mile to the office is not appropriate.

e. Use all available community resources.

1. Match up the problems of the parents or Indian custodian with available community resources.

2. The fewer available community resources, the more issues the PS Specialist will have to handle. In rural areas, the PS Specialist is sometimes the only intervention resource.

3. Tribal and other culturally appropriate resources should be accessed whenever a Native child is at risk, to supplement other available resources.

f. Follow-up on all appointments.

1. It is important to follow-up on missed appointments or visits and to document them in the case record.

2. It is the parents' or Indian custodian's responsibility to let PS Specialist know if they are unable to make visitation; this ought to be clarified to parents. Workers should let foster parents know as soon as possible if a parent will not make a visit. Documentation of visits is an important component of monitoring case plan compliance

3. Contacts should be followed up by a short letter to the parent or Indian custodian (copy in the file) and an entry for future narrative dictation.

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3.3 SERVICE EFFORTS TO PREVENT PLACEMENT AND/OR SERVICES TO RETURN CHILD TO HOME

AUTHORITY: AS 47.10.081(b)(2) Predisposition Hearing Reports, AK 47.10.086 Reasonable Efforts, P. L. 96-272 Adoption Assistance and Child Welfare Act of 1980, P. L. 105-89 Adoption and Safe Families Act of 1997, P. L. 95-607 Indian Child Welfare Act of 1978

POLICY: The Protective Services (PS) Specialist must make timely reasonable efforts to provide time-limited family support services to the child and to the parent(s), Indian custodian, or guardian of the child that are designed to prevent out-of-home placement of the child or enable the safe return of the child to the family home, when appropriate, if the child is in an out-of-home placement. The PS Specialist must make timely active efforts to provide remedial services and rehabilitative programs to prevent the breakup of the Indian family

These services are developed in the case plan. When it has been determined in the Family and Children Early Conference or another conference or staffing that concurrent planning is appropriate for the case, the division will develop a concurrent alternative permanency plan for the child while also making reasonable efforts to return the child to the child's family.

Family support services means the services and activities provided to children and their families, including those provided by the community, a church, or other service organization, both to prevent removal of a child from the family home, and to facilitate the child's safe return to the family. "Family support services may include counseling, substance abuse treatment, mental health services, assistance to address domestic violence, visitation with family members, parenting classes, in-home services, temporary child care services, and transportation.

PROCEDURE:

a. The department's duty to make reasonable efforts or, for Native children, active efforts, includes the duty to:

   1. identify family support services that will assist the parent, Indian custodian, or guardian in remedying the conduct or conditions in the home that made the child a child in need of aid;

   2. actively offer the parent, Indian custodian, or guardian, and refer the parent, Indian custodian, or guardian to, the services identified under 1. above; the department shall refer the parent or guardian to community-based family support services whenever community- based services are available and desired by the parent or guardian; and

   3. document the department's actions that are taken under 1. and 2. above.

b. Except in ICWA cases, if the court makes a finding at a hearing conducted under AS 47.10.080(l) that a parent or guardian has not sufficiently remedied the parent's or guardian's conduct or the conditions in the home despite reasonable efforts made by the department in accordance with this section, the court may conclude that continuation of reasonable efforts of the type described in (a) of this section are not in the best interests of the child. The department shall then make reasonable efforts to place the child in a timely manner in accordance with the permanent plan and to complete whatever steps are necessary to finalize the permanent placement of the child.

c. Except in ICWA cases, the court may determine that reasonable efforts of the type described in (a) of this section are not required if the court has found by a preponderance of the evidence that

1. the parent or guardian has subjected the child to circumstances that pose a substantial risk to the child's health or safety; these circumstances include abandonment, sexual abuse, torture, chronic mental injury, or chronic physical harm;

2. the parent or guardian has
   A. committed homicide under AS 11.41.100 - 11.41.130 of a parent of the child or of a child;
   B. aided or abetted, attempted, conspired, or solicited under AS 11.16 or AS 11.31 to commit a homicide described in (A) of this paragraph;
   C. committed an assault that is a felony under AS 11.41.200 - 11.41.220 and results in serious physical injury to a child; or
   D. committed the conduct described in (A) - (C) of this paragraph that violated a law or ordinance of another jurisdiction having elements similar to an offense described in (A) - (C) of this paragraph;

3. the parent or guardian has, during the 12 months preceding the permanency hearing, failed to comply with a court order to participate in family support services;

4. the department has conducted a reasonably diligent search over a time period of at least three months for an unidentified or absent parent and has failed to identify and locate the parent;

5. the parent or guardian is the sole caregiver of the child and the parent or guardian has a mental illness or mental deficiency of such nature and duration that, according to the statement of a psychologist or physician, the parent or guardian will be incapable of caring for the child without placing the child at substantial risk of physical or mental injury even if the department were to provide family support services to the parent or guardian for 12 months;

6. the parent or guardian has previously been convicted of a crime involving a child in this state or in another jurisdiction and, after the conviction, the child was returned to the custody of the parent or guardian and later removed because of an additional substantiated report of physical or sexual abuse by the parent or guardian;

7. a child has suffered substantial physical harm as the result of abusive or neglectful conduct by the parent or guardian or by a person known by the parent or guardian and the parent or guardian knew or reasonably should have known that the person was abusing the child;

8. the parental rights of the parent have been terminated with respect to another child because of child abuse or neglect, the parent has not remedied the conditions or conduct that led to the termination of parental rights, and the parent has demonstrated an inability to protect the child from substantial harm or the risk of substantial harm;

9. the child has been removed from the child's home on at least two previous occasions, family support services were offered or provided to the parent or guardian at those times, and the parent or guardian has demonstrated an inability to protect the child from substantial harm or the risk of substantial harm; or

10. the parent or guardian is incarcerated and is unavailable to care for the child during a significant period of the child's minority, considering the child's age and need for care by an adult.

d. If the court determines under (b) or (c) of this section that reasonable efforts under (a) of this section are not required to be provided,

1. the court shall hold a permanency hearing for the child within 30 days after the determination; and

2. the department shall make reasonable efforts to place the child in a timely manner in accordance with the permanency plan, and complete whatever steps are necessary to finalize the permanent placement of the child.

e. The department may develop and implement an alternative permanency plan for the child while the department is also making reasonable efforts to return the child to the child's family under (a) of this section.

f. In making determinations and reasonable efforts under this section, the primary consideration is the child's best interests.

g. In emergency situations, where it is assessed that the safety of the child precludes preventive services, the PS Specialist will document in the case record why such services were not provided.

h. All efforts to provide preventive/reunification services at the time of intake must be documented in the record.

i. A summary of efforts made and services provided will be made available to the Court if a petition requesting an order for authority to place the child outside the home is filed.

j. For Native/Indian children, the division must be able to prove in Court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the break up of the family and that these efforts have proved unsuccessful.

3.4 PLACEMENT OPTIONS

AUTHORITY:

AS 47.10.010	Jurisdiction,
AS 47.10.080	Judgments and Orders
AS 47.10.087	Placement in Secure Residential Psychiatric Treatment Centers,
AS 47.14.100(a)	Powers and duties of department over care of child;
7 AAC 50.005-900	Community Care Licensing,
7 AAC 53.010-140	Child Foster Care Payment Regulations,
P. L. 96-272	Adoption Assistance and Child Welfare Act of 1980,
P. L. 103-382	Multiethnic Placement Act of 1994,
P. L. 104-188, section 1808	Small Business Job Protection Act of 1996

PURPOSE: To provide policy and procedures to Protective Services (PS) Specialist on the placement options for children and youth in care.

BACKGROUND INFORMATION:

A. Federal Law:

1. Prohibited State agencies and other entities that receive Federal funding and were involved in foster care or adoption placements from delaying, denying, or otherwise discriminating when making a foster care or adoption placement decision on the basis of the parent or child's race, color, or national origin.

2. Allowed an agency or entity to consider the cultural, ethnic, or racial background of a child and the capacity of an adoptive or foster parent to meet the needs of a child with that background when making a placement.

B. State Law:

1. Proceedings relating to a child under 18 years of age residing or found in the state are governed by this chapter when the child is alleged to be or may be determined by the court to be a child in need of aid under AS 47.10.011.

2. The court shall order the child committed to the department for placement in an appropriate setting for a period of time not to exceed two years or in any event not to extend past the date the child becomes 19 years of age, except that the department, the child, or the child's guardian ad litem may petition for and the court may grant a hearing.

3. The court may authorize the department to place a child who is in the custody of the department under AS 47.10.080 (c)(1) or (3) or 47.10.142 in a secure residential psychiatric treatment center if the court finds, based on the testimony of a mental health professional that meets the requirements in AS 47.10.087.

4. For a child 16 years of age or older, the department may authorize another transitional living arrangement, including student dormitory residence at a postsecondary educational institution, which adequately meets the child's needs and is designed to assist the child's transition to independent living.

POLICY:

A. All placements will be in the least restrictive setting in reasonable proximity to the child's home, extended family or siblings meeting the needs of the child.

B. The court may authorize the department to place a child who is in custody under AS 47.10.080(c)(10 or (3) or 47.10.142 in a secure residential psychiatric treatment center.

C. Race and ethnicity may not be the sole factor when considering placement, and may not delay placement of the child.

D. For Alaska Native or American Indian children, the child's Tribal membership or citizenship or eligibility for membership or citizenship in an Indian Tribe, as opposed to race or ethnicity, will govern the placement preference under the Indian Child Welfare Act.

PROCEDURE:

A. Own Home: When a parent or Indian custodian can provide minimally sufficient level of care which ensures a level of health and safety, the child will be maintained in the child's own home.

B. Relative Care Home: The first option to be considered in any out-of-home placement is a relative of extended family members home. Family members can help a child retain ties to their culture and family. If relatives request to care for the child and has been adequately assessed and approved for placement, the child will be placed with relatives, even if the parents or Indian custodian object. Relatives or extended family members may be licensed or unlicensed. See section 2.6 Placements for additional information regarding relative placements.

C. Emergency Shelter: The term emergency shelter refers to a type of out-of-home care where the placement of the child was made with less than 24 hour's notice to the foster family or shelter. There are two types of emergency shelters:

1. A foster home that has a license that meets the specialization for "emergency shelter."

2. A residential child care facility (RCCF) may also be designated to provide "emergency shelter." These facilities are frequently known as receiving homes. The emergency shelter should be utilized in cases where a child must be removed for a brief period until the child can be returned home or long-term placement plans can be made.

3. If a child is placed in emergency shelter care in a residential child care facility, the placement may not exceed 30 days unless there is documentation which shows that continued care is necessary. The need for continued care must be assessed 30 days after admission and every 15 days after that by the child's PS Specialist and provided

to the facility to enable the facility to meet licensing requirements. The assessment must include the reasons for continued care, plans for other placement, and barriers to other placement and plans to eliminate the barriers.

D. Licensed Foster Family Care: A foster home is a home licensed to care for a child during the period when the child is apart from their parent, guardian or Indian custodian.

E. Residential Care: RCCF placements are limited to children for whom the division has court-ordered custody. Occasionally RCCF placements for children with voluntary placement agreements may be approved by the Protective Services Manager II.

1. Placement of a child in residential placement is for a planned period and occurs only when less restrictive placement resources are unable to meet the child's needs. These placements are for children who have emotional problems requiring counseling from on-site staff and who need close supervision and structure. See Administration Chapter, section 6.5.1 Regional Placement Committee for procedures.

2. Placements less than three months must be approved by the PS Specialist IV. Any placement exceeding three months should have a written justification from both the PS Specialist and the residential facility and must have the approval of the RPC or other group designated by the PSM II to approve such extensions. See Administration Chapter, section 6.5.1 Regional Placement Committee.

3. The court may authorize the division to place a child who is in custody under AS 47.10.080(c)(10) or (3), or 47.10.142 in a secure residential psychiatric treatment center. For example, a lockable, physician-directed residential child care facility, if the court finds, based on the testimony of a mental health professional that:

   a. The child is gravely disabled or is suffering from mental illness and, as a result, is likely to cause serious harm to the child or another person;

   b. There is no reasonably available, appropriate, and less restrictive alternative for the child's treatment or that less restrictive alternatives have been tried and have failed; and

   c. There is a reason to believe that the child's mental condition could be improved by the course of treatment or would deteriorate if untreated.

4. Placement in a secure facility which has been authorized by the court must be reviewed by the court at least once every 90 days, and at the review, the court may authorize the division to continue the placement. A mental health professional responsible for the child's treatment determines that the child no longer benefits from the treatment or that meeting the child's treatment needs could occur in a less restrictive setting. In this case, the department will transfer the child to another appropriate placement, and notify the child, the child's parents, Indian custodian, or guardian, Indian Tribe and the child's guardian ad litem of the determination and transfer.

5. Children for whom residential placement is appropriate:

a. Those who have demonstrated an inability to function in a less restrictive setting;

b. Those whose emotional problems are such that they require intensive psychiatric treatment and a therapeutic environment not possible in a setting without staff available 24 hours a day;

c. Those who exhibit behavior so severe that it endangers themselves or others and so frequent in duration as to be chronic rather than episodic; or

d. Those for which the court have authorized placement in a secure residential psychiatric treatment facility (see f.3 above).

6. Included in the Residential Child Care Facilities Directory available in each division office is a listing and description of each residential child care facility in Alaska.

F. Out of State Placement:

1. Residential: Children in custody may be placed in out-of-state residential care only when such care is not available in the state, and all possible alternatives and resources in Alaska, including Alaska Youth Initiative, have been exhausted. All out-of-state residential placements must be reviewed by the Regional Placement Committee and approved by the PSM II and the state office placement committee. See ICPC Chapter, and Administration Chapter, section 6.5.2, Out-of-State Residential Care, for specific procedures.

2. Non-Residential: Consideration of an out-of-state foster home may occur any time for a child in custody if it is in child's interest and appropriate. For example, when a child's parent(s) or Indian custodian are out of state, and placement near the parent is appropriate or when permanent foster parents to a child are moving out of state. In all cases, follow the Interstate Compact for the Placement of Children (ICPC) procedures, and ICPC approval must occur before the placement happens.

3. Interstate compact placement procedures will be followed in all out-of-state placements or when OCS has custody.

4. OCS works collaboratively with the Indian child's Tribe throughout the case on placement decisions regarding their Tribal children. For all out of state placements, consult the Indian child's Tribe before a decision to place a child out of state. Document the Tribe's position in an ORCA activity note. For Alaska Native/American Indian children who are receiving psychiatric treatment, the Indian child's Tribe will be invited to participate in treatment team meetings and kept informed of treatment recommendations. For residential placements, provide the Tribes decision the Regional Placement Committee before the review.

G. Unlicensed Transitional Living, Education Facilities, and Programs.

1. Placement of youth in custody in the unlicensed transitional living arrangement, including a student dormitory residence at a post-secondary educational or vocational

institution must adequately meet the child's needs and designed to assist in the child's transition to independent living.

a. Youth must be 16 or older for placements in-state.

b. Youth must be 18 or older for placements out-of-state, ICPC procedures must be followed, and ICPC approval must be in place before placement can occur.

2. There are no available foster care funds through the Office of Children's Services to cover unlicensed placements. Other funding sources for direct needs of the youth may be covered by special needs funds (see the special needs matrix), or Chafee Independent Living Funds for approved transitional living activities (see Section 6.2.2.11.A).

3. The ORCA Help Desk will assist in creating the provider. Maintenance of a file for each unlicensed program/facility is done by the Regional Independent Living Specialist where the youth is in custody. The Regional Independent Living Specialist will place the following information into the file:

   a. The number, ages, needs and characteristics of children the person/program intends to serve;

   b. Admission and re-evaluation criteria that will be used to determine readiness and continuing capacity of a child for self-sufficiency;

   c. The physical accommodations, staff qualifications, and plan for supervision;

   d. How long participants may stay in the program; and

   e. How the person represents the program and support services to be provided as demonstrated in brochures and other materials that are available to the child and the public.

4. Consideration of placements in unlicensed program/facilities occurs on a case by case basis based dependent on the individual needs of the youth. The youth, PS Specialist, PS Specialist IV, and Regional IL Specialist will meet to ensure that services and supports identified in the youth's case plan and transition plan can be provided while in the facility and documented in these plans. Services and supports are not limited to:

   a. Housing;
   b. Post-secondary education;
   c. Vocational training;
   d. Life skills training;
   e. Health care including mental health care;
   f. Establishing and supporting connections with supportive and caring adults, siblings, family members, Tribes;
   g. Safety and supervision;
   h. Case management; or
   i. Developmental disabilities and/or mental health

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3.4.2 PLACEMENT WITH OCS EMPLOYEES

AUTHORITY:
AS 47.10.084 Legal custody, guardianship, and residual parental rights and responsibilities

PURPOSE: To outline policy regarding when placement of a child is allowed with an OCS employee and to mitigate the conflict of interest that may arise when considering an OCS employee as a temporary or permanent placement resource for a relative child.

BACKGROUND: STATE LAW: This relationship imposes on the department and its authorized agents the responsibility of the physical care of the child and control of the child, the determination of where and with whom the child shall live.

POLICY:

A. The Office of Children's Services (OCS) does not allow OCS employees to be a placement, for foster care, adoption or guardianship for a child in OCS custody or in custody of another state. This policy does not preclude the OCS employee from becoming an adoptive parent through other legally recognized channels such as placement by a Tribe, Tribal Organization, or licensed adoption agency.

B. An exception may be made when the OCS employee is a relative to the child.

C. OCS employees will not take advantage of their positions by using professional relationships, or confidential information acquired through their work with the State of Alaska to become adoptive parents or guardians of a child who is not in custody of the State or who are known to the employee through their work.

D. Care must be taken to mitigate any conflict of interest due to the placement of a relative child with an OCS employee. The following criteria must be met when placement with an OCS employee is being considered for temporary or permanent placement of a relative child.

   1. The placement preferences set out in federal and state law must be followed (see CPS manual section 2.7 Placement Preferences), and all other potential relative placements must also be considered;

   2. Document the reasons in ORCA why it is in the best interests of the child to be placed with a related OCS employee;

   3. The OCS employee who is a placement resource for a related child cannot provide direct or indirect casework or supervisory services to the child or other family members;

4. The employee's supervisor cannot supervise the Protective Services (PS) Specialist who is assigned to the family where the child is a member of the case; and

5. The ORCA case must be restricted.

E. In exceptional cases, where it is in the best interest of a child that a non-related OCS employee become a placement resource for the child, the Director may make an exception to the policy that only related employees may become placement resources. In this situation, all the other requirements and procedures in this section apply.

PROCEDURE:

A. The OCS employee will notify their supervisor of the request for placement of a relative child. The supervisor will notify the manager for the employee that a request for placement of a relative child was made.

B. The manager for the employee will develop a plan to identify and minimize any conflicts of interest that may exist in the region were the related child would be placed. Specifically, these impacts should include all aspects of direct case management and supervision to case reviews if the employee is selected as a placement option for the relative child.

C. When approving the case management and supervision plan, the employee's manager will forward the request through the chain of command to the Director of OCS with a cover memo outlining the plan. The memo will address:

1. The reasons why the employee is being recommended as a placement resource, and the efforts made to consider placement with other relatives;

2. A statement of whether this placement is expected to be short-term or permanent if known;

3. The plan for supervision of the case, including, if necessary, transfer of the case to another field office or region so that the supervision of the case is not within the same unit or field office;

4. Plan for licensure and assessment of the employee (an OCS employee who is related to the child may choose between becoming licensed or being assessed as an unlicensed relative) must include:

a. The Community Care Licensing Specialist (CCLS) III and Licensing Supervisor will determine which licensing staff member will perform the licensing work; and

b. The CCLS III and Licensing Supervisor will determine if the licensing file can be neutrally managed within the region or if responsibility should be assigned to another licensing unit in another region.

5. If applicable, a statement that any adoption or guardianship homestudy on the OCS employee will be reviewed and signed by a Regional Permanency Specialist outside

of the region where the child is placed.

D. Upon receipt of the memo, the Director will respond with approval or non-approval.

E. An OCS Employee who was a placement before employment with OCS:

1. In the event the OCS should hire an existing foster parent to be an OCS employee, the non-relative child will remain in the employee's home; however, the OCS employee will not be considered a future placement option for any other non-related child in OCS custody or in the custody of another state during the employment period. Maintenance of the license should not continue from the same region. The PSM I will be responsible for drafting the plan to mitigate conflicts of interest for the current placement as in B of this policy section.

2. All other pertinent policy and procedures under this policy section will apply to the existing placement as well as any future placement of one of the employee's relatives.

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3.5.4 SEARCHING FOR RELATIVES, IDENTIFYING PLACEMENT PREFERENCES AND PROCESSING REQUESTS FOR PLACEMENT

AUTHORITY:

AS 25.23.125	Preference of Minor to Be Adopted; Guardian ad Litem; Protective Orders
AS 25.23.127	Adult Family Member Preference to Adopt
AS 47.10.990(28)	Definitions
AS 47.10.088(i)	Termination of Parental Rights and Responsibilities
AS 47.10.990(1)	Definitions (Adult Family Member)
AS 47.14.100	Powers and Duties of Department over Care of Child
25 U.S.C 1901–1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
42 U.S.C. 671(a)(18), (19),(23)(a), & (29)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C. 675(1)(E)	Definitions (Title IV-E)
Federal Register,	Vol. 81, No. 114 Rules and Regulations (effective 12/12/16)

PURPOSE: The following procedures outline the steps regarding searches for relatives/extended family, following placement preferences, and processing requests for placement.

BACKGROUND INFORMATION:

Federal Law:

A. Within 30 days of removing a child from the parent(s) care, the state must exercise due diligence to identify and provide notice to all adult grandparents and other adult relatives/extended family member of the child subject to exceptions due to family or domestic violence. The notice must specify that the child has been, or is being removed from the home, and explain the options the relative/extended family member has under federal and state law to be considered as a placement option and participate in the care of the child.

B. The Multi-Ethnic Placement Act indicates that states may not deny or delay the placement of a child:

   1) Based on the race, color, or national origin of the adoptive or foster parent or the child; or

   2) When an approved family is available outside of the State.

C. States will make reasonable efforts to place siblings in the same foster care, guardianship, or adoptive placement unless the state documents that it would be contrary to the safety or well-being of any of the siblings.

D. For a child with a permanency plan of adoption, guardianship, or placement in another

permanent home, child specific recruitment efforts must include the use of the state, regional, and national adoption exchanges including electronic exchange systems to facilitate timely placement of the child.

E. Pursuant to the Indian Child Welfare Act, any Indian child accepted for foster care or pre-adoptive placement shall be placed in the least restrictive setting which:

1. most approximates a family, taking into consideration a sibling attachment;
2. allows the Indian child's special needs, if any, to be met; and/or
3. is in reasonable proximity to the Indian child's home, extended family, or siblings.
4. is in foster care or pre-adoptive placement of an Indian child under State law, where the Indian child's Tribe has not established a different order of preference, preference shall be given, in descending order to placement with:

    a. a member of the Indian child's extended family;
    b. a foster home that is licensed, approved, or specified by the Indian child's Tribe;
    c. an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
    d. an institution for children approved by an Indian Tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

F. Adoptive Placement Preferences: In any adoptive placement of an Indian child under State law, where the Indian child's Tribe has not established a different order of preference, preference shall be given, in descending order to placement with:

1. a member of the Indian child's extended family;
2. other members of the Indian child's Tribe; or
3. other Indian families.

G. Determination of "good cause" to depart from the placement preferences:

1. The party seeking a departure from the ICWA placement preferences should hold the burden of proving by clear and convincing evidence that there is "good cause" to depart from the placement preferences.

2. A court's determination of "good cause" should be based on one or more of the following considerations:

    a. the request of one or both of the Indian child's parents, if they attest that they have reviewed the placement options if any, that comply with the order of preference;
    b. the request of the child, if the child is of sufficient age and capacity to understand the decision that is being made;
    c. the presence of a sibling attachment that can be maintained only through a particular placement;
    d. the extraordinary physical, mental or emotional needs of the Indian child, such as specialized treatment services that may be unavailable in the community

where families who meet the placement preferences live;

e. the unavailability of a suitable placement after a determination by the court that a diligent search was conducted to find suitable placements meeting the preferences criteria, but none has been located. For proposes of this analysis, the standards for determining whether a placement is unavailable must conform to the prevailing social and cultural standards of the Indian community in which the Indian child's parent or extended family resides or with which the Indian child's parent or extended family members maintain social and cultural ties.

3. The following factors do not constitute good cause:

   a. Placement may not depart from the preferences based on the socioeconomic status of any placement relative to another placement.
   b. Placement may not depart from the preferences based solely on ordinary bonding or attachment that followed from time spent in a non-preferred placement that was made in violation of ICWA.

4. If any party does not agree that good cause exists to place the child outside the placement preferences, that party may request a court hearing to review the alternative placement that has been proposed.

H. Return of Custody: Whenever an adoption of an Indian child is vacated or set aside, or the adoptive parent voluntarily consents to termination of their parental rights, notice must be provided to the biological parent or prior Indian custodian and Tribe of the vacated adoption or termination of parental rights. The biological parents or prior Indian custodian may petition for return of custody, and the court shall grant the petition unless there is a showing that return of custody is not in the best interests of the child.

I. Change of Placement: If an Indian child in OCS custody is to be moved from one placement setting to another, and the child is not being returned to the parent or Indian custodian, the new placement shall be made through compliance with the placement preferences of the ICWA.

STATE LAW:

A. When a child is removed from the home, the department shall place the child, in the absence of clear and convincing evidence of good cause to the contrary;

   1. in the least restrictive setting that most closely approximates a family and that meets the child's special needs, if any; and

   2. within reasonable proximity to the child's home, taking into account any special needs of the child and the preferences of the child or parent.

B. If an adult family member or family friend has requested placement of a child in their home and the department denies the request for placement, the department must inform the

family member or family friend within 45 days of the request, the basis for denial and the right to request a hearing to review the decision.

C. The department shall continue to search for a suitable adoptive or permanent legal guardian for a child who is in the custody of the state and who is less than 18 years of age unless the permanency plan for the child is another planned permanency living arrangement or custody is being released.

D. When a petition for termination of parental rights is filed, the department shall concurrently identify, recruit, process, and approve a qualified person or family for an adoption. Before identifying a placement of the child in an adoptive home, the department shall attempt to locate all living adult family members of the child and, if an adult family member expresses an interest in adopting the child, investigate the adult family member's ability to care for the child.

E. The department is required to give preference to an adult family member when placing a child out-of-home and placing siblings together.

F. Placement decisions must take into account waivers, variances, or exemptions allowed under the licensing statutes (AS 47.32.030(a, 3) and AS 47.32.032). Poverty or inadequate or crowded housing is not considered good cause not to place a child with an adult family member or adult family friend, as long as the housing is safe for the child and within community standards.

G. The department shall make reasonable efforts to place siblings in the same placement if the siblings are residing in the same home when taken into the custody of the department. If siblings are not placed together after reasonable efforts have been made, the case PS Specialist IV for the Division with responsibility for the custody of children shall document in the file the efforts that were made and the reason separating the siblings for placement purposes is in the best interest of the children. In this subsection, "sibling" means two or more persons who are related by blood, adoption, or marriage as a child of one or both parents.

H. The person who filed the petition, or proxy, for adoption or legal guardianship is entitled to placement preferences in AS 47.14.100(c) or 25 U.S.C 1915(a), whichever is applicable and if 25 U.S.C 1915(a) applies; the current placement is in compliance with or whether there is good cause to deviate from the placement preferences.

<u>POLICY</u>:

A. The Office of Children's Services recognizes the importance of the family unit, the extended family, and culture as resources for the well-being of children. Placement settings are evaluated on the best interests and needs of the child. When a child is removed from their home, the department will place the child:

1. in the least restrictive setting that most approximates a family taking into consideration sibling attachment;

2. within reasonable proximity to the child's home, extended family, or siblings;

3. allowing the child's special needs if any, to be met; and

4. following the order of preference specified by AS 47.14.100(e)(3).

B. For Indian children, it is vital to maintain cultural continuity in the placement setting. Placement of Indian children will follow the ICWA preferences unless the child's Tribe issues a resolution to change the order of the placement preferences, or the court has made the determination that there is good cause to depart from the placement preferences.

C. Within 30 days of a child being removed from the home, a diligent search for relatives/extended family must occur. The search continues throughout the case for relatives/extended family including searching for relatives/extended family that can provide emotional support to the child or youth while they are in custody or are transitioning out of custody.

D. All relatives/extended family members will be documented in the relative tab in ORCA. All relative/extended family member search efforts will be documented in an ORCA activity note. The PS Specialist IV must document in a supervisory activity note that the diligent search for relatives/extended family is ongoing and actively occurring.

E. The PS Specialist must ensure relatives/extended family members are informed of their right to request placement of a child. Notices are sent by the PS Specialist or designated OCS staff member within the first 30 days following removal, as new relatives are identified and when the permanency plan changes to adoption or guardianship.

F. Notification will be sent to the grandparents and other adult relatives/extended family of their right to be considered for permanent placement of the child(ren).

G. Reasonable efforts will be made to place siblings together, provided it is in the best interest of the children (see CPS manual section 4.15 (e) regarding the definition of the best interest of the children).

H. All placement-related activities will be documented in a Relative/Placement Search Activity Note, including:

1. efforts to identify and locate relatives/extended family and potential placement resources;

2. communication with relatives/extended family, family friends, and Tribal members about considering placement;

3. communication with non-relative homes and institutions about considering placement; and

4. efforts to obtain a higher placement preference for the child(ren).

I. Adoptive placement may not be delayed pending completion of a search for a legally preferred placement. Diligent search efforts for a preferred placement must be completed and documented in ORCA.

J. All appropriate potential permanent placement resources will be considered, regardless of whether the placement resource is located inside or outside of Alaska.

K. Out-of-preference placements of Alaskan Native/American Indian children will be monitored by the OCS regional ICWA Specialists in out-of-preference placement meetings. Efforts to identify ICWA preference placements will be documented in an out of home placement review ORCA activity note.

L. When a petition or proxy for adoption or legal guardianship of a child is filed with the court, a determination if the prospective family is entitled to the ICWA placement preferences will be made by the court.

PROCEDURE:

A. Diligent Search:

1. When it is necessary to place a child in an out-of-home placement, the PS Specialist will conduct an on-going diligent search for a placement that meets the child's needs. Preference will be given to a placement with extended family members or family friends who:

   a. most closely approximates a family;

   b. are in reasonable proximity to the child's home, extended family, or siblings; and

   c. complies with the placement preference requirements outlined in federal and state law.

2. A diligent search includes the following:

   a. Asking the parents, guardians, child, extended family (see definition at the end of section), and family friends about possible extended family of the child. The child's Tribe or regional Tribal partners will also be contacted within two working days of the removal of an Indian child;

   b. Search Prober, and ORCA for possible extended family members for the child(ren), Tribal membership status or placement options;

   c. Conduct a Seneca or Accurint engine search for the child to identify possible extended family;

   d. Document all relatives/extended family in the Relative Tab in the Maintain Case page in ORCA. Document all communication and efforts to locate relatives in a Relative/Placement Search Activity Note; and

e. Verbally inform the relative(s) of the individual's right to request placement, and send the Notice of Right to Request Placement in ORCA to all identified relatives/extended family.

3. When a relative's/extended family member's address or location is not known, the PS Specialist will request assistance from the Child Support Services Division (CSSD) to access information available through the federal and state parent locator services.

   a. Initiate a Parent Search request through the Child Support Services Division (CSSD) using the "CSSD – Send or Request Information" link located on the ORCA desktop.

   b. The PS Specialist will document the email request to CSSD by copying and pasting the email into a Relative Search activity note in ORCA. Any results received back from CSSD will be documented.

4. Additional Requirements for Alaska Native/American Indian Children:

   a. Within two working days of the child's removal from the home, contact the child's Tribe(s), (or those believed to be the child's Tribe) to inquire about potential extended family including placement resources;

   b. The PS Specialist will make every effort to include Tribal participation in all decision making for the placement of Indian children;

   c. The PS Specialist will document all efforts and contacts toward finding a preference home in a relative/placement search activity note in ORCA;

   d. Consider any ICWA preference homes for the child's placement in nearby and culturally-related Tribal communities, including, monitoring and searching for available licensed Indian foster homes throughout the State.

   e. When placing a child with an Indian family outside of the child's Tribe, the family should be a similar heritage and language group whenever possible.

5. The PS Specialist IV will, on a monthly basis, review the PS Specialist's documentation of the diligent relative search and verify in a Relative Placement Search activity note in ORCA, that the PS Specialist has exercised due diligence to identify, locate, and notify relatives/extended family and what searches have been completed. If due diligence has not been found the PS Specialist will carry out recommendations from the PS Specialist IV regarding completion of diligent relative search or documentation requirements.

B. Placement Decisions:

1. Each placement decision must be made based on the individual needs of each child to be placed. The child's individualized needs must be evaluated and considered and may include the child's developmental, educational, cultural, medical, and psychological needs, and the child's interests, personality, and abilities. The Indian

child's Tribe and the OCS ICWA specialist will be consulted regarding possible relatives/extended family members, licensed Indian foster homes, members of the Indian child's Tribe, and other Indian families that could meet the child's individual needs, as well as for the Tribe's position and recommendation on the placement of the child.

2. Placement of Siblings:

   a. When siblings are removed from the same home, the assigned PS Specialist will make every effort to place them together, unless placement with the same out-of-home caregiver is not in the best interest of one or all of the siblings. If the PS Specialist is considering placing the siblings in separate placements, the PS Specialist will consult with the PS Specialist IV.

   b. When a decision has been made not to place siblings in the same placement, the PS Specialist IV will document in an activity note in ORCA the efforts made to place the siblings with the same out-of-home caregiver and the reasons why they were not placed together.

3. The PS Specialist will document (in ORCA) the factors considered in placement decisions including the Tribe's involvement in the placement planning process.

C. Out-of-Preference Placement Meetings:

1. Regional ICWA Specialists are responsible for compiling and distributing regional out-of-preference placement data and conducting an out-of-preference placement meeting (OOPP) for each child in an out of preference placement at least every six months, or until a child is placed into a preference placement home.

2. The following are strategies designed to increase ICWA placement preferences and are encouraged. Case specific out of preference placement meetings will be held on a more frequent basis for the following populations or circumstances:

   a. Once per month for the first six months a child is in out-of-home care and in an out-of-preference placement;

   b. Children in out-of-preference placements that are under the age of five;

   c. Children in out-of-preference placements with no, or limited, extended family members documented in ORCA; and

   d. Children in out-of-home care longer than 15 months and in an out-of-preference placement, or children in an out-of-preference placement with the goal of adoption or guardianship.

3. At a minimum, the ICWA Specialist and PS Specialist must participate in the out-of-preference placement meeting. The ICWA Specialist will also ensure that a representative from the child's Tribe, and the child's parents and grandparents are invited to the meeting.

4. The ICWA Specialist must ensure that the following issues are addressed and documented:

    a. Status of diligent extended family search; and

    b. Recommendations regarding how to identify an ICWA preference placement.

5. ICWA Specialists will address and document the following discussion questions during the OOPP meeting:

    a. Why can't the child be with the parents?

    b. Why is the child in an out-of-preference placement, what are the barriers?

    c. Are the siblings placed together, if not, why?

    d. What is the status of the relative/extended family search, who was ruled out, and who do we need to contact again, is contact information needed?

    e. What extended family members have been documented in ORCA and sent the Notice of Right to Request Placement?

    f. What is the permanency goal? If adoption/guardianship, has the Notice of Right to Request Permanent Placement been sent to all extended family members?

    g. Who else is important to the child, and who else is this child important to?

    h. Are there other preference placements available?

        1) Licensed Indian foster homes; or

        2) Members of the Indian child's Tribe or other Indian families.

6. The recommendations and decisions made during OOPP meeting will be documented in an ORCA out of home placement review activity note.

7. The PS Specialist will follow through with the recommendations and decisions from the meeting. The ICWA specialists are topic matter experts, and their recommendations will be followed. A meeting will occur between the PS Specialist, PS Specialist IV, and ICWA specialist when there is disagreement over the recommendations. The progress towards compliance with the ICWA placement preferences will be addressed at the next out-of-preference meeting occurring if compliance has not been achieved.

D. When a Tribe submits their position on an out-of-preference placement in writing:

1. When an Indian child's Tribe submits a non-opposition letter for an out-of-preference placement, the Office of Children's Services will designate this placement as an out-of-preference ICWA foster care placement in ORCA. Even though the Tribe is not opposing the out-of-preference placement, OCS will continue to diligently search for

a preference placement and provide active efforts to reunite the Indian child with their family.

2. When an Indian child's Tribe submits a letter approving an out-of-preference placement, this changes the placement to a preference two ICWA foster care placement (a foster home that is licensed, approved, or specified by the Indian child's Tribe). The preference level change will be documented in ORCA after consultation with the PS Specialist and OCS ICWA Specialist. Regardless of the Tribe's approval of the out-of-preference placement home, OCS must continue to search for the highest preference placement possible for the child.

3. When an Indian child is residing in an institution and that child's Tribe submits a letter approving the placement, this changes the placement to a preference four (an institution for children approved by an Indian Tribe or operated by an Indian organization which has a program suitable to meet the child's needs). The preference level change will be documented in ORCA after consultation with the PS Specialist and OCS ICWA Specialist.

E. Determination of whether good cause to deviate from the placement preferences may exist:

1. The PS Specialist, PS Specialist IV, and ICWA Specialist will discuss the information, including the Tribe's position, to determine if good cause to deviate from the placement preferences may exist, taking into consideration the good cause factors included in Background Information, Federal Law (H)(4);

2. When a child is placed in an out-of-preference placement, the PS Specialist may need to testify regarding the due diligence to identify, locate, and notify relatives/and extended family members at each CINA hearing. The Court must approve the decision to accept a non-ICWA compliant placement;

3. If a party to the case does not agree that good cause exists to place the child outside the placement preferences, that party may request a court hearing; and

4. The party seeking a departure from the placement preferences shall have the burden of proof, by clear and convincing evidence, to establish good cause.

F. Requests for Placement:

1. Tribes may provide information about potential placements at any time throughout the case. This information may be provided via the Extended Family Member and Family Friend Information Form, or by any other means, including in person, mail, email and phone.

2. When an individual expresses immediate permanent placement of a child in state custody the PS Specialist will fill out the Intent to File a Proxy for a Formal Petition for Adoption or Legal Guardianship form and file with the AAG office within 24hrs. A Permanency plan will be submitted to the court within 60 days after the proxy is filed.

3. When individuals communicate they are willing and able to take immediate

placement, these are considered "requests for placement" and must be treated as such. The PS Specialist within two working days will document a Request for Placement into ORCA.

4. When OCS learns of a relative/extended family member and their willingness or ability to take placement is unknown, these are considered "referrals for placement." For all requests and referrals for placement, the PS Specialist will follow the steps listed below.

   a. The PS Specialist will enter the relative/extended family name and contact information in the relative tab in ORCA and launch the Notice of Right to Request Placement letter. As quickly as possible, the PS Specialist will make every effort to contact the relative/extended family member either by phone or face-to-face. During this contact, the PS Specialist will do the following:

      1) Discuss all placement options, which include:

         - immediate placement (within the next 30 days);
         - placement anytime there is a placement change;
         - placement anytime the permanency goal is changed (for example at TPR or when reunification no longer is possible); or
         - not interested in placement.

      2) Provide the following information:

         - The responsibilities of being a placement and what resources are available to that potential placement;
         - The safety evaluation that will be conducted on the home and all household members, including background checks;
         - Options for covering the costs of the child's care:
           - Foster care licensing;
           - Temporary assistance for needy families (TANF). This type of TANF is only available for specified relatives;
           - Medicaid eligibility; and
           - Adoption or guardianship subsidy if the permanency plan for the child becomes adoption or guardianship.
         - Description of other ways the relative/extended family can be involved in the child's life: e.g. visitation, facilitating family contact, case plan participation, providing cultural continuity; and
         - Clarification that an individual who is not currently able or willing to be a placement resource may request placement at a later time, but convey the importance of achieving timely permanency for the child.

   b. If the child is already in a stable, potentially permanent, first preference placement, OCS in partnership with the Tribe, may decide together that it is not in the best interest to move the child, and the placement request may be denied on that basis with no further action (i.e., family assessment, background checks). If a decision is made to deny the placement request, a denial notice must be sent.

c. The PS Specialist will make a placement decision and document the decision in ORCA within 45 days of the request. Placement decisions include denied, placed or withdrawn. See section 2.6 Placements for guidance regarding making placement decisions.

5. Additional requirements when responding to placement requests involving Indian children:

a. The PS Specialist will make contact with the child's Tribe to ensure that the Tribe is offered the opportunity to provide feedback and input regarding the potential placement resources.

b. The PS Specialist will discuss with the child's Tribe and the guardian ad litem (GAL) the most appropriate placement for the child.

c. The PS Specialist will inform the Tribe of the status of the requests for placement.

1) If an individual is approved for placement, the PS Specialist will inform the Tribe immediately (either verbally or by email).

2) If an individual is denied placement, the PS Specialist will inform the Tribe (either verbally or by email) at the time it sends the written notice of denial to the individual. The PS Specialist will not disclose the reason for the denial unless the individual has consented to give this information to the Tribe.

5. When a request for placement is denied the PS Specialist will:

a. Access the Placement Request page in ORCA to document the reasons for the department's decision as soon as possible after making the decision, and in any event no later than 45 days following the request. A notice will be automatically generated and mailed to the individual and the PS Specialist will print a copy of the notice and place it in the hard file so that it can be included in discovery.

b. The PS Specialist will document all placement related activities and efforts, including consideration and decisions, in a Relative/Placement Search Activity Note in ORCA. If a child is not placed in the highest placement preference, the PS Specialist will document efforts to place the child in the highest preference in the ORCA Case Plan and document all efforts to improve the placement preference in a Relative/Placement Search Activity Note.

DEFINITIONS:

"Adult family member" means, *unless otherwise stated above,* a person who is 18 years of age

or older and who is (A) related to the child as the child's grandparent, aunt, uncle, or adult sibling; or (B) the child's sibling's legal guardian or parent.

"Extended family member" is defined by the law or custom of the Indian child's Tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent" (25 U.S.C 1903).

"Immediate adoptive placement" means a child has a Permanency Goal of Adoption, and an adult relative, family friend, or Tribal member is requesting immediate placement of the child for adoption.

"Indian child" means any unmarried person who is under age eighteen and is either (a) a member or citizen of an Indian Tribe, or (b) is eligible for membership or citizenship in an Indian Tribe and is the biological child of a member/citizen of an Indian Tribe.

"Indian foster home" means a foster home where one or more of the licensed or approved foster parents is an "Indian" as defined in 25 U.S.C. 1903(3).

"Relative" means an individual who is related to another by blood, adoption, marriage, or Tribal custom.

"Request for placement" means an individual is seeking the *immediate* placement of the child in their care. This includes, but is not limited to, requests that are initiated by individuals with whom the child was previously placed and requests made when OCS contacts a potential placement resource. Requests for Placement can be made via phone, mail, fax, e-mail or through the child's Tribe. For purposes of this definition, "immediate" means they would like placement to occur within the next 30 days.

"Referral for placement" means OCS learns of a relative or extended family member and their willingness or ability to take placement is unknown.

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3.5 BACKGROUND CHECKS

3.5.5.A BACKGROUND CHECKS FOR PLACEMENT RESOURCES

AUTHORITY:

AS 12.62.160	Release and Use of Criminal Justice Information
AS 45.05.310	Criminal History; Criminal History Check; Compliance
AS 47.10.093	Disclosure of Agency Records
AS 47.14.100	Powers and Duties of Department over Care of Child
AS 47.17.040	Central Registry; Confidentiality
7 AAC 10.910	Request for Criminal History Check
7 AAC 10.930	Request for a Variance
7 AAC 10.9500	Purpose and Applicability
7 AAC 50.990(42)	Definitions (relative)
7 AAC 54, Art. 1	Privacy of Client Records: Child Protection Services
13 AAC 68	Central Repository of Criminal Justice Information
42 U.S.C. 671(a)(20)	State Plan for Foster Care and Adoption Assistance (Title IV-E)

PURPOSE: To promote the safety of children in out-of-home care by conducting background checks on placement resources.

BACKGROUND INFORMATION:

A. Federal Requirements

1. Federal law requires background checks for prospective adoptive parents, guardians, and foster parents.

   a. The background checks include:

      1) criminal record checks; and
      2) child and abuse registry checks in each state where the prospective adoptive parents, guardians, or foster parents have lived in the preceding five years.

   b. The fingerprint-based, criminal background checks are required.

   c. A name-based criminal background check is conducted when fingerprint results show that the fingerprints were rejected solely because the fingerprint impressions were of low quality due to lack of technological capacity or use of improper techniques. The federal requirement for a criminal background check is not met based on a name-based criminal background check. Consequently, a federal adoption/guardianship subsidy, or foster care reimbursement costs may not be approved.

2. Federal law prohibits Title IV-E reimbursement for adoption or guardianship assistance or foster care costs for a child who is placed in an adoptive, guardian, or foster home where a prospective adoptive parent or guardian or a foster parent has committed any of the following crimes:

   a. A felony conviction at any time for:

      1) child abuse or neglect;
      2) spousal abuse;
      3) a crime against children (including child pornography); or
      4) a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery.

   b. A felony conviction within the past five years, for physical assault, battery, or a drug-related offense.

B. State Requirements

1. State regulations require a fingerprint-based criminal background check of prospective adoptive parents, guardians, and foster care applicants and all other members of the household who are age 16 or older. This requirement does not apply to individuals age 16 or older who are recipients of services: for example, children in state custody placed in the home. The department may issue notification of a provisional valid criminal history check after screening the individual under 7 AAC 10.915(a) and reviewing the criminal justice information provided by the Department of Public Safety.

2. If fingerprints are rejected as unreadable, a name-based criminal background check is conducted through the Department of Public Safety (DPS). If the name-based criminal background check reveals no evidence of a barrier crime, the results are considered as satisfying the state requirement of a DPS criminal background check.

3. The department may waive the fingerprint requirement under AS 47.05.310(e) if an individual is unable to provide fingerprints due to a medical or physical condition that is documented by a licensed physician.

4. State regulations allow the department to grant a variance for any household member convicted of certain permanent barrier crimes or conditions (7 AAC 10.930).

C. Confidentiality of Criminal Justice Information: Under state and federal laws and regulations, criminal justice information is confidential and may not be released to any other individual or agency except that some information may be released to perform licensing and adoption activities. OCS may not provide copies of criminal justice information to the individual who is subject to the criminal justice information, but an individual may request copies of their criminal justice information from the Department of Public Safety.

D. Confidentiality of Child Protection Records: Under federal law, Child Abuse and Neglect Registry information obtained from another state to conduct background checks in foster and adoptive placement cases may not be used for any other purpose.

POLICY:

A. Before placing a child in an unlicensed home, the following background checks will be conducted:

1. Child Protection/Juvenile Offender Management Information System (JOMIS)/Sex Offender Registry Checks/Court View.

   a. Child protection records (Prober and ORCA): Before placing a child in an unlicensed home, conduct a check on each household member who is 16 years old or older. If any of the adults in the household have lived in another state in the preceding five years, request information from that state's child abuse and neglect registry.

   b. JOMIS;

   c. Sex Offender Registry; and

   d. Alaska Court System/Court View.

2. Criminal background checks:

   a. Placements with Unlicensed Relatives under Emergency Conditions:

      1) Before placement, complete an APSIN computer check on all household members 16 years of age or older (see section 6.8.4 Inquiries to Alaska Public Safety Information Network [APSIN]). The relative must agree to be fingerprinted within 30 days.

      2) In this context "placement under emergency conditions" means:
         - placement after emergency custody; or
         - identification has occurred of a relative who wants to care for the child, and there has been an assessment determining that:
           - it is in the child's best interest to place the child with that relative; and
           - it is not in the child's best interest, to delay placement until receipt of the results of the fingerprint check.

         In this situation, placement may occur before the receipt of the fingerprint results. However, completion of an APSIN computer check and the background checks in Policy (A) (1) above are required.

   b. Non-Emergency Placements with Unlicensed Relatives: Completion of fingerprint-based checks will occur on all individuals in the household 16 years of age, or older before placement.

   c. Adoptive/Guardian Homes:

      1) For new adoptive and guardian applicants, a requirement of a fingerprint-based, criminal background checks on all adults in the household, and any children over the age of 16 residing in the home (who are not recipients of services). If the adoptive or guardian family resides out-of-state, the

criminal background check must include both a statewide check for the state where the family resides and a national check (FBI check).

2) If the adoptive or guardian applicants previously have undergone fingerprint-based, criminal background checks in Alaska as unlicensed relative caregivers or are licensed foster parents and have continuously been on the APSIN flag system through OCS, new fingerprint-based, criminal background checks are not required if the fingerprint results:
- were approved within the last five years; and
- are readily obtainable.

d. If the Department of Public Safety (DPS) rejects an applicant's fingerprints, a name-based criminal background check from DPS may be conducted after the second rejection. A name-based criminal background check is not eligible for Title IV-E funding unless the individual is unable to provide fingerprints due to a medical or physical condition documented by a licensed physician.

B. The Background Check Program (BCP) in the Division of Health Care Services will process background checks on individuals required to have a criminal background check. Prospective adoptive parents, guardians, foster parents, and household members age 16 and older will all have their background checks processed through the BCP.

C. Procedures for child protection and criminal background checks for foster home license applicants and household members are addressed in chapter 600 of the Community Care Licensing Manual.

PROCEDURE:

A. Criminal background checks:

1. Completion of the ORCA, Prober, JOMIS, Alaska Sex Offender Registry, Court View, and fingerprint-based checks must occur before placement on each household member who is 16 years of age or older.

a. The PS Specialist will check ORCA and Prober for criminal background check history.

b. The PS Specialist will submit requests for background checks to the Background Check Program, following the procedures in (B) below. In response to a request, the Background Check Program will check ORCA, Prober, JOMIS, Sex Offender Registry, and Court View in addition to the fingerprint-based, criminal background checks.

c. If the individual has lived out of state within the last five years, see procedure (G) in this policy.

2. If placement with the unlicensed relative becomes necessary before the PS Specialist receives the BCP background check results, the family will have 30 days to submit fingerprints.

B. Requesting Background Checks through the Background Check Program (BCP):

1. Each office will have a designated staff member who completes the background checks for required individuals. The assigned staff member will follow BCP protocol to submit the fingerprints for processing:

   a. Fingerprints;

   b. A Clearance Form (06-9437); and

   c. The BCP Release of Information Authorization Form.

2. If the BCP concludes that there may be a Child in Need of Aid (CINA) finding, the BCP will contact the OCS State Office Background Check Program Coordinator to review the case file for a determination of whether there is a probable cause finding, CINA adjudication, or termination of parental rights (TPR) and will notify the BCP of the finding.

3. Upon receipt of the completed background check from the BCP, the designated licensing staff member will notify the PS Specialist with the details of the results.

C. The assigned staff member will enter the background check results into ORCA. For licensed providers, the Community Care Licensing Specialist will complete this step. The assigned PS Specialist will review the results in ORCA to ensure the placement is appropriate. The PS Specialist will ensure the BCP number is in ORCA and document whether or not there is a barrier crime or condition. *Note: Fingerprint results will not be placed in the child's case file. Any background check documents must be kept in a locked file with the licensing unit.

1. Unlicensed Relative:

   a. Placements under Emergency Conditions: If an unlicensed relative caregiver or household member has a criminal or civil record, the child's safety will be evaluated by completion of the Unlicensed Relative or Prospective Foster Parent Safety Evaluation 06-9013. The PS Specialist will, in consultation with the PS Specialist IV, determine whether or not safety concerns preclude a placement under emergency conditions in that home. All placement decisions require PS Specialist IV approval.

   b. Placements under Non-Emergency Conditions:

      1) If an unlicensed relative caregiver or household member has a history that includes a barrier crime or condition, placement will not be made in that relative's home until the placement has been reviewed, and the Protective Services Manager (PSM) II has approved the placement.

      2) If an unlicensed relative caregiver has a history that includes a criminal record other than a barrier crime or condition, the PS Specialist will, in consultation with the PS Specialist IV, determine whether or not safety

concerns preclude a placement in that home. PS Specialist IV approval is required before placing a child in the home.

3) Placement will not be made until a relative study, as outlined in section 2.6 Placements, has been completed and approved and safety issues have been adequately addressed and documented in the relative study.

c. If placement for the child(ren) is requested and denied, the PS Specialist should reference CPS Policy 3.5.4 *Searching for Relatives, Identifying Placement Preferences and Processing Requests for Placement*, regarding documentation of the request and denial.

2. Prospective Adoptive Parents and Guardians

a. As part of the adoption/guardianship study process, the Regional Permanency Specialist will confirm completion of the child protection, JOMIS, Sex Offender Registry, and criminal background checks and that the results of the check do not preclude approval of the home. The results of the background check information must be summarized in the adoptive or guardianship study.

b. If the criminal justice information check reveals that the prospective adoptive parent(s) or guardian(s) or another adult member of their household has a barrier crime or condition, the adoption or guardianship will not be approved. The prospective adoptive or guardian parents will be notified of their right to apply for a barrier crime variance and follow the process identified in 7 AAC 10.930.

c. If the prospective adoptive parent, guardian, foster parent, or another adult member of their household has involvement in a Barrier Crime or Condition the PS Specialist will follow the policies and procedures outlined in CPS manual section 3.5.5.B Barrier Crimes and Variances:

d. If placement for the child(ren) is requested and denied, the PS Specialist should reference CPS Policy *3.5.4 Searching for Relatives, Identifying Placement Preferences and Processing Requests for Placement* regarding documentation of the request and denial.

3. Licensed Foster Parents: Before placing a child in the home, all non-relative placements must be licensed foster parents (see the definition of "relative" at the end of this section). See Community Care Licensing Manual chapter 600 and consult with licensing staff.

F. Rejected Fingerprint Cards:

1. If Department of Public Safety later rejects the individual's fingerprints, the PS Specialist must ask the individual to provide new fingerprints.

2. For rejected fingerprints, the PSM II can approve a Request for Funds for individuals to travel to an OCS office with a Live Scan fingerprint machine for reprints.

3. The BCP automatically requests a name-based background check when the fingerprints are rejected for the second time. If a name-based background check is needed, The OCS State Office Background Check Program Coordinator may make this request to the BCP.

4. For title IV-E purposes, when there is a medical reason for the fingerprints to be rejected, the PS Specialist will forward to the designated staff member a copy of the Certification of Medical Condition Regarding Fingerprints (06-9438) form or other medical statement completed and signed by a licensed physician.

5. If a name-based criminal background check occurs due to rejected fingerprints, and the fingerprints were rejected solely because the fingerprint impressions were of low quality due to lack of technological capacity or use of improper techniques, the federal requirement for a criminal background check is not met, and an IV-E subsidy cannot be approved for a child placed in that home.

G. Additional Requirements for Individuals Who Have Lived in Another State/Country during the Past Five Years

1. In addition to the checks listed above, if the prospecitve adoptive parent, guardian, foster parent, or any other household member age 16 or older has lived in another state or country within the past five years, the assigned PS Specialist will request information from the child abuse and neglect registry from each state of residence or the consulate/embassy from the country during the five year period. A list of state contacts is available online at (click here). Information on Foreign Consular Offices in the United States is available online at (click here).

2. The PS Specialist will ask each individual to complete an Authorization for Release of Information from Child Abuse and Neglect Registry (06-9799) or the form required by the other state for each state where they have lived in the past five years.

3. If an individual refuses to complete the form, the PS Specialist will inform the prospective adoptive parents, guardian, or foster parent that the individual must move out of the home. The child will not be placed in the home if the individual does not move out.

4. Upon receipt of the signed form, the PS Specialist will complete either a Child Abuse and Neglect Information Request (06-9798) form; or a written request on OCS letterhead and submit it, with the authorization form or the form required by the other state attached, to the other state(s).

5. If payment to another state is required, the PS Specialist will complete a Request for Funds (RFF) through ORCA for payment to the other state.

6. Evaluating Response from the Other State:

   a. If there are substantiated or unsubstantiated CPS Protective Services Reports, the PS Specialist will determine whether there are safety concerns that would preclude approval of the adoption or guardian home study or placement with a foster parent.

b. For all cases where there was court action related to child protection, this could be a barrier condition:

1) The PS Specialist will consult with the OCS State Office Background Check Program Coordinator immediately upon receiving notification;

2) The OCS State Office Background Check Program Coordinator will review the information and notify the BCP if there are findings similar to probable cause finding, Child in Need of Aid adjudication, or Termination of Parental Rights; and

3) If the findings are determined to be a bar, the BCP will notify OCS State Office Background Check Program Coordinator.

7. If the other state denies the request because they do not maintain a registry, the PS Specialist will document this in a case note in ORCA, and no further attempts to obtain child abuse or neglect information from the other state are required.

8. If placement for the child(ren) is requested and denied, the PS Specialist should reference CPS Policy 3.5.4 *Searching for Relatives, Identifying Placement Preferences and Processing Requests for Placement* regarding documentation of the request and denial.

H. On-Going Checks for Unlicensed Relatives – The Alaska Public Safety Information Network Flag System

1. When placing a child with an unlicensed relative, the PS Specialist will;

a. Make sure that the Person Management page of each Provider Member includes the date of birth (if available), Social Security Number, Alaska Driver's License number, Alaska Public Safety Information Network ID number, and also known as names. Enter information for each member of the household; and

b. When the fingerprint results are received back, enter the BCP number and document whether or not there is a barrier crime or condition on the Background Check tab of the Person Management page.

2. Through ORCA, the members 16 and older of the unlicensed relative household are flagged in the APSIN database, and as a result, the APSIN Unit is notified by Department of Public Safety if a member of the household has contact with law enforcement concerning a crime they have committed.

3. When the unlicensed home no longer has children in placement, ORCA will make the home inactive. The APSIN Unit will be notified through ORCA, and the APSIN Unit will remove the flag.

4. If a PS Specialist is notified by the APSIN Unit that a member of the relative's household has had contact with law enforcement, the PS Specialist will assess the safety of the child who is placed in the home and consult with the PS Specialist IV to determine whether the child should be removed from the home.

5. The PS Specialist will complete the Action Taken Box on the Flag Message Alert form, and return to the APSIN unit (i.e., initiated Protective Services Report, no concerns).

DEFINITIONS:
"Relative" means an individual who is related to another by blood, adoption, marriage, or Tribal custom; *(a relative is exempted from the requirement to be licensed to provide care for a child in OCS custody).*

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3.5.5.B BARRIER CRIMES AND VARIANCES

AUTHORITY:

AS 47.05	Criminal History; Registry
7 AAC 10.900-990	Barrier Crimes, Criminal History Checks, and Centralized Registry
42 U.S.C. 671(a)	State Plan for Foster Care and Adoption Assistance

PURPOSE: To ensure the health, safety, and welfare of children in the custody of Office of Children's Services placed in out-of-home care are adequately protected.

BACKGROUND INFORMATION:

A. Federal Law:

1. Federal law requires background checks for prospective adoptive parents, guardians, and foster parents.

   a. The background checks include:

      1) criminal record checks; and
      2) child and abuse registry checks in each state where the prospective adoptive parents, guardians, or foster parents have lived in the preceding five years.

   b. The fingerprint-based, criminal background checks are required.

2. Federal law prohibits Title IV-E reimbursement for adoption or guardianship assistance costs or foster care payments for a child who is placed in a foster, adoptive, or guardian home where a foster parent, prospective adoptive parent, or guardian has committed any of the following crimes:

   a. A felony conviction at any time for:

      1) child abuse or neglect;
      2) spousal abuse;
      3) a crime against children (including child pornography); or
      4) a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery.

   b. A felony conviction within the past five years, for physical assault, battery, or a drug-related offense.

3. A federal adoption/guardianship subsidy may not be approved for a child where the adoptive or guardian parent(s) have been convicted of any of the crimes listed above. Federal reimbursement for foster care cost cannot be claimed when a foster parent has been convicted of any of the above listed crimes.

B. State Law:

1. State regulations require a fingerprint-based criminal background check of prospective adoptive parents, guardians, foster care applicants, and all other members of the household who are age 16 or older. This requirement does not apply to individuals age 16 or older who are recipients of services: for example, children in state custody placed in the home. Note: A relative is exempted from the requirement to be licensed in order to provide care for a child in OCS custody (see definition of "relative" at the end of this section). The department may issue notification of a provisional valid criminal history check after screening the individual under 7 AAC 10.915(a) and reviewing the criminal justice information provided by the Department of Public Safety.

2. The Office of Children's Services may deny placement of a child with an out-of-home caregiver if a review of the criminal record reveals that a household member age 16 or older has been charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a barrier crime or a crime with similar elements in another jurisdiction.

3. The Commissioner of the Department of Health and Social Services may grant a variance for a barrier crime or condition for individuals pursuing foster care, adoption or guardianship, or to allow an individual to continue as an adoptive parent or guardian, if the individual demonstrates to the satisfaction of the Department that the health, safety and welfare of the children is adequately protected.

POLICY:

A. A barrier crime variance request may be submitted by the following individuals if there is a history of a barrier crime or condition:

1. Prospective adoptive parent;

2. Foster parent;

3. Guardian; or

4. Household member age 16 or older.

PROCEDURE:

A. Involvement in a barrier crime or condition includes, but is not limited to, a probable cause finding, a Child in Need of Aid (CINA) adjudication, a termination of parental rights (TPR), denial or revocation of a community care license, or a delinquency adjudication in Juvenile Offender Management Information System. If an individual's background check results in a barrier crime or condition, placement will not be made unless the Protective Services Manager (PSM) II approves the placement.

B. Exception for Continued Placement: If a child in custody already resides in the home for which an individual has a barrier crime or condition, the PSM II approval is required to continue the child's placement, and the PSM II will assess whether the child will be safe in

the home. The assessment will take into consideration whether the individual with the barrier crime or condition will continue to have contact with the child.

C. Barrier Crime Variance Application: A prospective adoptive parent, guardian, or foster parent may submit a barrier crime variance request using the Background Check Variance Request Application form. The form is located in Statewide Forms. The request must be submitted no later than 30 days after the adoptive parent, guardian, or foster parent receives notice of the individual whose application for a background check is found to have a barrier crime or condition.

D. Barrier Crime Variance Reviews:

1. The assigned PS Specialist or Community Care Licensing Specialist will:

   a. inform the foster parent or adoptive parent/guardian of the opportunity to request a barrier crime variance;

   b. assist the applicant with the barrier crimes variance application process;

   c. receive and review the Background Check Variance Request Application; and

   d. make a written recommendation with the Background Check Variance Request Application to the Regional Variance Committee for either approval, approval with conditions, or denial.

2. The Regional Variance Committee consists of at least three individuals and includes a Community Care Licensing Specialist II and III, a child protection regional designee, and when applicable, a Regional Permanency Specialist. The Regional Variance Committee will:

   a. review the barrier crime variance request for completeness, if incomplete, send it back to the PS Specialist for missing documents;

   b. make a recommendation for either approval, approval with conditions, or denial on the Department's Oversight Agency Recommendation form;

   c. log each barrier crime variance request received; and

   d. forward the barrier crime variance request to the OCS State Office Background Check Program Coordinator.

3. The OCS State Office Background Check Program Coordinator will:

   a. review the barrier crime variance application for completeness;

   b. attach needed confidential CINA documents; and

   c. forward the barrier crime variance request to the department's barrier crime variance committee.

4. The Commissioner of the Department of Health and Social Services appoints a barrier crime variance committee, which includes a representative from each oversite division and the Commissioner's office. The department barrier crime variance committee will:

   a. Review all available information and documentation about the barrier crime or condition, including all mitigating factors (i.e., completed treatment, conditions of probation/parole are met, shown they are responsible citizens, or whether there are additional charges since the conviction);

   b. Recommend that the Commissioner grant the request for a variance if the review committee determines adequate protection of the recipient's health, safety, and welfare;

   c. Recommend that the commissioner deny the request for a variance if the barrier crime committee determines that the health, safety, and welfare of recipients of services will not be adequately protected; and

   d. For a permanent barrier crime or condition, submit its recommendation of the variance to the Division Director.

5. The Division Director will:

   a. consider the barrier crime variance committee's recommendation; and

   b. make a written recommendation that the commissioner either grant or deny the request.

6. The Department of Health and Social Services Commissioner or designee will:

   a. consider the recommendation and will issue a decision on a request for a barrier crime variance within 30 days after receiving all information; and

   b. send a copy of the decision to grant or deny the request for a barrier crime variance to the barrier crime variance committee chairperson.

7. The Barrier Crime Variance Committee Chairperson will distribute a copy of the decision to the:

   a. Foster parent, adoptive parent, or guardian;

   b. DHSS Background Check Program; and

   c. OCS state office Background Check Program Coordinator for distribution within OCS.

E. Barrier Crime Variance Results: The PS Specialist or Community Care Licensing Specialist will document the barrier crime variance results on the Background tab in ORCA and place the hard copy with the foster care licensing file.

3.7 CHANGE OR TERMINATION OF A PLACEMENT/TRIAL HOME VISIT/RETURN HOME

3.7.1 CHANGE OR TERMINATION OF A PLACEMENT

AUTHORITY:

AS 47.05.065(4)(B)	Legislative Findings Related to Children
AS 47.10.010	Jurisdiction
AS 47.10.080(s)	Judgments and Orders
7 AAC 54.255	Children's Services Grievance Procedures

PURPOSE: To provide a change of placement protocol.

BACKGROUND INFORMATION - STATE LAW AND REGULATIONS:

A. When a child has been removed from their home, the child should be placed in a safe, secure, and stable environment, and should not be moved unnecessarily.

B. When Office of Children's Services (OCS) has custody of a child, OCS has the authority to transfer the child from one placement setting to another, as long as the transfer is in the child's best interest.

C Advance notice of a non-emergency transfer must be given to the:

1. the child;
2. the child's parents, guardian, or Indian custodian;
3. the child's foster parents or out-of-home caregiver (the notice to the foster parent must be issued at least 48 hours in advance of the intended removal);
4. the guardian ad litem (GAL);
5. the child's attorney, and
6. the child's Tribe.

D. A party opposed to the proposed transfer may request a hearing and must prove by clear and convincing evidence that the transfer would be contrary to the best interest of the child.

E. A foster parent may not file a grievance for the emergency removal of a child. A foster parent may file a grievance for the removal of a foster child on a nonemergency basis, resolution, and review of children's services grievances 7 AAC 54.260. The request shall be granted unless a protective services regional manager finds that:

1. removal is in the best interests of the child;

2. the child is being returned to the legal parent or guardian;

3. removal is in response to an allegation of abuse or neglect in the foster home; or

4. removal is ordered by a court.

F. A foster parent or unlicensed relative caregiver who requests a non-emergency change in placement is required to provide OCS with reasonable advance notice of the requested change.

G. When the department transfers a child from one out-of-home placement to another, the department shall search for an appropriate placement with an adult family member or family friend who meets the foster care licensing requirements established by the department. A supervisor at the department shall certify in writing in the case file whether the department has searched for an appropriate placement with an adult family member or friend. If the department has not complied with the search requirements the supervisor shall work to ensure that the department completes the search in the shortest time feasible.

POLICY:

A. Services should be provided during the transition period to help prepare all parties for the placement change and help the family, resource family or child cope with their feelings about the change or termination of the placement.

B. Moving a child from one full-time care provider to another full-time care provider is only explored when the placement is not meeting the child's needs. Change of placement occurs whenever an out-of-home placement is no longer necessary:

1. It is determined that placement is not meeting the child's needs, or

2. At the request of the caregiver.

C. Prior to a placement change, a relative search will be conducted as outlined in 3.5.4 How to Look for Relative Placement, Process Requests for Placement and Process Placement Denials. The Protective Services (PS) Specialist IV will certify in a Relative/Placement Search note in ORCA that a search for an appropriate realtive or family friend was conducted.

D. OCS will provide written notification of placement changes to the legal parties and to the foster parents or out-of-home caregivers. Legal Parties include the parents, legal guardian or Indian custodian and their attorneys, intervening Tribe(s), GAL/CASA, child's attorney, and grandparents (when applicable). OCS will also provide notice to all affiliated non-intervening Tribes.

1. Advance notice will be provided when the placement change is likely to occur in two days or more:

a. When possible, send the notice ten days before the placement change.

b. When ten-day notice is not possible, provide the notice will at least two days before the placement change.

2. When OCS has less than 48 hours of notice of the placement change, a notification of change of placement will be sent within five calendar days of the change.

PROCEDURE:

A. The PS Specialist will use the following guidelines when a placement change is being considered or has been requested.

1. In OCS Regions or offices of the state where Team Decision Making (TDM) have been implemented, the PS Specialist will request a TDM to discuss the potential placement change, see section 2.11 Team Decision Making (TDM).

2. When possible, a team consult between the PS Specialist, the PS Specialist IV, and the care provider will be held to discuss why moving the child is being considered. If appropriate the child and other relevant persons including, parents, GAL, treatment professionals, or the child's Tribe.

a. During the team conference, other actions, and options that could be taken to prevent the movement of the child will be explored and considered.

b. The PS Specialist will document the following in a case note in ORCA:

1) The reasons for the move; and

2) What other options were considered (including the relative search that was conducted).

3. When a child is removed from the home, a diligent search for relatives/extended family must occur as outlined in CPS Manual section 3.5.4 and the Notice of Right to Request Placement sent to identified relatives within 30 days of the child being removed from the home, or when new relatives are identified.

a. The relative search continues throughout the case and is critical during the Initial Assessment process, case transfer, placement changes, and when a goal change has been made. During these places in the case, the PS Specialist IV will ensure that the search has been completed.

b. Before a child is moved from one placement setting to another, the PS Specialist IV will document in an ORCA Relative/Placement Search note that the relative search has been conducted. The note must contain the following:

1) Certification that the department has searched for an appropriate placement with an adult family member or family friend; or

2) If the search has not been completed, document what steps will be needed to complete the relative search in the shortest time feasible.

B. The PS Specialist should take the following steps to prepare the child, the parents/guardian/Indian custodian, and the out-of-home caregiver at least two weeks before any change in placement or termination of placement:

1. Explain and discuss the reasons and circumstances for the intended move;

2. Acknowledge and provide help for any conflicting feelings about the change which the child or provider may have; and

3. Include the out-of-home caregiver in planning for the child's departure (not only the physical departure but preparation for the emotional separation that will occur).

C. Notification:

1. The following are entitled to advance notice of a placement change in accordance with this CPS Manual policy section (D) above. OCS will also provide notice to all affiliated non-intervening Tribes. Affiliated means that the Tribe has stated the child is a member or eligible for membership:

   a. The child;

   b. The parents/guardian/Indian custodian and their attorneys;

   c. The child's foster parents or out-of-home caregiver;

   d. The GAL/CASA;

   e. The child's attorney; and

   f. The child's intervening Tribe.

2. To ensure that notices are sent in a timely manner to all individuals entitled to notice, the PS Specialist will verify that the information in ORCA about parents, Tribes, and legal parties are accurate, as outlined in the Notifications Field Guide.

3. When the PS Specialist knows of the placement change at least two days before the change, the PS Specialist will:

   a. Consult with the PS Specialist IV for verification that a Notice of Intent to Change Placement should be sent;

   b. Create a Notice of Intent to Change Placement in ORCA within the timelines in the Notifications Field Guide and Policy (D) of this CPS Manual section, following the procedures in the Notifications Field Guide.

   c. PS Specialist will call the foster parent at least 48 hours before the planned placement change and inform them of the planned placement change and their right to file a grievance.

4. When the PS Specialist has less than 48 hours of notice of the placement change:

   a. if the provider is not in ORCA the PS Specialist will contact ORCA help desk and request they set up the provider record in ORCA

   b. the PS Specialist will document the out-of-home placement in ORCA within two business days of the placement.

c. ORCA will auto-generate a Notice of Change of Placement when the placement is approved.

5. Generated notices are printed and mailed automatically, however, a PS Specialist who receives an email message regarding "failure of automated send process" is required to manually print and mail the notice that was not sent, as outlined in the Notifications Field Guide.

D. If a foster parent grieves a non-emergency decision to remove a child placed in the foster home, the PS Specialist will follow the procedures in Section 1.16 Grievance, Fair Hearings, and Appeals.

E. Every effort will be made to identify the previous care provider as a placement option when a child is returning to an out-of-home placement after a trial home visit, return home, or relative placement. The previous placement will be considered unless the placement is documented to be contrary to the best interest of the child.

F. The PS Specialist will assist the child in maintaining contact with prior foster care providers if the child desires and there is no reason to believe that such contact would be contrary to the best interest of the child.

G. Special planning may need to be done for a child who experiences a developmental disability about to be released from custody. At least six months before the child being released from custody, or as soon as it is known that the child will be released from custody, the PS Specialist will contact the PS Specialist IV, GAL/CASA, Tribal representative, and ICWA Specialist if applicable, to review the case. Any other professionals who could be helpful in the area of adult services for older teens or services to a person who experiences the developmental disability should be included in the team meetings.

Who needs to be noticed, and when?

Placement Notification Type	Required Time Frame	Intervening Tribe	Non-Intervening Tribe	Legal Parties*	Parents/ Guardian	Provider	2ndary Worker
Change of Placement	Within five days of transfer ORCA processes this immediately once the Placement is Documented	Copy	Copy	Copy	Copy	Recipient is the provider the child left	
Intent to Change	Ten days prior to transfer unless parties agree the change can occur sooner. Note: If there is at least two days' notice before the change, the Intent to Change Notice must be initiated.	Copy	Copy	Copy	Copy	Recipient is provider child will be leaving	Copy

*Legal Parties:

- Parents/Legal Guardians or Indian Custodian and their attorneys
- Intervening Tribe
- GAL/CASA
- Child's attorney
- Occasionally grandparents (consult with your AAG)

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3.7.2 TRIAL HOME VISIT/RETURN HOME

AUTHORITY:
45 CFR 1356.21(e) Trial Home Visits (Title IV-E)

PURPOSE: To ensure that the child's best interest and safety are considered when children are placed at home for a trial home visit or are returned home.

BACKGROUND INFORMATION - FEDERAL LAW:

A. A trial home visit may not exceed six months in duration, unless a court orders a longer home visit. If a trial home visit extends beyond six months or the time period ordered by the court, or if custody is released or changed to supervision during a trial home visit, the child is considered to have returned home.

B. If a child is considered to have returned home and is later removed from the home while the Office of Children's Services (OCS) still has custody of the child, a new Title IV-E eligibility determination must be made. In order for the child to be eligible for IV-E funding, the court must make the following findings:

   1. The first time the court addresses the child's placement after the removal, the court must find that it is contrary to the welfare of the child to remain in the home.

   2. Within 60 days of the removal, the court must find that reasonable efforts were made to prevent the removal.

C. A new IV-E eligibility determination and court order is not required when a child is removed from home while on a trial home visit.

POLICY:

A. While OCS has custody of a child, a placement in the child's own home following an out-of-home placement is considered a trial home visit for the first six months, or for a different time period if ordered by the court.

B. If a trial home visit lasts for longer than six months or the time period ordered by the court, or if custody is released, the child is considered to have returned home.

C. Administrative reviews must continue during trial home visits according to schedule.

D. Prior to placing a child at home for a trial home visit an evaluation will be completed to determine whether the household is a safe environment.

PROCEDURE:

A. The Protective Services (PS) Specialist should take the following steps to prepare the child, the parents/guardian/Indian custodian, and the provider at least two weeks prior to any trial home visit/return home.

1. Explain and discuss the reasons and circumstances for the intended move.

2. Acknowledge and provide help for any conflicting feelings about the change which the child or provider may have.

3. Include the out-of-home care provider in planning for the child's departure (not only the physical departure, but preparation for the emotional separation that will occur).

4. Facilitate a visit with the parents in the parent's home and evaluate both the physical environment and the household members to ensure that the child would be safe in the home. The evaluation will include background checks on new household members over 12.

   a. If the home is the maltreating household from which the child was removed, a limited background check of new household members is required. This check includes ORCA, Prober, JOMIS, CourtView, and Sex Offender Registry. **Note**: APSIN checks cannot be made unless there is a new PSR.

   b. If the home is a non-maltreating household, complete background checks of new household members are required.

B. The PS Specialist should use the following guidelines to decide when to place a child in their own home for a trial home visit in preparation for a permanent return home. Prior to a child's trial home visit, the decision-making process should include the parents, guardian, or Indian custodian and, whenever possible, the out-of-home care provider, the GAL, and the child's Tribe if applicable. In those areas of the state where Team Decision Making (TDM) has been implemented, the PS Specialist will request a TDM to discuss the potential trial home visit (see section 2.11 Team Decision Making (TDM).

1. The safety threats that led to the need for out-of-home care have been mitigated by a change in parent's behavior or a sustainable safety plan already exists or can be put in place to mitigate the threat of harm.

2. A team conference as described in Procedure (B) above has considered and recommended the placement decision.

3. The parents, guardian, or Indian custodian are residing in the home and have demonstrated that they are able to provide the necessary minimum level of care in their home.

4. The home is calm/consistent enough to allow for safety services to come into the home.

5. The parents, guardian, or Indian custodian are willing to allow and/or participate in an

in-home case plan, and services/resources are available to participate in an in-home case plan.

6. There has been a specific change in family circumstances and/or protective factors that allows for the use of an in-home plan.

7. The parents, guardian, or Indian custodian have been consistent and responsive with respect to family contact opportunities and interact positively with their child during supervised visits, the family contact plan has moved to unsupervised visits, and the issues that brought the child into custody have not manifested during the unsupervised visits.

8. The parents, guardian, or Indian custodian have asked for help during crises.

9. In preparation for a child's trial home visit, the PS Specialist will:

   a. Discuss with the child and parents, guardians, or Indian custodian the protective factors that would be needed to allow for an in home plan. If therapists are involved with the family, solicit their help.

   b. Give the child an opportunity to work out feelings about parents, guardians, or Indian custodian and the return home.

   c. If the child has not had regular contact with parents, ensure the plan for trial home visit includes, whenever possible, preliminary visits between the parents/guardian/Indian custodian and the child, including visits in the parents/guardian's/Indian custodian's home. Foster parents should assist with reunification if they are willing.

   d. If a court hearing is necessary to effect the child's trial home visit, inform the parents, guardian, or Indian custodian about the recommendations and the various decisions that are within the authority of the court.

   e. Develop a new or revised in-home case plan prior to the child's return home.

10. Post-placement Services for Trial Home Visit or Return Home: Reunification of families when a child has been in an out-of-home placement can be exceptionally stressful time for the child and the parents, guardian, or Indian custodian. The child may be mistrustful of the fact that the parents want him back and may act out and do everything he can to test the limits of parental endurance. Similarly, the parents, guardian, or Indian custodian may be uncertain and unaccustomed to child care routines and restrictions. The PS Specialist will:

    a. Continue follow up until the parents, guardian, or Indian custodian have demonstrated an ability to continue to care for the child.

    b. Maintain telephone contact and face-to-face contact with the child and the parents, guardian, or Indian custodian at least on a monthly basis, and more frequently if needed.

c. Contact the safety plan participants to verify that the plan still is working, and revise the plan if needed.

d. Provide child care or other support as necessary.

e. Make a referral to any other needed community resource, e.g., public health, public assistance.

f. If the parents, guardian, or Indian custodian have been receiving services from providers during placement, clarify the responsibility of each service provider in the provision of further help.

g. If the Court requests the Department to continue supervision of the child after the placement is terminated, determine the willingness of the parents, guardian, or Indian custodian to continue involvement with OCS and/or other support services. A specific time limit for supervision should be established with the court.

C. Removals from Trial Home Visit or Return Home:

1. If a child in OCS custody is removed from the home after a trial home visit has ended, the PS Specialist will complete an affidavit that explains the circumstances of the removal and provide it to the assistant attorney general for attachment to a motion for removal findings.

2. Before the new placement is documented in ORCA, a discharge date and discharge reason must be entered and approved for the previous placement.

3. The PS Specialist will also do the following:

a. complete the Eligibility Basic Tab in ORCA;

b. ensure that a Parent's Self-Declaration of Income and Resources form (06-9794) is completed and provided to the Eligibility Technician who will enter the information into ORCA; and

c. complete a Title IV-E/Medicaid application online in ORCA and refer the application to the Eligibility Technician, who will make new IV-E and Medicaid eligibility determinations based on the provided information.

3.8 REUNIFICATION EFFORTS

AUTHORITY:
AS 47.10.086 Reasonable Efforts
25 U.S.C 1912(d) Indian Child Welfare Act of 1978 (ICWA) (P.L. 95-608)
42 U.S.C. 671(a)(15) State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C. 5106a(b)(2)(B)(xvi) Eligibility Requirements (Child Abuse or Neglect Prevention and Treatment – CAPTA)

PURPOSE: To provide clarification about under which circumstances efforts must be made to reunify children with their parents.

BACKGROUND INFORMATION:

A. Federal Law:

1. Reasonable Efforts:

a. When a child has been removed from home, the state is required to make reasonable efforts to make it possible for a child to safely return to the child's home.

b. Reasonable efforts to return a child home are not required with respect to a parent of a child if a court of competent jurisdiction has determined that:

1) the parent has subjected the child to aggravated circumstances (as defined in State law, which definition may include but need not be limited to abandonment, torture, chronic abuse, and sexual abuse); or

2) the parent:
- has committed murder or voluntary manslaughter of another child of the parent; or
- has aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter; or
- has committed a felony assault that results in serious bodily injury to the child or another child of the parent; or
- has committed sexual abuse against the surviving child or another child of such parent; or
- is required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a)); or

3) the parental rights of the parent to a sibling have been terminated involuntarily.

c. If continuation of reasonable efforts to return the child home is determined to be inconsistent with the permanency plan for the child, reasonable efforts shall be

made to place the child in a timely manner in accordance with the permanency plan (including, if appropriate, through an interstate placement) and to complete whatever steps are necessary to finalize the permanent placement of the child.

d. Reasonable efforts to place a child for adoption or with a legal guardian, including identifying appropriate in-state and out-of-state placements, may be made concurrently with reasonable efforts to return the child home.

2. Active Efforts: The Indian Child Welfare Act (ICWA) requires that any party seeking to effect a removal of an Indian child from his or her parent or Indian custodian or the termination of the parental rights to an Indian child under state law must satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful.

B. State Law:

1. Except as provided in (B)(2) and (3) below, the department shall make timely, reasonable efforts to provide family support services to the child and to the parents or guardian of the child that are designed to prevent out-of-home placement of the child or to enable the safe return of the child to the family home, when appropriate, if the child is in an out-of-home placement. The department's duty to make reasonable efforts under this subsection includes the duty to:

a. identify family support services that will assist the parent or guardian in remedying the conduct or conditions in the home that made the child a child in need of aid;

b. actively offer the parent or guardian, and refer the parent or guardian to, the services identified under (B)(1)(a) above; the department shall refer the parent or guardian to community-based family support services whenever community-based services are available and desired by the parent or guardian; and

c. document the department's actions that are taken under (B)(1)(a) and (b) above.

2. The court may determine that reasonable efforts of the type described in (B)(1) above are not required if the court has found by clear and convincing evidence that

a. the parent or guardian has subjected the child to circumstances that pose a substantial risk to the child's health or safety; these circumstances include abandonment, sexual abuse, torture, chronic mental injury, or chronic physical harm; or

b. the parent or guardian has
   1) committed homicide of a parent of the child or of a child; or
   2) aided or abetted, attempted, conspired, or solicited to commit a homicide of a parent of the child or of a child; or
   3) committed an assault that is a felony and results in serious physical injury to a child; or

4) committed the conduct described in (B)(2)(b)(1)-(3) above that violated a law or ordinance of another jurisdiction having elements similar to an offense described in (B)(2)(b)(1)-(3) above; or
5) the parent or guardian has, during the 12 months preceding the permanency hearing, failed to comply with a court order to participate in family support services; or

c. the department has conducted a reasonably diligent search over a time period of at least three months for an unidentified or absent parent and has failed to identify and locate the parent; or

d. the parent or guardian is the sole caregiver of the child and the parent or guardian has a mental illness or mental deficiency of such nature and duration that, according to the statement of a psychologist or physician, the parent or guardian will be incapable of caring for the child without placing the child at substantial risk of physical or mental injury even if the department were to provide family support services to the parent or guardian for 12 months; or

e. the parent or guardian has previously been convicted of a crime involving a child in this state or in another jurisdiction and, after the conviction, the child was returned to the custody of the parent or guardian and later removed because of an additional substantiated report of physical or sexual abuse by the parent or guardian; or

f. a child has suffered substantial physical harm as the result of abusive or neglectful conduct by the parent or guardian or by a person known by the parent or guardian and the parent or guardian knew or reasonably should have known that the person was abusing the child; or

g. the parental rights of the parent have been terminated with respect to another child because of child abuse or neglect, the parent has not remedied the conditions or conduct that led to the termination of parental rights, and the parent has demonstrated an inability to protect the child from substantial harm or the risk of substantial harm; or

h. the child has been removed from the child's home on at least two previous occasions, family support services were offered or provided to the parent or guardian at those times, and the parent or guardian has demonstrated an inability to protect the child from substantial harm or the risk of substantial harm; or

i. the parent or guardian is incarcerated and is unavailable to care for the child during a significant period of the child's minority, considering the child's age and need for care by an adult.

3. The department is not required to make reasonable efforts to return the child home if the department took emergency custody of an infant after the infant was abandoned safely within the meaning of AS 47.10.013(c).

4. If the court makes a finding that a parent or guardian has not sufficiently remedied the parent's or guardian's conduct or the conditions in the home despite reasonable efforts

made by the department in accordance with this section, the court may conclude that continuation of reasonable efforts to return the child home are not in the best interests of the child. The department shall then make reasonable efforts to place the child in a timely manner in accordance with the permanent plan and to complete whatever steps are necessary to finalize the permanent placement of the child.

5. The department may develop and implement an alternative permanency plan for the child while the department is also making reasonable efforts to return the child to the child's family.

POLICY:

A. When it is not possible to protect and maintain a child in their own home, and removal is necessary for the child's safety, the goal of casework services is henceforth directed towards permanency for the child through family reunification, where possible. Reunification efforts are a priority for the Office of Children's Services.

B. Reunification efforts will continue until the court has determined that such efforts no longer are required.

C. If reunification is not possible, the permanency goal for the child is changed and reasonable efforts are made to implement the new permanency goal.

PROCEDURES:

A. The Protective Services (PS) Specialist will ensure that services are provided to the family as described in section 3.2.4 Services to the Family - Children in Out-of-Home Care. (For a description of types of services, see section 3.2.2 Service Delivery).

B. The PS Specialist will document all attempts to offer services and all referrals for service in ORCA.

C. If reunification services are successful and the child can return to his own home, see section 3.7 Change or Termination of a Placement/Trial Home Visit/Return Home.

D. If reunification efforts fail and the permanency goal needs to be changed, the PS Specialist will ensure that a permanency hearing is scheduled.

E. Section 4.15(V) Definitions includes additional information about reunification efforts and 4.15(B) clarifies the level of services required for active efforts under ICWA.

3.9 PREPARATION FOR RELINQUISHMENT OF PARENTAL RIGHTS/CONSENT TO ADOPTION BY PARENT

3.9.1 PREPARATION FOR RELINQUISHMENT OF PARENTAL RIGHTS

AUTHORITY: AS 25.23.180 Relinquishment and Termination of Parent and Child Relationships, AS 25.23.130(c) Effect of Adoption Decree, AS 47.10.089 Voluntary Relinquishment of Parental Rights and Responsibilities, 25 U.S.C. 1913 (a) & (c), 1915 (P. L. 95-608, Sec. 103(a)(c), Sec. l05 (a)(c)(d)(e); Indian Child Welfare Act of 1978).AS 47.10.

PURPOSE: To provide guidelines for the voluntary relinquishment by a parent.

POLICY: All relinquishments must be executed in writing and take place either before a judge with the knowledge and approval of the department, or in the presence of the attorney who represents the parent or in the presence of the Protective Services (PS) Specialist and another witness to which the parent agrees. For parents of children who are covered by the ICWA, the OCS will ensure that the requirements of the ICWA have been met, and no written relinquishments signed outside the presence of the judge will be accepted.

PROCEDURES: Refer to the Court Procedures section 4.4. In addition:

a. The child's adoption team, which can consist of the worker, PS Specialist IV, Regional Permanency Planning Specialist, GAL, and AAG, will assess the plan of relinquishment, and explore alternatives to relinquishment and the legal ramifications of relinquishment with parents.

b. If the parent has decided to relinquish parental rights, the PS Specialist will request a new permanency planning conference to determine if the decision to relinquish is appropriate and the permanency goal needs to be changed.

c. Discuss the parent's wishes regarding the placement of their child. A written affidavit of the parent's wishes for placement of their child may be signed at the relinquishment hearing and filed with the court. Adult family members must be considered as the first option for placements. This possibility should be thoroughly explored with the parent(s). However, while OCS will make every attempt to follow the parent(s) wishes, the parents must be informed that the best interests of the child must be paramount.

d. Discuss parents' interest in maintaining visitation or other kinds of contact after the adoption.

A statement regarding visitation rights must be included in the relinquishment.

e. Discuss the current law regarding confidentiality and the exchange of information between biological parents and adult adoptees. See section 3.22 Requests for Information - Confidentiality.

f. If the child is Native, discuss OCS' responsibility to give required notice to the Tribe and to comply with the placement preferences established in ICWA. ICWA requires that records be maintained on placements documenting the efforts to comply with the ICWA placement preferences. Those records shall be made available at any time upon the request of the child's Tribe.

g. A relinquishment may be withdrawn within ten days after it is signed or the child is born, whichever is later. For Native children, a relinquishment will not be valid if it is executed within the first 10 days after the birth of the child. Parents of children covered by the ICWA may withdraw a relinquishment at any time prior to the entry of a final order of termination of parental rights.

h. When parents have relinquished their parental rights with the understanding that their child will be adopted by a specific person, the PS Specialist will notify them if the proposed placement fails. The requirement to notify the parents applies from the time of the relinquishment until the adoption is finalized, even after termination of parental rights. After receiving notice that the proposed placement has failed, a parent may notify OCS, in writing, of a desire to withdraw the relinquishment. If the parent does not submit such notice to OCS within 30 days of being notified of the failed placement, OCS is not required to have any further contact with the parent. The parent's request to withdraw the relinquishment is not automatically granted. OCS decides whether to consent to the withdrawal or not, based on the circumstances of the case. Consents for withdrawal must be approved and signed by the Protective Services Manager II.

i. Relinquishments out of court will preferably take place in the presence of the parent's attorney. All relinquishments must be executed in writing and take place either before a judge or in the presence of the attorney who represents the parent or in the presence of the PS Specialist and another witness to which the parent agrees. Examples of witnesses are attorneys, Guardian ad Litems, social workers of other jurisdictions, Notaries Public, etc.

3.9.2 CONSENT TO ADOPTION BY PARENT

AUTHORITY: AS 25.23.060 Execution of Consent; consent as power of attorney, AS 25.23.070 Withdrawal of Consent, AS 47.10.086(b) Reasonable Efforts, 25 U.S.C. 1913 (P. L. 95-608 Indian Child Welfare Act of 1978).

PURPOSE: To provide guidelines on the Consent to Adoption by Parent process as an alternative to a relinquishment.

DEFINITION: Consent to adoption by parent(s) is a voluntary agreement signed by the child's parent in which the parent agrees that adoption is best for the child. The child's birth parent does not relinquish their rights to the child; instead the parent is able to formally consent to the adoption of their child. The consent to the adoption by the parent is often a thoughtful decision by the parent who feels that the child will benefit from adoption.

POLICY:

a. With the knowledge and approval of the department, all consents for adoption for children in OCS custody that are signed by the parent must be executed in writing and take place before a judge or in the presence of the attorney who represents the parent or in the presence of the social workers and another witness to which the parent agrees. For Indian Child Welfare Act (ICWA) cases, the consent to adoption by parent must be signed or affirmed in state court, as opposed to Tribal court.

b. For ICWA cases, the parents may change their mind and withdraw the consent to adoption anytime before the finalization of the adoption. This must be done through a written notice to the department, or to the court.

c. For non-ICWA cases, the parent has ten days from the time of the signed consent to adoption by parent to change his or her mind and withdraw the consent to adoption. This must be done through a written notice to the department, or to the court if it is an ICWA case.

d. In the consent to adopt, the parent will retain residual rights to the child up to the finalization of the adoption. Once the decree for adoption is signed by the court, the birth parent's rights are terminated at the same time.

e. The decision to consider consent to adoption by parent rather than a relinquishment or termination of parental rights must be based on what is in the best interest of the child. Additionally, the decision to pursue consent to adoption by parent must be discussed by the Permanency Planning Conference team.

PROCEDURES:

a. At the point the Protective Services (PS) Specialist believes reunification is no longer possible, and it is in the child's best interest that a different permanent plan be considered, the PS Specialist will staff the case with the PS Specialist IV and the Permanency Planning Conference team. If the team agrees that reunification is no longer possible and recommends a permanency plan of adoption, a decision should be made how to plan for the child's adoption. The three alternatives are:

   1. acceptance of a relinquishment of parental rights, followed by a termination of parental rights order which is based on the relinquishment;

   2. termination of parental rights through a termination trial; or

   3. acceptance of a consent to adoption by parent.

b. Consent to adoption by a parent can be considered in cases in which there is agreement on the child's adoptive placement. Any contacts after the adoption between the child and birth parents are at the discretion of the adoptive parents, unless otherwise legally agreed upon between parties.

c. If the Permanency Planning Conference recommends an adoption subsidy for the child, a judicial determination (court order) is needed to qualify the child for an adoption subsidy. The judicial determination must include language that reasonable efforts to reunify the child with the parent have been made by the OCS but the efforts have been unsuccessful and the child cannot or should not return home. The necessary language may be stipulated in the consent to adoption agreement that is signed by the child's parents; however this language needs to be ordered by the court based on the conditions as they are stipulated in the consent for adoption signed by the child's parents.

d. The OCS will work with the parent(s) and the parent's attorney to have the parent sign the consent to adoption by parent. The parent must be fully informed that in signing the consent to adopt by parent, the parent is consenting to the permanent adoption of the child with an identified adoptive family. Additionally, the PS Specialist will inform the parent that the residual rights to consent to marriage, military enlistment, non-emergency medical care, visitation, and adoption, as well as the residual responsibility of child support continue until the point that the adoption is finalized. The parent must also be fully informed that once the adoption is finalized, the parent's rights to the child are terminated based on the decree of adoption or birth certificate.

3.10 PREPARATION FOR TERMINATION OF PARENTAL RIGHTS

AUTHORITY: AS 47.10.080(c)3 and AS 47.10.080(o) Judgments and Orders, AS 47.10.088 Termination of Parental Rights and Responsibilities, P. L. 95-608 Indian Child Welfare Act of 1978

POLICY: Termination of parental rights means the legal severance of the parent-child relationship. This is a serious decision and is considered only when it is in the best interest of the child; and the conditions exist which are described in section 4.4.i, Termination of Parental Rights.

The decision to terminate parental rights must be staffed by the Permanency Planning Conference team. The staffing must include the Protective Services Manager II or their designee.

It must be remembered that while the division may recommend that the court terminate parental rights, the court will weigh the evidence and make the decision.

A petition for termination of parental rights must be filed in certain situations and in accordance with the timelines required by state and federal law. (see section 4.4.i, Termination of Parental Rights).

PROCEDURE: The decision to petition for termination of parental rights must always be based on the child's best interest. For that reason, as well as the need for building a good court case, thorough case planning and case work is essential in termination cases.

a. Thorough documentation of services offered in the past, including utilization of services or failure to utilize offered services

b. At the point the PS Specialist believes reunification is no longer possible, and it is in the child's best interests that a permanent placement be made, the PS Specialist will staff the case with the PS Specialist IV and the Permanency Planning Conference team. If the team agrees that reunification is no longer possible, and recommends a permanency planning goal that would require termination of parental rights, the termination staffing will be scheduled. If the PS Specialist and team members are prepared, the termination staffing may sometimes occur at the same staffing, or the termination staffing may be scheduled for the near future.

c. The PS Specialist will contact the Department of Law for assistance in determining if sufficient evidence for termination (including documented efforts at reunification) exists. Some regions may request the attorney general to participate in the termination staffing. This early communication will facilitate preparation for court and expedite court action. The attorney general will advise the PS Specialist about documentation needed for court and the steps of legal proceedings.

d. The PS Specialist will prepare a petition for termination of parental rights. (See Court Procedures Chapter, section 4.4.i, Termination of Parental Rights). The attorney general and the PS Specialist will decide if information from other agencies would be useful in addition to information from the case file.

With Native children, the division must in addition prove, by evidence beyond a reasonable doubt, that custody by the parent is likely to result in serious emotional or physical harm to the child; and this evidence must include testimony from a qualified expert witness. The division will not petition for termination of parental rights whenever the only grounds for such a petition is evidence of community or familial poverty, crowded or inadequate housing, or alcohol abuse on the part of a parent or Indian custodian where the alcohol abuse does not place the child at risk of serious emotional or physical harm or otherwise make the child a child in need of aid.

Each parent's rights must be terminated in order for a child to be legally free for adoption. If the grounds for termination is different for each parent, they have to be proven separately, although it can be done in the same hearing.

e. The PS Specialist will keep thorough records of the progress of the case. All contacts, improvements, failures in following through, etc. will be recorded. Attorneys will expect the PS Specialist to be able to provide the following:

1. ROCs, and presentation of the information in ROCs in a way which can be quickly assimilated.

2. Witness list from the ROCs, with a brief explanation about what the witness can testify about, and how the witness can be reached. Provide the broadest list possible, and include information about reservations a witness may have about testifying.

3. Chronologies - chronologies need to include date of contact, nature of contact, and date of occurrence. All information in the chronos must be documented in the case record. There are often breaks in the record for periods when the division has not been involved with the child, but sometimes information about those time periods can be obtained from parents or from other agencies. A thorough social history is very helpful.

4. Visitation history - based on ROCs. How often did parents visit; were the visits regular or in spurts? If there are gaps, did the gaps depend on the division or on the parents?

5. Termination position - The PS Specialist will be a key witness , and therefore the PS Specialist needs to be able to state the reasons why they think that termination is appropriate.

6. Testimony about all the types of services which have been offered to the family, and

how they have been utilized by the family.

f. Termination proceedings should not be delayed due to the lack of the permanent placement for the child.

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3.11 RETURN TO BIOLOGICAL PARENTS AFTER TERMINATION OF PARENTAL RIGHTS

AUTHORITY: AS 25.23.180(g) Relinquishment and Termination of Parent and Child Relationship, AS 47.10.080(f) Judgments and Orders, P. L. 95-608, Sec. 106(a) Indian Child Welfare Act of 1978,

POLICY: If circumstances change to the extent that the best interest of the child would be served by returning the child to the biological parents even after their parental rights have been terminated, this option will be explored.

PROCEDURES:

a. Native Children:

1. The Indian Child Welfare Act gives biological parents the right to withdraw consent to termination of parental rights for any reason up to the entry of a termination order. After entry of the order, parents have the right to petition for the return of an Alaska Native/American Indian child before an adoption has been finalized or after an adoption has been vacated or set aside or the adoptive parents voluntarily consent to the termination of their parental rights. When a Protective Services (PS) Specialist has knowledge that an adoptive placement has failed, the PS Specialist will, as soon as practicable, notify the child's Tribe in writing and attempt to notify the biological parents.

2. In ICWA cases, after the entry of an adoption order, parents have the right to withdraw consent to termination of parental rights on the grounds that the consent was obtained through fraud or duress.

b. All Children:

1. In considering the return of a child to the biological parents after parental rights have been terminated, the PS Specialist will follow the same placement procedure as followed in other cases.

2. The decision to return the child to the biological parents is made by the Permanency Planning Conference team. The staffing team will use the following criteria when considering the return of a child to the biological parents:

A. The parents meet the basic criteria as outlined in section 3.15.6.g.

B. The return is in the overall best interest of the child.

C. The family has resolved the problems which originally led to the termination of parental rights.

D. The child wants to be returned to their parents.

3.12 MINOR GUARDIANSHIP

AUTHORITY:

AS 13.26.005	Definitions and Use of Terms
AS 13.26.101 - 186	Guardians of Minors
AS 47.10.089	Voluntary relinquishment of parental rights and responsibilities.
AS 47.10.115	Permanent Fund Dividend
7 AAC 53	Child Foster Care Payments, Subsidized Adoption and Subsidized Guardianship Payments
42 U.S.C. 675(5)(C)	Definitions (Title IV-E)
Social Security Act 473(d)	

PURPOSE: To guide the use of guardianship to provide a permanent home for children in custody who are under age 18 and cannot be reunified with their parents.

BACKGROUND INFORMATION:

A. Federal Law: According to the Federal Fostering Connections Act of 2008, adoption is the preferred permanent plan for children, regardless of age, when reunification with the parents is not possible.

B. State Law: The court may appoint as guardian any adult whose appointment would be in the best interest of the minor and is consistent with priority given to an adult family member.

POLICY:

A. A child/youth should be in a finalized guardianship within 18 months of coming into care. The plan for guardianship may be considered for all children in OCS custody who are under age 18 and in a safe and permanent living situation.

B. Guardianship may expedite timely permanency for a child/youth when it is determined that the child/youth cannot return home, as guardianship finalization does not require a termination of parental rights. For children legally free for adoption, the guardianship should only be considered when in the child's best interest.

C. The child must be consulted about the guardianship if they are 14 or older. Information about other permanency options will be provided to the child/youth. A child/youth does not have to agree to the guardianship for a guardianship to be issued by the court if guardianship is in the child's best interest.

D. Guardianship is appropriate to explore with the parents, child/youth relatives, extended family members or fictive kin in all cases when one or more of these conditions apply:

   1. The child is placed with a relative, extended family member or other fictive kin who agrees to parent the child until the child reaches the age of majority and to remain a permanent connection for the child throughout their life.

2. The prospective guardian has a strong commitment to caring permanently for the child, and the child demonstrates a strong attachment to the prospective guardian.

3. When the child has a close and positive relationship with the parent, and termination of parental rights is not necessary to provide a secure and appropriate placement for the child. For example, when the parents' actions or inactions are not the cause of the child being in need of aid, such as if the child is developmentally disabled, delinquent, or otherwise has needs that simply cannot be met by the parents without assistance from the state.

4. Where the child is an Indian child as defined in the Indian Child Welfare Act (ICWA), the child's Tribal culture does not acknowledge termination of parental rights as a viable option, and the Tribe has identified and offered an alternative permanent placement plan for the child that is in the child's best interests.

5. The child has a sibling(s) who will not be the subject of termination proceedings, and it is not in the best interest of the child to separate from the other sibling(s).

6. The child desires a guardianship plan, and the birth parents agree. Or, if they do not agree, are not likely to interfere with the guardianship plan.

E. The child must have lived with the prospective guardian for at least six months to qualify for a guardianship subsidy.

F. If the prospective guardian is not a relative, extended family or fictive kin, the eligibility for guardianship subsidy will be determined to be a State Guardianship with no Medicaid benefits.

G. The guardianship homestudy should be referred to expedite the guardianship finalization as soon as OCS is ready to proceed with finalizing the guardianship. The guardianship homestudy is only valid for one year; referral should only occur if the family is ready to proceed to avoid the family having to complete more than one homestudy.

PROCEDURES:

A. Refer to CPS manual section 3.1.4, Permanency Goals and Permanency Planning regarding the process and timeframes for changing a goal to guardianship.

B. If the child is legally free for adoption, the Protective Services (PS) Specialist must document the efforts to place the child for the preferred goal of adoption. This will Include reasons why guardianship was chosen, in consultation with the family and child/youth, as the permanency goal over adoption. The PS Specialist may provide one or more of the reasons in the policy section above and should consult with the Regional Permanency Specialist.

C. PS Specialist will inform the prospective guardians of their legal obligations as guardians which include:

1. The prospective guardian must agree to file annual reports with the court.

2. The prospective guardian understands they are responsible for filing for Permanent Fund Dividend (PFD) for the child.

3. The prospective guardian should obtain a private attorney, and file the court action to finalize the guardianship. If the guardianship finalizes, the guardianship subsidy will assist with paying attorney fees up to $2000.

4. After the guardianship finalizes, all OCS involvement ends. Foster care rates and any other OCS payments end the day before the guardianship finalizes and a guardianship subsidy begins to pay out on the day the guardianship finalized.

5. Guardianship of a minor terminates when the minor attains the age of 18 years, marries, is adopted, or dies, or when the guardian resigns, dies, or is removed by the court. The guardianship subsidy will terminate under these conditions, and the guardianship family must notify OCS of these conditions (except for turning 18) as soon as possible, or they will be responsible for repayment of funds.

D. The PS Specialist is responsible for making sure the child/youth and birth parents (if parental rights have not been terminated) have information including:

1. If parental rights have not been terminated, birth parents continue to be responsible for child support through the Child Support Services Division as they were while the child is in foster care.

2. If the minor is 14 years of age or older, the court must consider the minor's preference. The court may appoint an attorney to represent the minor if the court finds that the minor's interests are inadequately represented.

E. The assigned PS Specialist must attend the guardianship hearing. At the hearing:

1. The prospective guardian will be questioned regarding the guardian's understanding of the powers and duties of a guardian and the guardian's willingness to accept the role of a guardian;

2. The child may testify or make a statement, depending on the child's age or developmental level; and

3. If a parent objects to the guardianship, the PS Specialist must be prepared to testify to the facts supporting the petition for guardianship. The court will order the guardianship if the court finds that the guardianship is in the child's best interest.

F. If the birth parent, child/youth or guardian files a petition to dissolve the guardianship:

1. When OCS is notified that a court hearing is scheduled regarding a guardianship dissolution, the OCS adoption/guardianship unit at State Office will be notified as soon as possible.

2. The State Office will contact the guardianship family to discuss the family's plan for future care of the child as well as the existing guardianship subsidy. The State Office will also communicate with any assigned GAL.

Definition:

Fictive Kin: "Fictive kin" means an individual who is unrelated by birth or marriage, but has an emotionally significant relationship with a child that has the characteristics of a family relationship.

3.12.1 ADULT Guardianship and Conservatorship

AUTHORITY:

AS 13.26.005	Definitions and Use of Terms
AS 13.26.201-316	Guardians of Incapacitated Persons
AS 47.10.115	Permanent Fund Dividend
42 U.S.C. 675(5)(C)	Definitions (Title IV-E)

PURPOSE: To facilitate the appointment of an adult guardian or conservator for young adults age 17 or older in OCS custody who are in need of an adult guardian or conservator.

BACKGROUND INFORMATION - STATE LAW: Adult guardianship for an incapacitated person shall be used only as necessary to promote and protect the well-being of the person. An incapacitated person for whom a guardian has been appointed is not presumed to be incompetent and retains all legal and civil rights except those that have been expressly limited by court order or have been specifically granted to the guardian by the court.

POLICY:

A. Adult guardianship will be evaluated for all youth who may require court-ordered assistance to live independently.

B. The conservatorship will be evaluated for all youth determined to have an inability to manage their financial affairs in adulthood but otherwise able to care for themselves.

C. OCS will begin to evaluate youth who may require an adult guardian or conservator when the youth in custody turns 17 years old.

D. The youth's transition plan will address the steps needed to attain adult guardianship or conservatorship. The transition plan will address all actions needed to ensure that the youth retains eligibility for benefits for which the youth is eligible and that application is made for benefits the youth may become eligible for when reaching age 18.

E. Planning for adult guardianship or conservatorship will involve the youth's guardian ad litem (GAL) or Court Appointed Special Advocate (CASA), and other parties to the case.

F. Once the guardianship referral is initiated, OCS may not release custody of the youth until the guardianship or conservatorship process has concluded with a court order.

PROCEDURES:

A. When the youth in care reaches the age of 17, the PS Specialist will ensure that the youth's transition plan includes an assessment of the youth's ability to live self-sufficiently and take into consideration any disabilities, mental health issues, or developmental delays that may

mean that the youth will require ongoing supportive services after release from foster care.

B. The factors the PS Specialist will use to determine whether an adult guardianship or conservatorship may be recommended include:

1. The youth is receiving, is eligible or may be eligible for SSI.

2. The youth has a Children with Complex Medical Conditions (CCMC) Medicaid Waiver or an Intellectual & Developmental Disabilities (IDD) Medicaid Waiver in place or is on the waiting list.

3. The youth has or will need placement in an assisted living home (ALH).

4. The youth is in a therapeutic foster home or institution.

5. The youth has a history of acute or long-term hospitalizations or institutionalizations including, psychiatric, mental health, and medical treatment.

6. The youth has diagnosed special needs which may include significant developmental delays, behavioral health diagnosis, or current substance abuse issues.

7. The youth will be released from custody with a significant amount of money to manage, which includes PFD funds held in trust.

C. If the PS Specialist identifies at least one of the factors listed above, the PS specialist will consult with the Regional Independent Living Specialist (RILS) to determine what, if any, additional information is needed to make a referral for adult guardianship or conservatorship.

D. The RILS will consult with AAG about the necessity of an appointment of an adult guardian or conservator and the information which will be required. When the PS Specialist provides all of the required information (below) and if the AAG provides guidance that a petition should be filed, the RILS will complete the guardianship or conservator referral form and submit it and any attachments to the AAG by Direct Secure Messaging (DSM).

E. The PS Specialist will provide the necessary information required for the Adult Guardianship Referral Form to the RILS. The necessary information will include but is not limited to:

1. Name and contact information of all adult relatives and whether they have been approached to become the guardian.

2. A description of the all of the services the youth receives.

3. Arrangements the PS Specialist has made for the youth's future living arrangements or housing. This may include identification of an Assisted Living Home which will accept the youth's form of payment. Payment options for assisted living homes are:

a. Medicaid waiver;

b. General Relief; and

c. Private pay by an individual.

4. Progress on completion of the neuropsychological evaluation. (Must be current within the last year prior to the guardianship hearing).

5. Documentation from professionals of the youth's medical/behavioral health needs.

6. The youth's benefit information (employment income, other income, insurance payout, settlement). The PS Specialist will contact the Social Security Accounting Technician to request information about benefit amounts for Adult Public Assistance, Supplemental Security Income (SSI) or survivor benefits (OASDI).

7. Whether a Miller trust or spend down status has been established: If the youth is receiving SSI and has an OCS trust account, in order to ensure that the youth does not become ineligible for SSI benefits when custody is released, the PS Specialist will consult with the Office of Public Advocacy regarding how to set up a Miller trust before the end of custody.

8. Whether the youth is on a Senior and Disability Services (SDS) Waiver and information about what efforts have been made to coordinate with Division of Senior and Disability Services and the care coordinator on the transition to the adult guardian.

F. The PS Specialist will work closely with the youth, RILS, the youth's GAL, CASA, and the OCS Regional Psychiatric Nurse to ensure the youth has a completed and current neuropsychiatric evaluation on file prior to the scheduled guardianship hearing.

G. The court may appoint as guardian or conservator any competent adult or, alternatively, a public guardian employed by the Office of Public Advocacy:

1. A guardian or conservator must consent to the appointment. The PS Specialist will discuss the responsibilities of guardianship or conservatorship with the proposed individual. PS Specialist will make sure the proposed guardian or conservator is able to attend the hearings and is prepared to speak about their understanding of the powers and duties of the position and their willingness to accept the role and their fitness to serve.

2. The first priority for guardian or conservator is given to a person selected by the individual, if they have sufficient mental capacity to make an informed selection, this can include the foster parent or individuals who cannot accept placement.

3. Family members are next in the order of priority.

4. The powers and duties may be modified by the court depending on the needs of the individual. The guardian/conservator is required to submit a report to the court annually regarding the status of the ward/protected person.

5. Any person who may have, presently or in the future, interests that substantially conflict with those of the respondent should not be appointed.

H. The court will schedule a hearing to be held within 120 days of the filing of the petition. The court will appoint a Court Visitor to independently investigate and make recommendations about the proposed guardianship/conservatorship; the PS Specialist

will cooperate and be available with the visitor's investigation. The court will also appoint an attorney and/or GAL to represent the youth.

I. The assigned PS Specialist is required to attend every court hearing related to Adult Guardianship and Conservatorship. At the hearing:

1. If the youth does not contest the petition, the court will make its findings based on the petition, the recommendations of the court visitor, and any agreements reached between the parties;

2. If the youth contests the petition, the PS Specialist must be prepared to testify to the facts supporting the petition; and

3. The court will appoint a guardian if the court finds that the youth is incapacitated and the appointment is in the respondent's best interest. The court will appoint a conservator if the court finds that the youth does not have the capacity to manage their own property and affairs.

DEFINITIONS:

"Conservatorship" is a legal arrangement where a person or institution is appointed to handle the financial affairs for another person. A judicial finding of incapacity is not required for a judge to appoint a conservator, but a judge must find that a person is unable to manage the person's property or affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, or disappearance and the person has property which will be wasted or dissipated unless proper management is provided. The conservator collects and deposits all income, pays all debts and bills, secures all assets, and handles taxes and insurance. A person appointed as guardian may also be appointed as conservator, or a separate conservator can be appointed.

"Adult Guardianship" is a legal arrangement where a person or institution is appointed as a guardian to make decisions for an incapacitated person decision about housing, medical care, legal issues, and services.

"Incapacitated person" means a person whose ability to receive and evaluate information or to communicate decisions is impaired for reasons other than the minority to the extent that the person lacks the ability to provide the essential requirements for the person's physical health or safety without court-ordered assistance. A judge must find that a person meets the legal definition of incapacity to appoint a guardian.

3.13 PERMANENT PLACEMENT WITH A FIT AND WILLING RELATIVE

AUTHORITY:
42 U.S.C. 675(5)(C) State Plan for Foster Care and Adoption Assistance (Title IV-E)

PURPOSE: To provide clarification about permanent placement with a fit and willing relative as a permanency goal of for a child in the custody of Office of Children's Services (OCS).

BACKGROUND INFORMATION - FEDERAL LAW*:* The Title IV-E agency is not required to document to the court a compelling reason for a permanency goal of reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative.

POLICY:

A. The goal of permanent placement with a fit and willing relative is only applicable to youth age 16 and older. This goal is appropriate for youth age 16 and older who will not be reunified, adopted, or placed in a guardianship. This is a preferred goal over APPLA.

B. The goal of permanent placement with a fit and willing relative cannot be a primary or secondary goal without first completing an administrative review.

C. When placement with fit and willing relative is made the permanency goal for a youth, the intent must be that the youth remain in OCS custody until the age of majority.

D. An approved relative home study is required.

E. In the context of this section, "relative" means an individual who is related to the youth by blood, adoption, marriage, or Tribal custom.

PROCEDURES:

A. The Protective Services (PS) Specialist may consider this goal for a youth age 16 or older when reunification, adoption, and guardianship have been ruled out.

B. When considering the goal of permanent placement with a fit and willing relative, the PS Specialist will:

   1. Consult with the Regional Independent Living Specialist (RILS) to ensure that the RILS is involved with the youth, and in support of the goal;

   2. Ensure that the transition plan addresses the youth's transition from custody;

   3. Ensure that a relative assessment is completed to help ensure the relatives are fit and willing to provide care for the youth until the youth reach adulthood; and

4. Ensure that an administrative review is scheduled to discuss the appropriateness of making the primary goal of permanent placement with a fit and willing relative and finalize the decision. The review will explore how the goals of reunification, adoption, and legal guardianship have been reasonably explored and cannot be achieved.

C. Relative Assessment:

1. A relative home study that includes all background checks is required to determine that the relative is an appropriate placement, as outlined in section 2.6 Placements.

2. When assessing the relative's willingness to provide care for the youth until the youth reaches adulthood, the PS Specialist will ensure that the relative understands that OCS will not be able to provide financial assistance towards the cost of caring for the youth, unless the relative:

   a. gets licensed as a foster parent, in which case OCS would make foster care payments; or

   b. becomes the youth's guardian or adoptive parent, in which case a guardianship or adoption subsidy may be available.

3. The relative may be eligible to receive Temporary Assistance (ATAP – Adult Not Included) for the youth if the relative is within the 5th degree of kinship to the youth or otherwise meets the ATAP "caretaker relative" definition. The ATAP eligibility determination is made by the Division of Public Assistance.

3.14.1 INDEPENDENT LIVING SERVICES DELIVERY

AUTHORITY:

42 U.S.C. 671(a)(15)(C)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C. 677	John H. Chafee Foster Care Independence Program
45 CFR 1356.80 – 86	National Youth in Transition Database (NYTD)
AS 47.10.084	Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities
AS 47.10.086	Reasonable Efforts
AS 47.18.300-390	Foster Care Transition Program
7 AAC 53.350	Independent Living

PURPOSE: To provide services to youth age 14 or older and who were in Office of Children's Services (OCS) custody on or after their 14th birthday and were placed in out-of-home care by OCS to facilitate their transition to independent living.

BACKGROUND INFORMATION:

A. Federal Law:

1. States are required to make reasonable efforts to implement the permanency plan of children in state custody.

2. The federal programs described under (2)(a) and (b) below are available to youth who were in OCS custody and placed in foster care by OCS on or after their 16th birthday. "Foster care" does not include detention facilities, forestry camps, training schools, or other facilities operated primarily for the detention of children who are determined to be delinquent.

   a. Chafee Independent Living Program: This program

      1) identifies children who are likely to remain in foster care until 18 years of age and help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities;

      2) helps children who are likely to remain in foster care until 18 years of age receive the education, training, and services necessary to obtain employment;

      3) helps children who are likely to remain in foster care until 18 years of age prepare for and enter postsecondary training and education institutions;

4) provides personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults;

5) provides financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood; ;

6) makes available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care;

7) provides the services referred to in this subsection to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

b. Educational and Training Vouchers:

1) Vouchers may be available to youths otherwise eligible for services under a federally funded independent living program.

2) For purposes of the voucher program, youths who, after attaining 16 years of age, are adopted from or enter kinship guardianship from foster care may be considered to be youths otherwise eligible for services under a federally funded independent living program.

3) The State may allow youths participating in the voucher program on the date they attain 21 years of age to remain eligible until they attain 23 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.

4) Vouchers may be available for the cost of attendance at an institution of higher education, and shall not exceed the lesser of $5,000 per year or the total cost of attendance.

5) The total amount of educational assistance to a youth shall not exceed the total cost of attendance.

3. National Youth in Transition Database (NYTD): States that receive federal funding for independent living services are required to develop a data collection system, the NYTD, to track the independent living services that the state provides to youth under the following 10 broad service categories:

a. Independent living needs assessment;

b. Academic support;

c. Post-secondary educational support;

d. Career preparation;

e. Employment programs or vocational training ;

f. Budget and financial management;

g. Housing education and home management training;

h. Health education and risk prevention;

i. Family support and healthy marriage education; and

j. Mentoring.

B. State Law and Regulations:

1. When a child is committed to the custody of the Department of Health and Social Services, the department has the responsibility of physical care and control of the child and to provide for the child's needs.

2. Office of Children's Services (OCS) is required to provide services needed to implement the permanency plan for children in custody.

3. Alaska statutes and regulations allow OCS to pay for goods and services for children in OCS custody.

4. In order to successfully facilitate the transition of adolescents from the out-of-home care system to independent living, the following services will be authorized, if funding is available and if consistent with the child's placement plan or case plan, before the child is released from custody:

   a. counseling and referral to community support networks, where available, to assist the youth in preparation for emancipation, in areas such as self-esteem, basic living skills, and employability;

   b. financial assistance for housing up to 100 percent of the foster care or fostering independence assistance rate; and

   c. the services or goods described in 7 AAC 53.310, 7 AAC 53.320, and 7 AAC 53.330.

POLICY:

A. Regional Independent Living Specialists (RILS): Each region has appointed one or more RILS. The role of the RILS includes, but is not limited to:

1. Make every effort to ensure youth obtain self sufficiency before discharge from custody through development of goals and coordination and delivery of independent living services outlined in this section.

2. Ensure that all youth in care are actively engaged in one or more of the following:

   a. pursuing a GED or high school diploma;

   b. enrolled in post secondary education or job training; or

   c. employed.

3. Educate and provide technical assistance to all primary Protective Services (PS) Specialists as to the requirements of the independent living program.

4. Be aware of influences or issues specific to their particular region that may impact youth potential success for self sufficiency.

5. Be a regional expert on the resources available in the region to support the successful transition of youth from custody, and document the resources.

6. Contribute to and participate in community-based coalitions to develop comprehensive supports for youth.

7. Ensure youth in custody who are age 16 or older receives a Casey Life Skill Assessment annually.

8. Develop and implement transition plans with youth age 14 or older who are in custody and placed out-of-home and former foster youth who are requesting independent living funds, as outlined in section 2.9.5 Family Services Assessment: Case Planning with Youth.

9. Advocate for youth and provide opportunities for emotional and peer support when available, such as attendance at Independent Living retreats.

10. Ensure that youth residing in the rural areas are given an opportunity to attend at least one educational conference or retreat annually, when available.

11. Process requests for independent living funds and education and training vouchers, as outlined in section 6.2.2.11 Request for Independent Living Individual Funds for Youth in Custody and Youth No Longer in Custody.

12. Participate in all administrative reviews for youth age 16 or older.

13. Be the primary PS Specialist for youth who re-enter custody based on AS 47.10.080(v), as outlined in section 3.14.4 Resumption of Custody;

14. Additional requirements for youth age 16 - 21 with a primary or concurrent permanency goal of another planned permanent living arrangement (APPLA) or for whom a permanency goal of APPLA is considered:

    a. The RILS will:

        1) discuss other permanency goal options with youth to ensure that the youth understands all permanency goal options available;

        2) ensure that lifelong connections are addressed in the transition plan;

        3) be assigned as a secondary PS Specialist for APPLA cases;

        4) participate in Team Decision Making (TDM) meetings, in areas where TDMs have been implemented required for youth with a permanency plan of APPLA. A TDM meeting is required to occur prior to the exit planning hearing in court (see section 2.11 Team Decision Making (TDM));

        5) have monthly visits in connection with delivery of services with the youth when the youth resides in the local geographic area, and monthly phone visits with youth who are not local. Face to face visits will occur at least annually for youth who are not local. The visits with the youth will cover areas of the case and transition plan. This includes participation in services, safety, and well being needs;

        6) participate in monthly review with the Protective Services Manager I. The review will include discussion of the transition plan, whether the youth is actively participating in services, and if the youth is in a permanent home or if a home is being searched for.

    b. The RILS and the primary PS Specialist will:

        1) Coordinate case work to ensure that the youth's needs are met. The RILS and the primary PS Specialist are expected to serve as co-team members to ensure the safety, permanency, and well-being of the youth.

        2) Coordinate in the identification of a permanent home for the youth through relative search, work with Tribal partners, and other dedicated adults.

B. <u>Independent Living Services</u>:

1. Independent living services and support will be made available to all youth age 16 or older who are in OCS custody and placed in out-of-home care by OCS.

2. Independent living services consist of a series of developmental activities that provide opportunities for youth in custody and former foster care youth up to age 21 to gain the skills required to live healthy, productive, and responsible lives as self-sufficient adults. The objective of the services is that each youth achieve self sufficiency through completion and attainment of employment and academic achievement.

3. Independent living services should be seen as a service to youth that will help them achieve their goals as they transition to adulthood, regardless of the permanency goal. The services will be tailored to meet the unique, individualized needs of the youth and will be based on assessments and conversations with youth.

C. Credit Reports: Youth in custody at 14 years or older will be provided with credit reporting as detailed in 3.14.2.1 Resources for Youth in Custody.

D. Core Services: All youth in custody age 16 or older will be offered, at a minimum, the following core services at least annually:

1. Independent living needs assessment (Casey Life Skills Assessment);
2. Budget and financial management with emphasis on credit report;
3. Health education and risk prevention; and
4. Academic support for those youth who are below grade level or needs assistance.

E. Additional Services: The following services will be provided based on the need of the youth:

1. Post-secondary educational support;
2. Career preparation;
3. Employment programs or vocational training ;
4. Housing education and home management training;
5. Family support and healthy marriage education; and
6. Mentorship opportunities.

F. Education and Training Vouchers: See section 6.2.2.11 Request for Independent Living Individual Funds for Youth in Custody and Youth No Longer in Custody.

G. Types of Services:

1. Examples of services are listed in Procedure (E) in this section and in the Independent Living Program Services Delivery Matrix that is located in the Independent Living Forms subdirectory of the Statewide Forms directory.

2. The Independent Living Program Services Delivery Matrix includes information about for which services curricula are required when the service is provided by the RILS. All curricula for those services must be approved by the Independent Living Program Coordinator. The RILS are encouraged to submit various curricula to the Independent Living Program Coordinator for approval and placement in the Matrix.

H. Method of Service Delivery:

1. Services to youth will be provided directly by the RILS or by a service provider.

2. Direct services promote engagement and positive youth development and include but are not limited to:

a. Engaging the youth by initiating regular contact and providing encouragement;

b. Ensuring youth participate directly in designing their own program activities that prepare them for independent living and that youth accept personal responsibility for living up to their part of the program.

c. Facilitating services within the transition plan;

d. Providing case management services;

e. Providing transportation needed to access services;

f. Coaching and assisting the youth towards meeting the case plan/transition plan goals;

g. Facilitating a range of life experiences that are sensitive to the cultural and special needs of all youth that:
   1) Assist youth in forming meaningful and growth-producing adult relationships with families, peers, and other persons, and assist the youth in managing relationships with family, peers, and significant others;
   2) Offer experiential learning in communication skills and conflict resolution management;
   3) Allow for participation in youth conferences and other developmental opportunities, which include leadership activities;
   4) Encourage participation in a Youth Advisory Board.

h. Monitoring overall progress towards obtaining and completing services;

i. If the youth has resumed custody after having been released to his or her own custody, monitoring overall compliance with the resumption agreement which includes progress towards case plan/transition plan goals; and

j. Providing other direct services as described in the procedures section.

3. Services provided by a service provider are described in the procedures section.

I. All independent living services offered to youth in custody or out of custody will be documented in ORCA.

PROCEDURES:

A. All Youth in Custody Age 16 or Older:

1. The RILS will ensure that at a minimum, the core services listed in the policy section above and further addressed in subsection (E) below are provided at least annually to all youth in custody age 16 or older. As addressed in subsection (E) below, some of the services are provided directly by the RILS and some are provided by service providers.

2. The RILS will also ensure that youth in custody receive additional services listed in the policy section above based on the needs of the youth.

3. The RILS will make every effort to coordinate with the youth in order to identify mutually agreed upon services to enhance the youth's ability to continue their education or training or otherwise improve the youth's successful transition to independent living; and

   a. Engage, initiate, provide encouragement, provide transportation and coaching to assist the youth towards meeting the case plan/transition plan goals; and

   b. Monitor overall progress towards obtaining and completing services; and

   c. If the youth has resumed custody after having been released to his or her own custody, the RILS will monitor overall compliance with the resumption agreement which includes progress towards case plan/transition plan goals.

4. The RILS will initiate and facilitate transition planning services to include coaching, individual guidance and services. The RILS will assist youth by initiating, advocating, teaching, training, demonstrating, monitoring and/or role modeling new, appropriate skills in order to enhance self-sufficiency.

B. Out of Area Youth:

1. If a youth is residing outside the immediate location of the assigned RILS, the RILS will request assistance from a RILS located in the area or a secondary PS Specialist assigned to the case.

2. If a youth is placed in another region, the two RILS will coordinate services and transition planning for the youth.

3. The assigned RILS will facilitate services to youth residing in their region regardless of where venue is.

4. The RILS who provided services is responsible for documenting the provided services on the IL Services screen in ORCA and in an IL activity note in ORCA.

C. Additional Requirements for All Youth Ages 16 through 21 with a Permanency Goal of APPLA:

1. The RILS will initiate and ensure the youth is actively engaged in services.

2. The RILS will meet with the youth monthly.

D. Former Foster Youth: If a former foster youth is a Tenant Based Rental Assistance (TBRA) Program recipient or requests services, or the RILS feels that it is in the youth's best interest to receive services in order to achieve self-sufficiency, the RILS will ensure that core services and/or additional services are provided to the youth.

E. Description of Services: Following is an outline of services mandated under the Chafee program and defined and tracked annually in the National Youth in Transition Database (NYTD):

1. Core Services:

a. Independent Living Needs Assessment:

1) An independent living needs assessment is a systematic procedure to identify a youth's basic skills, emotional and social capabilities, strengths, and needs to match the youth with appropriate independent living services. An independent living needs assessment may address knowledge of basic living skills, job readiness, money management abilities, decision-making skills, goal setting, task completion, and transitional living needs. *(Definition from NYTD)*

2) Casey Life Skills Assessment:
- OCS uses the Casey Life Skills Assessment to assess youth.
- The Casey Life Skills Assessment is a youth centered tool that assesses life skills youth need for their well-being, confidence, and safety as they navigate high school, post-secondary education, employment, and other life milestones. The following areas are assessed: Daily living, self care, relationships and communication, housing and money management, work and study, and career and education planning, There is special emphasis on the youth's connection to trusted adults, community of support, and overall independent connections.
- The following optional additional assessments are also available:
  - Pregnant and Parenting Assessments
  - Healthy Pregnancy
  - Parenting of Infants
  - Parenting Young Children
  - Education Assessments
  - Gay, Lesbian, Bisexual, Transgender, and
  - Questioning Youth Assessment (LBGTQ
  - American Indian Assessment
  - Homeless Youth Assessment
  - Younger Youth
  - Youth Assessment Level I (elementary ages
  - Youth Assessment Level II (middle school
- The RILS will assist the youth in completing at least one assessment annually:
  - The Casey Life Skills Assessment will be completed at age 16. If a youth enters care after age 16, the Life Skills Assessment will be completed at that time.
  - Subsequent assessment types are dependent on the immediate needs of the youth.
- The results of the assessment and conversations with youth will be used to match the youth with appropriate independent living services to achieve goals outlined on their transition plan.

b. Budget and Financial Management:

1) Budget and financial management assistance includes the following types of training and practice: Living within a budget; opening and using a checking and savings account; balancing a checkbook; developing consumer awareness and smart shopping skills; accessing information about credit, loans and taxes; and filling out tax forms.

2) The RILS will either provide directly or facilitate services that may include, but are not limited to:
   - Ensure that youth age 14 or older receives training in how to access and review a credit report and how to resolve inaccuracies, and follow the procedures in section 3.14.2.1 Resources for Youth in Custody procedure A if a youth receives a credit report.
   - Arrange for or provide financial training including developing a budget, banking, the use of money orders, use of credit and understanding interest charges.
   - Arrange a visit to a bank to gather information on checking and saving accounts and forms needed to open and maintain an account.
   - Take the youth comparison shopping to learn information regarding cost savings tips, warranties, buying in bulk and developing a household budget.
   - Provide education on the cost of purchasing and maintaining a vehicle as well as title, licensing and insurance costs.
   - Arrange for or provide education on tax documents, filing income taxes and maintaining financial records.

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c. Health Education and Risk Prevention;

1) Health education and risk prevention includes providing information about: Hygiene, nutrition, fitness and exercise, and first aid; medical and dental care benefits, health care resources and insurance, prenatal care and maintaining personal medical records; sex education, abstinence education, and HIV prevention, including education and information about sexual development and sexuality, pregnancy prevention and family planning, and sexually transmitted diseases and AIDS; substance abuse prevention and intervention, including education and information about the effects and consequences of substance use (alcohol, drugs, tobacco) and substance avoidance and intervention. Health education and risk prevention does not include the youth's actual receipt of direct medical care or substance abuse treatment.

2) The RILS will either provide directly or facilitate services that may include, but are not limited to:
   - Provide or coordinate education on the health care directive and the right for the youth to name someone to make health care decisions for them.
   - Assist the youth in obtaining a primary care physician and dentist and the importance of preventative medical and dental care to avoid urgent medical care or emergency room facilities when possible.

- Provide or arrange for age-appropriate education regarding hygiene, nutrition, fitness, exercise, and first aid
- Provide or arrange for sex education, abstinence education, and HIV prevention, including education and information about sexual development and sexuality, pregnancy prevention and family planning, and sexually transmitted diseases and AIDS;
- Provide or arrange for education regarding substance abuse prevention and intervention;
- Provide assistance with health care resources and insurance and how to apply for Medicaid when applicable.

d. Academic Support:

1) Academic supports are services designed to help a youth complete high school or obtain a General Equivalency Degree (GED). Such services include the following: Academic counseling; preparation for a GED, including assistance in applying for or studying for a GED exam; tutoring; help with homework; study skills training; literacy training; and help accessing educational resources. Academic support does not include a youth's general attendance in high school.

2) The RILS will either provide directly or facilitate services that may include, but are not limited to monitoring that the youth receives educational services that include:
- Provide transportation or referral for tutoring support; help with homework; study skills training; literacy training;
- Provide referral and, if necessary, transportation for assistance with accessing educational resources as needed and with GED preparation if applicable.
- Provide assistance with locating driver's education training.

2. Additional Services:

a. Post-Secondary Educational Support:

1) Post-secondary educational support are services designed to help a youth enter or complete a post-secondary education and include the following: Classes for test preparation, such as the Scholastic Aptitude Test (SAT); counseling about college; information about financial aid and scholarships; help completing college or loan applications; or tutoring while in college.

2) The RILS will either provide directly or facilitate services that may include, but are not limited to:
- Provide assistance with obtaining information on colleges or universities, including cost;
- Provide transportation to a post secondary institution to assist the youth in understanding the financial aid process and completion the required forms as well as gathering needed documents.

- Provide assistance with completing the Free Application for Financial Student Aid (FAFSA) and gathering needed documents to complete the process.
- Provide assistance in the search for scholarships at http://acpe.alaska.gov/as well as other websites.
- Provide outreach and assistance in applying for the ETV program funds and Presidential Tuition waivers.

b. Career Preparation Services: RILS will provide or facilitate participation in career preparation services that focus on developing a youth's ability to find, apply for, and retain appropriate employment. Career preparation will include the following types of instruction and support services:

1) Vocational and career assessment, including career exploration and planning, guidance in setting and assessing vocational and career interests and skills, and help in matching interests and abilities with vocational goals. Services to include the following, but not limited to:
   - Assist the youth in exploring career options, Job Corps, AmeriCorps, Vista, and the Armed Forces.
   - Assist the youth in transporting them to the local Job Center and assist the youth in requesting aptitude testing, work keys, and career mapping.
   - Assist the youth in obtaining job services through the local Job Center and explore possible intern positions through this program.
   - Assist the youth in exploring and applying for volunteer opportunities in the community.

2) Job seeking and job placement support, including identifying potential employers, writing resumes, completing job applications, developing interview skills, job shadowing, receiving job referrals, using career resource libraries, understanding employee benefits coverage, and securing work permits;
   - Assist the youth in obtaining and completing job applications and provide opportunities for the youth to practice interviewing for different types of employment.
   - Assist the youth in completing a job resume.
   - Develop job leads with employers who may employ youth, including internships, job mentoring, apprenticeship, summer employment programs and other supportive services.
   - Assist the youth in transporting them to the local Job Center and assist the youth in requesting aptitude testing and resume writing

3) Retention support, including job coaching, learning how to work with employers and other employees; understanding workplace values such as timeliness and appearance; and understanding authority and customer relationships.
   - Assist the youth in the use of all available community employment and training resources including job coach if eligible for service, and helping the young person access them.

- Assist the youth in obtaining soft skills training related to employment such as appropriate dress, expected work behavior, arrival at work and returning from breaks on time, and other issues related to maintaining employment.

c. Employment Programs or Vocational Training Services; RILS will coordinate and facilitate participation in employment programs and vocational training sessions that are designed to build a youth's skills for a specific trade, vocation, or career through classes or on-site training.

1) Employment programs will include a youth's participation in an apprenticeship, internship, or summer employment program and do not include summer or after-school jobs secured by the youth alone.

2) Vocational training includes a youth's participation in vocational or trade programs and the receipt of training in occupational classes for such skills as cosmetology, auto mechanics, building trades, nursing, computer science, and other current or emerging employment sectors.
   - Assist the youth with obtaining vocational training related to employment.
   - Develop job leads in with employers who may employ youth, including internships, job mentoring, apprenticeship, summer employment programs and other supportive services.

d. Housing Education and Home Management Training:

1) Housing education includes assistance or training in locating and maintaining housing, including filling out a rental application and acquiring a lease, handling security deposits and utilities, understanding practices for keeping a healthy and safe home, understanding tenants rights and responsibilities, and handling landlord complaints. Home management includes instruction in food preparation, laundry, housekeeping, living cooperatively, meal planning, grocery shopping and basic maintenance and repairs.

2) The RILS will either provide directly or facilitate services that may include, but are not limited to:
   - Explain the housing resources available to them and assist in preparing any applications for housing assistance.
   - Arrange for a visit to an apartment complex to provide youth the opportunity to view units and understand the rental/lease process.
   - Assist the youth in developing a budget to determine the amount of rent they are able to pay based on their income and other expenses.
   - Assist the youth with researching the web or contacting utility companies (electric, oil, internet and water) to gather information regarding cost of monthly services, hook up charges and deposits.
   - Arrange for or provide education on tenant rights and responsibilities and the importance of following rules and regulation policies of the apartment complex or landlord.

- Arrange for or provide education on basic home maintenance and how to report them to the landlord when necessary.
- Assist the youth in planning a menu, reading a recipe, purchasing the food, and preparing a meal.
- Take the youth to a laundromat and explain the use of the facilities, and supplies needed.

e. Family Support and Healthy Marriage Education:

1) Such services include education and information about safe and stable families, healthy marriages, spousal communication, parenting, responsible fatherhood, childcare skills, teen parenting, and domestic and family violence prevention.

2) Specialized services for pregnant and parenting teens include health education, prenatal and postnatal care (including referral to the WIC program: referral may be made before the baby is born), assistance in exploring all options available to the pregnant youth and the expectant father during and after their pregnancy, preparation for delivery of the baby, including childbirth classes, legal rights and obligations in relation to parenthood or relinquishment of parental rights, adoption counseling for teen parents planning to relinquish their parental rights; parenting and child development education for teen parents keeping their babies; foster care or residential care for pregnant and parenting teens including care and services to mothers and their infants after childbirth; socialization and support opportunities for single teen mothers and fathers; assistance in obtaining medical care; assistance with child care arrangements while teen parent is in school or working.

3) The PS Specialist and the RILS will address needed services for pregnant and parenting teens in the case plan.

4) The RILS will either provide directly or facilitate services that may include, but are not limited to:
   - Arrange for or provide education on about safe and stable families, healthy marriages, spousal communication ,
   - Arrange for or provide education on parenting, responsible fatherhood, and childcare skills,
   - Arrange for or provide education on domestic and family violence prevention.
   - Provide experimental learning opportunities in the areas of problem-solving, conflict resolution, stress management, communication skills, interpersonal skills, support systems, and goal-setting.

f. Mentorship Services:

1) Mentoring means that the youth has been matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis. Mentoring can be short-term, but it may also support the development of a long-term relationship. While youth often are

connected to adult role models through school, work, or family, this service category only includes a mentor relationship that has been facilitated, paid for or provided by the State agency or its staff.

2) RILS will coordinate mentoring services that appropriately match youth by age 17 with screened and trained adults for a one-on-one relationship that involves the two meeting on a regular basis through an existing mentoring program.

3) In areas where mentorship services are not available, the RILS will document this.

F. Documentation: The RILS will document all provided independent living services on the IL Services screen in ORCA and in an IL activity note in ORCA. The RILS will also document in an IL activity note in ORCA when services have been offered but not utilized by the youth, or if delivery of core services is not possible due to unavailability of services in the community where the child resides and/or lack of other RILS or secondary PS Specialist.

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3.14.2 RESOURCES FOR YOUTH IN CUSTODY AND YOUTH NO LONGER IN CUSTODY

3.14.2.1 RESOURCES FOR YOUTH IN CUSTODY

AUTHORITY:

AS 47.10.080	Judgments and Orders
AS 47.18.300-390	Foster Care Transition Program
7 AAC 53.350	Independent Living
42 U.S.C. 675(5)(I)	Definitions (Title IV-E)
42 U.S.C. 677	John H. Chafee Foster Care Independence Program
45 CFR 1356.21(g)	Case Plan Requirements (P.L. 113-183)

PURPOSE: To prepare youth who were in Office of Children's Services (OCS) custody on or after their 14th birthday and were placed in out-of-home care by OCS for the transition to adulthood.

BACKGROUND INFORMATION:

A. Federal Law:

1. States must ensure that each youth age 14 or older, who is in custody and placed out-of-home, receives without cost a copy of any consumer credit report each year until custody is released, and that the youth is provided assistance in interpreting the report and resolving any inaccuracies.

2. The federal programs described under (2)(a) and (b) below are available to youth who were in OCS custody and placed in foster care by OCS on or after their 16th birthday. "Foster care" does not include detention facilities, forestry camps, training schools, or other facilities operated primarily for the detention of children who are determined to be delinquent.

   a. Chafee Independent Living Program: This program:

      1) identifies children who are likely to remain in foster care until 18 years of age and help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities;

      2) helps children who are likely to remain in foster care until 18 years of age receive the education, training, and services necessary to obtain employment;

3) helps children who are likely to remain in foster care until 18 years of age prepare for and enter postsecondary training and education institutions;

4) provides personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults.

b. Chafee Educational and Training Vouchers:

1) Vouchers may be available to youths otherwise eligible for services under a federally funded independent living program.

2) For purposes of the voucher program, youths who, after attaining 16 years of age, are adopted from or enter kinship guardianship from foster care may be considered to be youths otherwise eligible for services under a federally funded independent living program.

3) The State may allow youths participating in the voucher program on the date they attain 21 years of age to remain eligible until they attain 23 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.

4) Vouchers may be available for the cost of attendance at an institution of higher education, and shall not exceed the lesser of $5,000 per year or the total cost of attendance.

5) The total amount of educational assistance to a youth shall not exceed the total cost of attendance.

B. State Law and Regulations:

1. Alaska statutes and regulations allow OCS to pay for goods and services for children in OCS custody.

2. In order to successfully facilitate the transition of adolescents from the out-of-home care system to independent living, the following services will be authorized, if funding is available and if consistent with the child's placement plan or case plan, before the child is released from custody:

a. counseling and referral to community support networks, where available, to assist the youth in preparation for emancipation, in areas such as self-esteem, basic living skills, and employability;

b. financial assistance for housing up to 100 percent of the foster care or fostering independence assistance rate; and

c. the services or goods described in 7 AAC 53.310, 7 AAC 53.320, and 7 AAC 53.330.

POLICY:

A. A transition plan will be developed for all youth in custody and out-of-home placement who are 14 years of age or older as outlined in section 2.9.5 Family Services Assessment: Case Planning with Youth.

B. Credit Report: Youth age 14 or older who are in custody and out-of-home placement will receive assistance in:

1. obtaining their credit report annually until custody is released;

2. interpreting the report and resolving any inaccuracies, and

3. taking action to protect the identity and future credit worthiness of the youth.

C. Financial Assistance: Two types of financial assistance are available to facilitate the transition from foster care to self-sufficiency: Independent Living Funds and Education and Training Voucher Funds:

1. Independent Living Funds: For purchase of goods and services to successfully facilitate the transition from out-of-home care to independent living. Youth must have completed a Casey Life Skills Assessment within one year prior to the request. Eligible youth who are no longer in custody can access funds up to age 21. These funds are not considered an entitlement and are approved only on an as needed basis.

2. Education and Training Voucher (ETV) Funds: For post-secondary or vocational training. Youth must be accepted into a qualifying institution of higher education. The maximum amount a youth can access is $5,000 per academic year. The total funds approved cannot exceed the total cost of education related expenses for the academic year. Youth may access funds up to age 23 if they started their post-secondary education by age 21.

PROCEDURE:

A. Credit Reports:

1. Providing Credit Report Training to Youth:

a. The Regional Independent Living Specialist (RILS) will ensure that each youth age 16 and older receives an opportunity for training annually in how to access and review a credit report, and how to resolve inaccuracies.

b. The RILS will document the training in ORCA.

2. Requesting Credit Reports and Resolving Inaccuracies:

a. Designated State Office staff will annually submit to each credit reporting agency (CRA) a request for credit reports on all youth age 14 or older who are in custody and placed out-of-home.

The RILS will explain to youth that once they have turned 18 they have the right to object to OCS obtaining a credit report on their behalf. If a youth objects, the RILS will document this in an activity note in ORCA and notify the Independent Living Program Coordinator, and as a result a credit report will not be requested for the youth.

b. When the result of the request is received, the State Office designee will notify the RILS of the result, and if there is a credit report for a youth, the State Office designee will:

   1) notify the youth in writing, copying the RILS, the RILS' supervisor, and the Independent Living Coordinator on the notification; and

   2) provide the report to the RILS, the RILS' supervisor, and the Independent Living Coordinator.

c. The RILS will discuss with each youth that a credit report has been requested and the result of the request.

d. If there is a credit report the RILS will help the youth interpret the report and discuss the report with the youth to determine whether there are inaccuracies. If a youth age 18 or older refuses to discuss their credit report, the RILS will document the refusal in an IL activity note in ORCA;

e. If there are inaccuracies in the report, the RILS will ask the youth's GAL/CASA to assist the youth with resolving the inaccuracies. This may include contacting the credit reporting company and the creditor or other information provider and requesting subsequent credit reports to ensure that the credit report has been adjusted to reflect that the inaccuracies have been corrected.

f. If the GAL/CASA is not available to assist, the RILS will assist the youth with resolving inaccuracies. Information about credit reports is available on the Federal Trade Commission's webpage at: (click here) , and also in the document "How to Clear a Credit Report for a Youth in Foster Care" (D-082) that is available in the Independent Living Forms subdirectory of Statewide Forms.

g. The RILS will advise the Independent Living Program Coordinator when inaccuracies in a credit report have been resolved.

h. The RILS will document in an IL activity note in ORCA:

   1) that a credit report was requested and the results of the request were discussed with the youth;

   2) whether the youth objected to OCS requesting their credit report;

   3) the date the report was discussed, including which CRA provided the report;

   4) if a credit report was received, that it was reviewed with the youth to

determine whether the report was accurate; and

5) if inaccuracies were found, whether the GAL was involved and which actions were taken to correct the inaccuracies, and action taken to protect the identity and future credit worthiness of the youth.

C. Financial Assistance: The policy and procedures for independent living funds and education and training vouchers are addressed in section 6.2.2.11 Request for Independent Living Individual Funds for Youth in Custody and Youth No Longer in Custody.

NOTE: Resource material:

The Alaska Center for Resource Families
Casey Life Skills Assessment: (click here)
OCS Independent Living Web Page: (click here)

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3.14.2.2 RESOURCES FOR FORMER FOSTER YOUTH

AUTHORITY:
42 U.S.C. 677 John H. Chafee Foster Care Independence Program

PURPOSE: To assist former foster youth who were in Office of Children's Services (OCS) custody on or after their 16th birthday and were placed in out-of-home care by OCS to adjust to independence.

BACKGROUND INFORMATION - FEDERAL LAW: The federal programs described under (A) and (B) below are available to youth who were in OCS custody and placed in foster care by OCS on or after their 16th birthday. "Foster care" does not include detention facilities, forestry camps, training schools, or other facilities operated primarily for the detention of children who are determined to be delinquent.

A. Chafee Independent Living Program: This program

1. provides financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood; and

2. makes available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care; and

3. provides the services referred to in this subsection to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

B. Educational and Training Vouchers:

1. Vouchers may be available to youths otherwise eligible for services under a federally funded independent living program.

2. For purposes of the voucher program, youths who, after attaining 16 years of age, are adopted from, or enter kinship guardianship from, foster care may be considered to be youths otherwise eligible for services under a federally funded independent living program.

3. The State may allow youths participating in the voucher program on the date they attain 21 years of age to remain eligible until they attain 23 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.

4. Vouchers may be available for the cost of attendance at an institution of higher education, and shall not exceed the lesser of $5,000 per year or the total cost of attendance.

5. The total amount of educational assistance to a youth shall not exceed the total cost of attendance.

POLICY:

A. Independent Living funds are available for former foster youth who were in Office of Children's Services (OCS) custody on or after their 16th birthday and were placed in out-of-home care by OCS.

   1. Youth who were in custody and in out-of-home placement on or after their 16th birthday and not yet age 21 may access independent living funds.

   2. Goods and services must meet criteria in the Special Needs Matrix.

B. Education or training voucher (ETV) funds for post-secondary education or vocational training are available for former foster youth.

   1. Youth must have been in custody and in out-of-home placement on or after their 16th birthday, been accepted into an institution of higher education, have started their post-secondary education by age 21, been continuously enrolled, and not yet have reached age 23. For a youth who started post-secondary education by age 21, funds may be provided until age 23.

   2. ETV funds must be used for education or training costs from an institution of higher education and must meet criteria in the Special Needs Matrix.

PROCEDURE: If a Protective Services Specialist is contacted by a former foster youth in need of ETV, independent living services, and/or funds, the client should be referred to the Regional Independent Living Specialists. See section 6.2.2.11 Request for Independent Living Individual Funds for Youth in Custody and Youth No Longer in Custody for additional information.

3.14.3 ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT (APPLA)

AUTHORITY:

AS 9.55.590	Removal of Disabilities of Minority
AS 47.10.080	Judgments and Orders
42 U.S.C. 675(5)(C)	State Plan for Foster Care and Adoption Assistance (Title IV-E)

PURPOSE: To provide clarification about under which circumstances another planned permanent living arrangement (APPLA) may be established as a permanency goal for a youth in the custody of Office of Children's Services (OCS).

BACKGROUND INFORMATION:

A. Federal Law: If the title IV-E agency concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, that the most appropriate permanency plan for a child is placement in another planned permanent living arrangement, the title IV-E agency must document to the court the compelling reason for the alternate plan. Examples of a compelling reason for establishing such a permanency plan may include the:

   1. case of an older teen who specifically requests that emancipation be established as his/her permanency plan;

   2. case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising him/her to the age of majority and to facilitate visitation with the disabled parent; or

   3. Tribe has identified another planned permanent living arrangement for the child.

B. State Law: "Another planned permanent living arrangement" means a permanent living arrangement for a child who is committed to the custody of the department under AS 47.10.080(c)(1) that is an alternative to permanent placement with an adult family member, and to reunification, adoption, and legal guardianship. The department may recommend to the court another planned permanent living arrangement for a child who is in state custody only if the:

   1. child is 16 years of age or older;

   2. department has unsuccessfully made intensive efforts to find a permanent placement for the child; and

   3. department, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, determines that there is a compelling reason that the most appropriate permanency plan for the child is placement in another planned permanent living arrangement, and the department

documents for the court the compelling reason for the alternate plan. "Compelling reason" may include circumstances in which:

a. the child has specifically requested that emancipation be established;

b. a parent and child have a significant bond, but the parent is unable to care for the child because of an emotional or physical disability, and the child's foster parents have committed to raising the child to the age of majority and to facilitating visitation with the disabled parent.

POLICY:

A. The goal of another permanent plan living arrangement (APPLA) is only applicable to youth age 16 and older, after all other goals have been considered or tried.

B. APPLA may not be initiated by the Protective Services (PS) Specialist. The youth must request emancipation in order for a discussion about APPLA to be reviewed. APPLA may not be used as a default permanency goal, regardless of the youth's age.

C. Compelling reason is required for the permanency goal of APPLA (see Background Information section (A) and (B)(1)).

D. The goal of APPLA must be reviewed at an APPLA team meeting and at every permanency hearing to determine whether a more permanent option is possible.

PROCEDURES:

A. The youth must initiate consideration of the APPLA goal. This can include the youth requesting to be emancipated or stating they do not want to be in an adoption or guardianship. The PS Specialist may consider this goal for a youth age 16 or older when:

1. reunification has been ruled out;

2. adoption, guardianship, and permanent placement with a fit and willing relative have been ruled out;

3. the PS Specialist has conducted a diligent search for an adoptive or guardian home and for relatives and family friends willing to be a placement resource for the youth;

4. one of the compelling reasons described in the Background Information section (B)(3) exists;

5. the PS Specialist has ensured that the youth has met with the RILS to discuss APPLA as a permanency option; and

6. the PS Specialist has reviewed the youth's transition plan and ensured that the transition plan addresses the youth's transition from custody and the life skills necessary for self-sufficiency as an adult.

B. The PS Specialist will consult with the Regional Independent Living Specialist (RILS) to ensure that:

1. the youth has met with the RILS who appropriately advised of the permanency options and provided opportunities to process, over time, the impact of the permanency options on their future;

2. the RILS is actively involved with the youth and is in support of the APPLA goal; and

3. the youth is connected with a committed, supportive adult.

C. The PS Specialist will schedule and facilitate an APPLA team meeting to ensure that all required actions have been taken to recommend the goal of APPLA.

1. The meeting will include the youth, the PS Specialist assigned to the case, the PS Specialist IV, the RILS, and Tribal representative. Whenever possible, the GAL/CASA and/or the youth's attorney will be invited.

a. The youth will also be given the opportunity to have 2 members of their choosing to assist them in the meeting.

b. If at any time the PS Specialist has reason to believe that the individuals selected are not acting in the best interest of the youth, the PS Specialist will inform the child that the individual(s) will not be allowed to assist in the meeting.

2. The following will be discussed at the meeting:

a. The youth's thoughts and feelings about permanency options, including adult adoption and guardianship and the youth understands what APPLA means.

b. Identification of any desired placements with a relative or other important person to the youth through a discussion of:

1) Who the youth's relatives are;

2) How the PS Specialist identified who the relatives are;

3) The last time all the relatives were contacted by the PS Specialist; and

4) Verification that the placement search has been documented in ORCA.

c. What the youth will need to promote permanent lifelong connections if an APPLA goal is approved.

3. The RILS will document the meeting discussion in ORCA.

D. If it is determined by the team meeting participants that APPLA would be an appropriate goal, the RILS will draft a memo for OCS Director approval. The memo will outline:

1. the participants in the team meeting and their positions regarding a goal change to

APPLA;

2. the compelling reason(s) why reunification, adoption, guardianship, or permanent placement with a fit and willing relative were ruled out;

3. the efforts made to find a permanent placement for the child;

4. what will be the youth's permanent living situation while the youth learns independent living skills; and

5. any sustaining relationship(s) for child that will provide support after custody expires.

E. Once Director approval is obtained for the APPLA goal, the PS Specialist will:

1. update the youth's case plan in ORCA and explain how APPLA is in the best interest of the youth, including the compelling reasons for the goal of APPLA;

2. share the approved recommendation with the youth and any other appropriate parties within ten days of the approved memo; and

3. file a permanency report indicating the recommendation for a new primary goal within 30 days of changing to the goal to APPLA. The report will include the compelling reason for APPLA and the steps that are necessary to achieve this goal.

F. For all cases where APPLA is the primary permanency goal:

1. The PS Specialist will:

a. continue as the primary PS Specialist, and all duties included in that assignment;

b. coordinate casework with the RILS to ensure that the youth is engaged in a continuum of independent living services every 30 days and completes a Casey Life Skills Assessment annually, as outlined in section 3.14.1 Independent Living Services Delivery;

c. coordinate in the identification of a permanent home for the youth through relative search, work with Tribal partners, and other dedicated adults;

d. continue to pursue or explore the permanency options of adoption and guardianship; and

e. for a youth who wants to be legally emancipated, explore with the youth whether the youth meets the legal requirements for emancipation, as outlined in section 4.13 Emancipation.

2. The RILS will:

a. continue to discuss other permanency goal options with youth to ensure that the youth understands all permanency goal options available;

b. be assigned as a secondary PS Specialist;

c. maintain monthly contact with the youth to ensure delivery of Independent Living services including the case and transition plan. This includes participation in services, safety, and well being needs;

d. participate in monthly APPLA review with their supervisor. The review will include discussion of whether APPLA is still the most appropriate permanency goal, the transition plan, whether the youth is actively participating in services, and if the youth is in a permanent home or if a home is being searched for; and

e. participate in an exit transition plan meeting with the youth within 90 days prior to the youth exiting care.

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3.14.4 RESUMPTION OF CUSTODY

AUTHORITY:
AS 47.10.080(v) Judgments and Orders
7 AAC 53.400-415 Resumption of State Custody

PURPOSE: To facilitate resumption of custody by youth who meet the requirements.

BACKGROUND INFORMATION - STATE LAW AND REGULATIONS:

A. Eligibility for Resumption of State Custody

1. A court may grant in a hearing a resumption of state custody that does not extend beyond a person's 21st birthday if the person:

   a. consents to resumption of custody; and

   b. was placed in out-of-home care by the department immediately prior to being released from state custody, and the person was

      1) released to the person's own custody after reaching age 18; or

      2) was at least 16 years of age and emancipated (i.e. released to the person's own custody after the disabilities of minority were removed under AS 09.55.590); or

      3) was at least 16 years of age and released to the custody of a parent or guardian because the person refused out-of-home care and has reached the age of 18; or

      4) was at least 16 years of age and released to the custody of a parent or guardian because the person refused out-of-home care, has not reached the age of 18, and grounds for filing a child in need of aid petition do not exist; and

   c. is in need of out-of-home care:

      1) to avoid personal harm; or

      2) because of the person's severe emotional disturbance, mental disability, physical disability, homelessness, or a combination of those conditions; or

      3) because the person is completing an educational or vocational program; or

4) to otherwise improve the person's successful transition to independent living; and

d. if requested by the department, agrees to reasonable terms for resuming state custody that may include matters relating to the person's education, attainment of a job or life skills, or other terms found by the court to be reasonable and in the person's best interest.

2. Eligibility for Petitioning for Resumption of State Custody:

a. A person who is no longer in state custody is eligible to petition the court for resumption of state custody if that person:

1) meets the requirements in state law and regulations regarding resumption of custody (see (A)(1) above); and

2) signs a custody resumption agreement prepared by the department that includes a provision that the person agrees to actively participate in
- developing the transition plan; and
- services designed to promote self-sufficiency.

b. A person is not eligible under state law or regulations if that person

1) is married;

2) does not reside in this state;

3) fails to comply with requirements of probation or parole, if any;

4) is in or enters active duty in the military;

5) has previously resumed state custody after 18 years of age; or

6) refuses to sign the agreement referred to in (A)(1)(d) of this section.

B. Petition for Resumption of State Custody:

1. A person who seeks resumption of state custody under state law and regulations may request the department to petition the court for a hearing to determine eligibility for resumption of state custody.

a. For a person who has not reached age 18 the petition will be submitted by the department;

b. For a person who has reached age 18 or been emancipated, the petition may be submitted by either the person or the department;

2. A request for a petition also may be made to the department by the person's legal representative or guardian ad litem.

C. Petition for Release of State Custody that Was Resumed under State Law: The department will petition for release of state custody granted by the court under state law if the individual for whom the resumption of state custody was granted:

1. gets married;

2. requests custody to end;

3. fails to comply with the terms of the custody resumption agreement;

4. moves from this state ;

5. dies;

6. enters active duty in the military;

7. is in runaway status for more than 30 consecutive days and there appears to be little likelihood of returning to care;

8. engages in criminal activity, resulting in incarceration;

9. becomes 21 years of age.

POLICY:

A. Office of Children's Services (OCS) will facilitate resumption of custody for youth who request resumption and meet the requirements outlined in Background Information section (A)(1) and (A)(2). Youth interested in resumption of custody may contact their local OCS office to request a Custody Resumption Request form (06-9676).

B. The Protective Services (PS) Manager II or designee will determine whether the youth meets the requirements for petitioning for resumption of custody.

C. The Regional Independent Living Specialist (RILS) will be the primary worker for youth who re-enter custody and will maintain the case file.

PROCEDURE:

A. Responding to Requests:

1. If a Protective Services (PS) Specialist or a RILS is contacted by a youth who is requesting information regarding resumption of custody, the PS Specialist or RILS will provide the youth with the Custody Resumption Request form (06-9676).

2. If the person contacted is a PS Specialist, the PS Specialist will also refer the youth to the RILS for the information listed in (3) below.

3. The RILS will clarify for the youth:

   a. the resumption requirements and process, including the legal process;

   b. what independent living services are available to a youth who resumes custody; and

   c. what independent living services are available to a youth who is not in custody.

B. Determination of Whether the Youth Meets the Requirements for Petitioning for Resumption:

1. Upon receipt of a Custody Resumption Request, the RILS will:

   a. review the request, the youth's case information in ORCA, and, if available, the youth's case file to determine whether the youth meets the requirements; and

   b. summarize the findings on a Custody Resumption Recommendation form (06-9677); and

   c. submit the Custody Resumption Recommendation form to the PS Manager II within 5 working days of receipt of the request;

2. Upon receipt of a Custody Resumption Recommendation form, the PS Manager II will:

   a. make a determination within 5 working days; and

   b. document the determination on the Custody Resumption Recommendation form; and

   c. return the form to the RILS.

3. If the youth does not meet the requirements, the RILS will:

   a. notify the youth by phone, e-mail, or in person;

   b. ensure that the youth is aware of what independent living services and funds are available to youth who are not in custody and the procedures for applying for such services; and

   c. send a formal denial letter to the youth within 5 working days, both by mail to the address on the Custody Resumption Request and by e-mail.

4. If the youth meets the requirements the RILS will contact the youth to make arrangements to meet with the youth to sign a Custody Resumption Agreement (06-9678) and update the transition plan.

C. Petition for Resumption:

1. When the RILS has met with the youth and the youth has signed a Custody Resumption Agreement and the Transition Plan subsection of the case plan has been updated and signed by the youth, the RILS will:

   a. if the youth is age 18 or older, explain to the youth that the petition may be submitted by OCS, the youth, or the youth's legal representative or GAL.

   b. if the youth has not reached age 18, or is over 18 and requests that OCS submit the petition, contact the AG office to discuss filing a petition for resumption of custody.

   c. write an affidavit that addresses that the youth meets the requirements for resumption and why resumption is in the youth's best interest.

   d. attend any hearings scheduled by the court regarding the petition.

2. If the court dismisses the petition, the RILS will ensure that the youth is aware of what independent living services and funds are available to youth who are not in custody and the procedures for applying for such services.

D. Placement: Once custody has been ordered the RILS will make every effort to coordinate with the youth in order to identify a mutually agreed upon resource family based on available resources.

E. Monitoring Case Plan/Transition Plan Progress and Compliance with the Resumption Agreement:

1. Throughout the life of the case, the RILS will:

   a. provide services, support and coaching to assist the youth towards meeting the caseplan/transition plan goals; and

   b. monitor overall compliance with the resumption agreement which includes progress towards caseplan/transition plan goals.

2. If the youth is not in reasonable compliance with the resumption agreement, the RILS will consider whether a petition for release of custody should be filed.

F. Petition for Release from Custody: If the youth is not in compliance with the resumption agreement or if one of the other grounds for releasing custody that are outlined in Background Information section (C) occurs, including the youth requesting release from custody, the RILS will follow the procedures for requesting release of custody outlined in section 4.14.

G. Medicaid: The following procedures are intended to ensure Medicaid for youth who re-enter custody:

1. When a youth has re-entered custody, the RILS will contact the OCS Eligibility Technician who is assigned to the case and inquire about the youth's current Medicaid eligibility status. If there is no assigned Eligibility Technician, the RILS will contact the following eligibility staff:
   - SCRO and ARO: the Eligibility Technician IV
   - NRO and WRO: the NRO Administrative Officer
   - SERO: the Eligibility Technician

2. The Eligibility Technician will look up the youth in the Division of Public Assistance client database to determine whether the youth currently is receiving Medicaid, and will inform the Protective Services (PS) Specialist about the next steps:

   a. If the youth is currently receiving Medicaid, a new application is not needed.

      1) The Eligibility Technician will request that the RILS provide the Eligibility Technician with a copy of the custody resumption court order. If the youth's Medicaid certification period is ending and a Medicaid Review is due, the Eligibility Technician will request that the RILS complete a Medicaid review form in ORCA.

      2) The Eligibility Technician will coordinate with Division of Public Assistance by following the procedures in the Title IV-E Manual.

   b. If the youth is not currently receiving Medicaid, a IV-E/Medicaid application and a Self-Declaration of Income and Resources for Youth Who Voluntarily Re-Entered Custody must be completed.

      1) The Eligibility Technician will request that the RILS:
         - ensures that the Self-Declaration form is completed by the youth; and
         - completes a Title IV-E /Medicaid application in ORCA and refers it; and
         - provides the Eligibility Technician with the completed Self-Declaration form and a copy of the custody resumption court order.

      2) Upon receipt of the documents, the Eligibility Technician will update the youth's income/assets information in ORCA.

3. The Eligibility Technician will determine the youth's Medicaid eligibility. A youth who resumes custody is not eligible for Title IV-E Foster Care.

4. As addressed in section 6.2.1.3 Federal Support – Title IV-E and Medicaid, during a child's placement in out-of-home care the assigned PS Specialist is responsible for:

   a. ensuring that the information in ORCA is current and reflect changes which may effect a child's Medicaid eligibility, including change in custody status, change of venue, change in placement, trial home visit, runaway status, and return home; and

b. submitting copies of all petitions, motions, and court orders pertaining to the child to the Eligibility Technician; and

c. completing a Medicaid review form in ORCA every twelve months for each child who is in OCS custody and placed out-of-home (including children in runaway status) or placed at home for a trial home visit, and notifying the Eligibility Technician that the review form has been completed in ORCA, and submitting supporting documentation to the Eligibility Technician.

H. Documentation in ORCA:

1. When a RILS is contacted by a youth, the RILS will open an Independent Living Administrative case in ORCA, unless such a case already exists.

2 The RILS will document in ORCA the result of the determination of whether the youth is eligible for petition for resumption of custody.

3. Upon PS Manager II approval of petitioning for resumption of custody the RILS will:

a. enter the request as a Services Intake; and

b. update ORCA when the petition has been filed with the court and when custody has been granted by the court.

4. All of these Independent Living Cases will be assigned to the RILS.

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3.15 ADOPTION

AUTHORITY: AS 25.23 Adoption, P. L. 105-89 Section 202 Adoption and Safe Families Act of 1997

POLICY: Adoption is the preferred option to providing permanency for children when reunification is not possible. Adoption provides a legally permanent family for the child. The division's goal is to provide the best placement for the child, preferably with relatives, that can meet the child's needs and to provide that permanency within a reasonable time. The division will recruit homes and remove barriers to permanent placement, including permanent placement in another jurisdiction within and outside Alaska, such as recruitment through the Alaska Adoption Exchange. It is the policy of the division to follow the placement preferences of the ICWA.

Prospective adoptive families, including relatives and foster families, are entitled to careful preparation, assessment, placement and follow up services. The children should be carefully prepared for placement. In many cases continued contact between parent and child, in an open adoption arrangement, is in the best interests of the child. Placement preferences are outlined in Section 3.15.2 of the CPS Manual. If the adoption is to be subsidized see Administration Chapter, section 6.2.2.6.A Adoption Subsidies for procedures.

PROCEDURE: Each region has appointed a Regional Permanency Planning Specialist, to act as regional coordinator for adoption services and liaison with other regions and State Office. The role of the Regional Permanency Planning Specialist includes, but is not limited to, the following:

a. Knowledge of all aspects of adoption: recruitment, child preparation, family preparation, home study and assessment, placement, follow up and post-finalization, and availability to consult with staff on adoption and guardianship issues.

b. Review all adoption forms from the region, including exchange adoption registrations, for completeness, not only of the form but of the process, before submission to the adoption coordinator in State Office.

c. Participate in all Permanency Planning Conferences especially where adoption or guardianship is the goal, to consult regarding placement planning.

d. Attend regular statewide adoption meetings and training.

e. Promote the efforts in the region to do consultation with social workers on adoption and guardianship issues, recruitment, promoting child specific recruitment, and family orientation efforts.

f. Coordinate with ICWA and permanency planning specialists and other permanency staff in the region and other regions.

g. All other duties referred to in Chapter 3: Permanency Planning.

3.15.4 THE ADOPTION/GUARDIANSHIP HOMESTUDY PROCESS

AUTHORITY:

AS 12.62.160	Release and Use of Criminal Justice Information
AS 25.23.100	Notice of Petition, Investigation, and Hearing
AS 25.23.150(b)	Confidential Nature of Hearings and Records in Adoption Proceedings
AS 45.05.310	Criminal History; Criminal History Check; Compliance
AS 47.10.090	Court Records
AS 47.10.093	Disclosure of Agency Records
AS 47.17.040	Central Registry; Confidentiality
7 AAC 53.210	Application for Adoption or Guardianship
42 U.S.C. 671	State Plan for Foster Care and Adoption Assistance (Title IV-E)
45 CFR 164	Security and Privacy - Health Insurance Portability and Accountability Act

PURPOSE: To provide guidance on the adoptive and guardianship homestudy process. Homestudies assist families in making the transition from temporary resource family to the role of adoptive parent or guardian, and in assessing their own readiness and commitment to permanency for the child. Children's safety in an adoptive or guardianship placement is ensured by requiring that all adoptive and guardianship families have an approved homestudy, which includes a thorough evaluation of the family and background checks. The child's needs and the family's ability to meet the child's needs are assessed.

BACKGROUND INFORMATION:

A. Federal Law:

1. States may not:

a. deny to any person the opportunity to become an adoptive or a foster parent on the basis of the race, color, or national origin of the person or of the child;

b. delay or deny the placement of a child for adoption or into foster care on the basis of the race, color, or national origin of the adoptive or foster parent, or of the child; or

c. deny or delay the placement of a child for adoption when an approved family is available outside of the jurisdiction with responsibility for handling the case of the child.

2. Fingerprint-based criminal records checks must be completed for prospective adoptive parents and guardians, and child abuse and neglect registry checks must be completed for adoptive parents and guardians and any other adults living in the adoptive/guardian home (see the Background Information subsection in section 3.5.5.A).

B. State Law:

1. Prior to the adoption hearing, an investigation shall be made by the department, any other qualified agency, or person designated by the court to inquire into circumstances and background of a minor sought to be adopted, and of the petitioner for the purpose of ascertaining whether the adoptive home is a suitable home for the minor, and whether the proposed adoption is in the best interest of the minor.

2. A prospective adoptive parent or guardian must cooperate with the department as it determines whether the applicant meets accepted standards as an adoptive parent or guardian, including, successfully passing a criminal background check. The department will make a determination after conducting a homestudy.

3. Fingerprint-based criminal background checks must be completed for adoptive parents and guardians and other members of the adoptive/guardian home who are age 16 or older (see the Background Information subsection in section 3.5.5.A).

C. Confidentiality: Under state and federal laws and regulations, criminal justice information is confidential and may not be released to any other individual or agency, except, that some information may be released to perform licensing and adoption activities. Protected health information is confidential under federal law and regulations.

POLICY:

A. Compliance with the Indian Child Welfare Act (ICWA) and keeping sibling groups placed together is paramount. Diligent relative searches are required prior to the decision to finalize permanency in a non-relative home.

B. Adoptive and guardianship placements should be assessed for placement stability and permanence through the child's life. A placement may be a good short-term option for a child but not the best option for permanent placement.

C. A homestudy is required for any adoption or guardianship of a child in OCS custody, for the purpose of finalizing the adoption or guardianship to a family who has been selected as the permanent placement.

D. OCS is responsible for making placement decisions, which includes consideration of the safety and stability of children in care. This decision cannot be contracted or granted out to other agencies. Grantees and contractors are not able to access confidential information on the history of the applicants, such as CPS history or details of criminal background. Therefore, OCS is responsible for assessing risk factors in the applicant's home, based on known history. The Regional Permanency Specialist (RPS) may ask the writer to focus on assessment of known issues such as the use of discipline, marital relationship, or other factors needing in-depth assessment.

E. Families who are not being considered for permanent placement by OCS should not be referred for a homestudy. OCS staff will consult with their Assistant Attorney General (AAG) if a court orders OCS to refer a homestudy for a family not considered for permanent placement.

F. Homestudies must be completed within 90 days of the initial referral unless granted an extension by the Regional Permanency Specialist (RPS). A homestudy is only valid for the period of time where the family circumstances have remained unchanged.

G. Homestudies are a time-intensive and expensive undertaking. Adoption and guardianship families should not be asked to go through the process more times than absolutely necessary.

H. OCS will ensure the confidentiality of adoption and guardianship homestudies. Adoption and guardianship homestudies contain criminal justice information and protected health information, and therefore are confidential.

PROCEDURES:

A. Homestudy Referral Process: An adoption or guardianship homestudy referral may be made when:

1. An adoption or guardianship has been established as the permanency goal and there is reason to believe that the child will be legally available for adoption within one year of completion of the study;

2. The child has been in the home long enough for the homestudy writer to make an assessment of how the family and the child are relating to one another. Three months of placement is presumed to be a reasonable timeframe. If the child has been in the home less than three months, the RPS will need to approve the homestudy referral;

3. If the child is in an out-of-preference placement (OOPP), an OOPP meeting has occurred (see CPS manual section 3.5.4) prior to establishing the OOPP as the permanent placement for the child;

4. Criminal background checks have been completed on all household members age 16 or older. A homestudy will not be referred if there are unresolved background check issues or if fingerprint results have not been received. Missing background check information or known barrier crimes or barring conditions without a variance must be staffed with the RPS to determine if there justification for a referral prior to background clearance; and

5. If the pre-adoptive placement is a legal risk placement, the family has been informed about legal risk.

B. Homestudy Process:

1. The grantee or contractor (hereafter referred to as "the homestudy writer") will receive an assignment of a homestudy referral from the RPS for:

a. a child in department custody; or

b. a child in the custody of another state if there is an ICPC-In request for an

adoption homestudy (see CPS manual chapter 5.3 through 5.19 for other ICPC homestudy requests).

2. Upon referral, the homestudy process begins with an initial screening. The homestudy writer will contact the family and complete planning to begin the family assessment within 30 days of the referral.

3. The homestudy writer will conduct an assessment of the proposed family through a series of interviews and contacts documenting the following:

   a. An individual face-to-face interview with each family member;

   b. A minimum of two separate home visits, preferably with both adoptive parents present; the use of video conference technology is not permitted in place of face-to-face interviews or home visits. In rural areas only, the home visits may be made on the same day if necessary;

   c. Contacts with three references by letter or phone. The references should be from people who are closely acquainted with or related to the family;

   d. Contacts with parties to the OCS case including the PS Specialist, Guardian ad Litem (GAL), and Tribe for ICWA children;

   e. Contact or documentation from collateral contacts including psychologists, counselors, psychiatrists, school staff, and other service providers working with the child or family; and

   f. Contact with the OCS licensing worker, if applicable.

4. The homestudy writer will gather information about the family being studied to provide a comprehensive evaluation. The licensing worker will inform the homestudy writer if there is an open investigation of the licensed home. The homestudy writer may view the non-confidential sections of the licensing file, and/or receive a letter regarding the background checks and current licensing status of the family. The information that can be obtained is:

   a. whether fingerprint results have been completed, and when OCS received the results;

   b. whether CPS checks and JOMIS checks have been completed, and when OCS received the results;

   c. whether there is anything that precludes the family from being fully licensed or adopting;

   d. whether there is an approved barrier crime variance in place for the family; and

   e. whether there is an open licensing investigation, but no details may be shared regarding the allegation or investigation.

5. The homestudy writer will gather collateral information, including:

a. Health, History, and Examination for Persons Applying to Adopt form (06-9731);

b. Financial Statement of Adoptive Applicants form (06-9730); and

c. Verification of marital status. (See "AS Sec. 25.23.020. Who may adopt).

C. Recording the Assessment:

1. The homestudy must be written in narrative format and should synthesize information gathered from the above process.

2. Areas to document in the homestudy include:

a. identifying information for each applicant;
b child being considered for adoption or guardianship;
c. list/demographics of other children/other household members;
e. summary of contacts, references, and other sources of information;
f. criminal background and report summary;
g. brief introductory paragraph regarding family and home;
h. applicant motivation and readiness to adopt;
i. description, personality, and background of each applicant;
j. present marital status and family life;
k. parenting philosophy, including discipline;
l. guardianship plan;
m. health status;
n. financial and employment;
o. values/spirituality/traditions/food culture;
p. relationship with birth family;
q. relatives and support network (including community supports);
r. children in the family;
s. child-specific information: assessment and preparation;
t. a summary of collateral contacts;
u. for ICWA children only, discuss race/ethnicity/cultural issues; and
v. homestudy writer's evaluation and recommendation.

D. Completion of the homestudy within 90 days of initial referral:

1. Notification to the family:

a. Once the homestudy narrative is written, the homestudy writer is required to provide the adoptive or guardianship families with an unsigned copy of the completed homestudy.

b. Families will be given five days from receipt of the homestudy to respond for factual edits to the unsigned copy of the homestudy.

c. If the homestudy is conditionally recommended, the homestudy writer will state the reasons for the conditions and what the family must do for the homestudy writer to consider a change in the recommendation.

d. If the family is not recommended for adoptive or guardianship placement, the homestudy will state the reason(s) for the decision.

2. Release of homestudy:

a. A homestudy completed for a child in OCS care is confidential and will be utilized specifically for the permanent adoption or guardianship of the child.

b. Each completed homestudy must have the following statement limiting the use of homestudy, verbatim, at the end:

*"This homestudy has been performed by **homestudy writer** for the specific purpose of special needs adoptions/guardianships through the State of Alaska Department of Health and Social Services, Office of Children's Services. This homestudy may not be used for any other purpose without written permission of the adoptive/guardian family and the Office of Children's Services."*

c. In limited instances, the homestudy may be released to other public agencies outside the state of Alaska for consideration of a placement of a child with special needs outside of Alaska. The family, and the OCS Adoption Program Coordinator from state office must give permission to release the homestudy.

3. Approval Process:

a. After the homestudy writer and grantee agency or supervisor signs the homestudy, the homestudy writer will submit the homestudy to the Regional Permanency Specialist.

b. The RPS is responsible for reviewing the homestudy to determine whether the study:

1) is comprehensive and complete;

2) adequately addresses concerns brought about by the information in the study;

3) contains background check results, including fingerprinting and CPS checks; and

4) recommends adoptive or guardianship placement.

c. The RPS must seek consultation with the PS Specialist IV regarding any identified safety concerns, including CPS investigations, brought up in the homestudy. If there are concerns about a licensed foster care provider, the Community Care Licensing Supervisor will be consulted.

d. The RPS must attach documentation in memo format to the study regarding the consultation on any referenced safety concerns and the outcome. All completed homestudies, updates, addenda, or memos to accompany the homestudy require a signature of the RPS to approve an adoptive or guardianship family for the specific child.

e. The RPS will have ten working days from the date of the receipt of the completed homestudy to give the final approval.

f. The RPS may:

1) Approve the recommendation of the homestudy as it is written;

2) Override any conditions or recommendations of the homestudy with a memo outlining the justification;

3) Send the homestudy back to the homestudy writer when important revisions or corrections are needed. The homestudy writer will have 15 days to complete the necessary revisions; and

4) Request that the assigned PS Specialist monitor completion of recommended conditions or for a homestudy writer to complete an update when appropriate.

g. If the homestudy does not recommend adoption or guardianship, the RPS will:

1) ensure that the PS Specialist does not take action based solely upon on the negative homestudy recommendation (for example, automatic removal of the child from the placement); and

2) provide consultation to the PS Specialist and supervisor regarding permanency for the child.

E. Homestudy Updates:

1. A homestudy is valid one year from the date of the approval signature of the RPS. Annual updates are required for the first two years after the homestudy was completed and at any time that there is a significant change in the family's situation.

2. Examples of significant changes requiring a homestudy update include, but are not limited to:

a. a move to a new home;

b. changes in the family structure through the addition of other household members (this does not include addition of children in OCS custody);

c. child placed in the home after a homestudy was completed and approved for the child (if the homestudy was general and did not contain information about the child placed, a new homestudy will be required prior to finalization);

d. divorce;

e. death of family members;

f. significant change in a family member's health status; or

g. new screened-in and assessed report of maltreatment in the family home.

3. The primary PS Specialist, assigned adoption worker, or homestudy grantee may complete the update. This update must be comprehensive and follow the OCS Homestudy Update template, which focuses on the changes in the home and the motivation, preparation, and readiness of the child and family for adoption or guardianship. Any homestudy update must be approved and signed by the RPS.

4. At the end of the third year, a new homestudy must be done and shall be referred to the homestudy grantee for a new study.

F. Private Homestudies:

1. OCS will always refer the homestudy to a grantee. If a prospective adoptive or guardianship family decides to purchase a private homestudy, the following efforts are to be made to prevent delayed permanency:

a. The PS Specialist will inform the family that OCS will provide a homestudy through the grantee.

b. The PS Specialist will inform the RPS the reasons for the family's request to use an alternate homestudy writer and receive approval through the RPS before allowing the family to proceed.

c. The RPS will inform the family that they are responsible for the cost of the study and the risks regarding future reimbursement, including non-recurring adoption or guardianship expenses, all expenses related to the finalization of the adoption or guardianship, and, and attorney fees in excess of $2000. If the adoption/guardianship does not occur, a reimbursement is not possible.

d. The RPS will determine if the homestudy writer selected by the family meets the qualifications of writers who perform homestudies through the grant with OCS.

e. The RPS should work closely with the private homestudy writer to ensure that the homestudy product generated will be able to meet OCS minimum standards for a homestudy.

2. If a private homestudy writer contacts OCS requesting information about adoption or guardianship of a child not in OCS care in regards to:

a. CPS information, OCS will not provide any information to the homestudy writer;

b. licensing information, the private homestudy writer will be directed to place a public records request for licensed providers; and

c. background check information, the PS Specialist or licensing worker will refer the writer to the Adam Walsh Check process for the State of Alaska for background checks.

3. In the case of a court order for the State of Alaska to perform an adoption or

guardianship homestudy for a private placement, the RPS will be responsible for consulting with their AAG regarding such requests.

G. Confidentiality:

1. Any child protection history on the family being studied is confidential, and child protective services records cannot be released to the writer.

2. The homestudy writer must secure confidential information. Adoption and guardianship records, including homestudies, are confidential in nature. Records will not be disclosed to other parties without a release of information on file, signed by the appropriate parties. In the event that confidential information is lost or distributed, the homestudy writer will notify OCS immediately. All completed homestudies become part of the OCS confidential files and are not subject to discovery or disclosure.

3. The RPS will provide a copy of the final homestudy to the PS Specialist for review. The PS Specialist will return the copy of the homestudy to the RPS. The RPS is responsible for storing the copy of the homestudy until the case has been closed. At time of case closure, a copy of the homestudy will be placed in the CPS file.

4. Except for the adoption attorney hired by the adopted family, the PS Specialist may not release a copy of the homestudy to any party of the case without consulting with the RPS.

   a) The family must agree in order for the homestudy to be shared with the GAL or the Tribe.

   b) The release of a homestudy to another person under any other circumstances requires a court order.

Definition: Legal Risk Adoptive Placement - is the placement of a child with people who have been approved as an adoptive resource pending the child becoming legally free for adoption. Legal-risk families must acknowledge and be able to accept the fact that the biological parents have rights and interests in the child which have not been legally terminated. The division cannot make guarantees or engage in speculation that the parental rights will ever be legally terminated. The legal-risk adoptive parents may have to cooperate with the division toward the return of the child to the biological parents, if that is the ultimate resolution of the case. At the same time, the legal-risk adoptive parents are expected to make a strong commitment to adoption and to proceed with that plan if and when the child becomes legally free for adoption.

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3.15.5 FULL DISCLOSURE TO ADOPTION/GUARDIANSHIP PLACEMENTS

AUTHORITY:

AS 47.10.080(q)(1)	Judgments and Orders
7 AAC 53.210(b)	Application for Adoption or Guardianship; Department Determination and Disclosure
42 U.S.C. 671(a)(24)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C. 675(1)(C)	Definitions (Title IV-E)
Child Welfare Policy Manual 8.2B.11	

PURPOSE: To establish procedures for preparing the adoptive or guardian resource family for adoptive/guardianship placement through providing full disclosure regarding the child's needs and past experiences.

BACKGROUND INFORMATION:

A. Federal Law and Policy:

1. Before a child under the responsibility of the State is placed with prospective out-of-home caregivers, the prospective caregivers will be prepared adequately with the appropriate knowledge and skills to provide for the needs of the child.

2. Once the agency has determined that placement with a certain family is in the child's best interest, the agency should make full disclosure about the child's background, as well as known or potential problems.

3. At the time of each placement of a child in out-of-home care, a copy of the child's health and education records must be provided to the caregivers with whom the child is placed. This includes the most recent information available regarding:
   a. the names and addresses of the child's health and educational providers;
   b. the child's grade level performance;
   c. the child's school record;
   d. a record of the child's immunizations;
   e. the child's known medical problems;
   f. the child's medications; and
   g. any other relevant health and education information concerning the child determined to be appropriate by the State agency.

B. State Law and Regulations:

1. After determining that a child is a hard-to-place child, and that the adoptive parent or guardian meets accepted standards, including the positive results of a home study and successfully passing a criminal background check, the department will fully disclose to the adoptive parent or guardian the child's background, including known or potential problems.

2. When a child in the custody of Office of Children's Services (OCS) is placed in foster care, OCS is required to provide the foster parents with a copy of the child's medical, mental health, and education records.

POLICY:

A. There should be a period of preparation, whenever possible, prior to the child's placement in an adoptive/guardianship home.

B. Preparation of the adoptive/guardianship family will include full disclosure of known and relevant information about the child, to the extent allowed by state and federal law.

C. Providing the adoptive family/guardian with the child's complete background and assessment information benefits the family and the child by:

1. Assisting the adoptive/guardianship family to understand the needs and the experience of the child so they can better meet their needs.

2. Providing the child with all available information about their medical, behavioral health, educational, and social history which they can bring with them into adulthood.

D. The adoption/guardianship family must be given the opportunity to reflect on the information provided in the full disclosure process and to ask for further resources, special training and support before the finalization of the adoption or guardianship.

PROCEDURE:

A. The Protective Services (PS) Specialist will provide as much of the following information as is available to the identified adoption/guardianship family. Whenever possible, hard copies of documentation regarding the child's physical, emotional, behavioral and educational should be provided to the family for their future reference.

1. Child's General Information:

- Demographics:
  - Child's birth name
  - Date of birth
  - Race/ Ethnicity
  - Tribal affiliation/Enrollment
  - Cultural identity/Religion

- Birth Information:
  - Location of birth
  - Birth weight/length/Head circumference
  - Apgar scores
  - Type of delivery
  - Documentation of Prenatal exposure to chemicals
  - Other Significant details of birth

- Developmental Information:
  - Early attachment (include formal attachment assessments)
  - Developmental milestones (e.g. when child first crawled, walked)
  - Current level of developmental functioning, including any delays

2. Child's Health Information:

- Medical information:
  - Current physical/medical problems/conditions (summarize problem, treatment, prognosis)
  - Allergies- including severity and reactions
  - Summary of Significant medical history, including childhood diseases, medical conditions, hospitalizations, surgeries
  - List of all previous physicians, clinics, hospitals where the child has received medical care
  - Vision/hearing information
  - Dental information
  - Current medications, including name, purpose, and dose

- Behavioral/emotional/mental health information:
  - Assessments/testing
    - Type of assessment/evaluation
    - Date completed
    - Summary of results(diagnosis/recommendations)
  - Behavior challenges
    - Problem, frequency, triggers
    - Methods of prevention/intervention
    - Medications
    - History of Behavioral/Mental Health Treatment
    - Dates of treatment
    - Type of treatment (individual counseling, residential care)
    - Location/treatment provider
  - Description of Child risk behaviors (eg. Substance abuse, runaway behavior)

3. Child's Education Information:

- School information:
  - Educational chronological history (e.g. schools attended, identified educational needs, include preschool)
  - Current grade
  - Performance in school, including age for grade level, report card, and standards of learning tests results
  - Educational strengths/challenges
  - Subjects the child enjoys and finds difficult
  - Extracurricular activities and interests
  - Behavior in school
  - School record information attached (e.g. attendance, Individualized Education Plans (IEP), 504 plans, or gifted status)

- Independent living skills information/plans, if applicable:

4. Out of Home Care Experiences:

   - Chronological placement history:
     - Placement dates
     - Type of placement
     - Reasons for leaving each placement

   - Reasons for foster care:
     - Specific information on how and why child was placed in agency's custody

   - Other Critical events in child's life, chronological:
     - Trauma, separation, loss
     - Significant family issues impacting child
     - Living arrangements history prior to foster care experiences
     - Description of child's existing connections

5. Descriptive Information Regarding Biological Parents- See Form 06-0816:
   - Age of biological parents at time of birth
   - Heritage of biological parents
   - National origin/race of parents
   - Ethnic background/countries of origin
   - Tribal Membership
   - Medical history of the biological parent and blood relatives
   - Blood Type
   - Childhood diseases
   - Allergies
   - Medical information about blood relatives
   - Schooling of biological parent- grade level completed
   - Physical description of biological parents on day of child's birth
   - Height/weight, Color of eyes, Color of hair, Color of skin
   - The number of other children born to the mother and father
   - Whether biological parents were alive at the time of adoption
   - Religious preference of the biological parents
   - Special information from biological parents such as pictures, letters, statements, etc.

6. A list of current and/or recommended Providers and Services with contact information.

B. The following information may not be shared: (See section 2.6)

1. The PS Specialist may NOT reveal specific protected health or identifying information regarding the parents, Indian custodian and/or other siblings in the case to the adoption/guardianship placement.

C. Gathering Full Disclosure Information:

1. A court order will be obtained along with permanency findings to share full disclosure information to include the non-identifying information about the biological family, the child's birth records, documentation regarding prenatal exposure to substances and the

sharing any genetic traits inherited by the child, or genetic traits which the child may be at risk, such as medical conditions.

2. Within 30 days after the permanency goal change to adoption/guardianship, the assigned PS Specialist will:

   a. meet with the biological parents for the purpose of gathering information about the child and non identifying family information for the Descriptive Information Regarding Biological Parents (06-0816) If the biological parents are not available or are not cooperative, the PS Specialist will complete the form to the best of their ability;

   b. gather from the existing file and/or order copies of the child's medical/educational/behavioral health records; and

   c. consult with the GAL for approval of hard copies of available behavioral health records to be provided to the adoptive/guardianship placement.

3. At least thirty (30) days prior to making the homestudy referral, the PS Specialist will complete the Full Disclosure Information form (06-9673). As this is vital information about the child, the information should be gathered over time from the first intervention and should be based on information provided by the child's parents, extended family members, Tribal representative, school, medical and other service providers, foster parents/caregiver, and other information sources.

D. Full Disclosure Process:

1. After the Regional Permanency Specialist (RPS) approves the adoption or guardianship homestudy, the PS Specialist will:

   a. schedule a Full Disclosure meeting, preferably face to face, with the primary PS Specialist, the RPS, and the adoptive parents/guardians;

   b. discuss the information contained in the full disclosure documents and answer the family questions regarding the child;

   c. provide one copy of the completed Full Disclosure Information form (06-9673), attachments, and the completed Descriptive Information Regarding Biological Parents (06-0816) to the adoptive parents/guardians;

   d. inform the family, verbally, that in most every case, there is information that the Department does not know about the child;

   e. inform the family that if the adoption does not finalize, the full disclosure documents must be returned to OCS; and

   f. ask the adoptive parent/guardian to sign the original Full Disclosure Information form after they have reviewed the form and attached documentation.

2. The PS Specialist will record the Full Disclosure meeting in an ORCA progress note.

3. The original Full Disclosure Information form, along with copies of all documents provided to the family will remain in the separate file marked "full disclosure" and kept with the existing CPS files.

4. Full disclosure must take place prior to adoption/guardianship finalization.

5. During each subsequent caseworker visit prior to the finalization of the adoption or guardianship, PS Specialist will ask the family if they have any further questions or concerns about the full disclosure information provided and will make referrals as requested by the family. The PS Specialist will confirm whether the family continues to be committed to completing the adoption/guardianship. The above information will be documented in the caseworker visit notes.

6. In the event that after receiving full disclosure, the family decides, they are no longer willing or able to commit to being the permanent placement for the child, a TDM or administrative review should be held to discuss whether the placement can be preserved (if the child has already been placed) or whether another permanent placement resource needs to be identified.

3.17 ADOPTION AND LEGAL GUARDIANSHIP FINALIZATION AND CASE CLOSURE

AUTHORITY:

AS 13.26.030 -085	Guardians of Minors;
AS 18.50.510(a)(b)	Descriptive Information Regarding Biological Parents;
AS 25.23.040(3)	Persons Required to Consent to Adoption;
AS 25.23.080(a)(c)	Petition for Adoption;
AS 25.23.130(1)(2)(c)	Effect of Adoption Decree;
AS 47.10.115	Permanent Fund Dividend;
25 U.S.C. 1913(a), 1915(a) & (c), 1951(a) & (b) (P. L. 95-608, Sec. 103(a), Sec. 105(a)(c), Sec. 301(a)(b)	Indian Child Welfare Act of 1978), ACYF-CB-PA-01-01;
7 AAC 53	Child Foster Care Payments; Subsidized Adoption and Subsidized Guardianship Payments; and
AS 47.10.080 (c) and (d)	OCS Consent to Adoption.

PURPOSE: To outline the necessary case finalization processes for CPS family and post-termination of parental rights cases with a permanency goal of adoption or legal guardianship.

BACKGROUND:

A. State Law:

1. Unless consent is not required under AS 25.23.050, a petition to adopt a child may be granted only if written consent to a particular adoption has been executed by:

   a. the mother of the child;
   b. the father of the child, if the father was married to the mother at the time the child was conceived or at any time after conception, the child is the father's child by adoption, or the father has otherwise legitimated the child under the laws of the state;
   c. any person lawfully entitled to custody of the child or empowered to consent;
   d. the court having jurisdiction to determine custody of the child if the legal guardian or custodian of the person of the child is not empowered to consent to the adoption;
   e. the child, if ten years of age or older unless the court in the best interest of the child dispenses with the child's consent; and
   f. the spouse of the child to be adopted.

2. A petition to adopt an adult may only be granted if written consent to adoption has been executed by the adult and the adult's spouse or by the guardian or conservator of an incapacitated adult.

3. A final decree of adoption, whether issued by a court of this state or of any other state, has the following effect as to matters within the jurisdiction or before a court of this state.

4. Except with respect to a spouse of the petitioner and relatives of the spouse, to relieve

the natural parents of the adopted person of all parental rights and responsibilities, and, except as provided in (c) of this section, to terminate all legal relationships between the adopted person and the natural parents and other relatives of the adopted person, so that the adopted person thereafter is a stranger to the former relatives for all purposes including inheritance, unless the decree of adoption specifically provides for continuation of inheritance rights, and the interpretation or construction of documents, statutes, and instruments, whether executed before or after the adoption is decreed, that do not expressly include the person by name or by some designation not based on a parent and child or blood relationship.

5. To create the relationship of parent and child between petitioner and the adopted person, as if the adopted person were a legitimate blood descendant of the petitioner, for all purposes including inheritance and applicability of statutes, documents, and instruments, whether executed before or after the adoption is decreed, that do not expressly exclude an adopted person from their operation or effect.

6. The department shall distribute the proceeds of a Permanent Fund trust under this section:

   a. to the child when the child;

      1) has reached 21 years of age; or

      2) is no longer in the custody of the department and has reached at least 18 years of age or is emancipated; or

   b. when ordered to do so by the court in the best interest of the child.

7. The powers and duties of the guardian of a minor are listed in AS 13.26.070. These powers and duties can be modified by the court, depending on the needs of the minor. Generally speaking, the role of the guardian of a minor is to act in the role of the child's parent for purposes of day-to-day life. The guardian is not required to provide for the minor from his/her funds, nor is the guardian liable to third persons for acts of the minor to the extent that a parent might be liable for those acts.

8. A state or municipal agency or employee shall disclose appropriate confidential information regarding a case to a sibling of a child who is the subject of the case to allow the siblings to contact each other if it is in the best interests of the child to maintain contact; in this paragraph, sibling means an adult or minor who is related to the child who is the subject of the case by blood, adoption, or marriage as a child of one or both of the parents of the child who is the subject of the case; a sibling who is adopted by a person other than the parent of the child who is the subject of the case remains a sibling of the child.

POLICY:

When the Protective Services (PS) Specialist determines that the child and the adoptive or legal guardianship family are ready to complete the adoption or legal guardianship process, the PS Specialist will use the following criteria to determine whether to finalize the adoption or legal guardianship:

1. The child has, or will, have resided with the prospective adoptive or legal guardianship family for at least six (6) months before the finalization;

2. There is a completed OCS-approved homestudy which recommends the adoption or legal guardianship of the child by the prospective family;

3. The family has indicated that they are interested in finalizing the adoption or legal guardianship;

4. A child ten years of age or older, has indicated that they are interested in finalizing the adoption or legal guardianship; and

5. Full disclosure has been provided. See section 3.15.5 for further information.

B. Monthly caseworker visits are required until the date of the finalization of the adoption or guardianship.

C. Whenever possible, the same PS Specialist should remain assigned to the case through finalization. Providing continuity to the child and maintains the relationship with the child during this transition to finalization.

D. The PS Specialist must determine what benefits are currently available to the child, such as:

1. Old age, survivor, and disability insurance (OASDI);
2. Social security income (SSI);
3. Veteran's benefits;
4. Alaska Native Claims trust benefits;
5. PFD trust funds; or
6. Other benefits that would be transferable to the child after the adoption or guardianship finalization.

E. The regional permanency staff will ensure submittal of the adoption or guardianship subsidy packets to the state office for the determination of a child's eligibility for the subsidy.

F. The regional permanency staff are responsible for communicating with the adoption or guardianship parent's attorney regarding the necessary documentation to proceed with the finalization.

G. After the date of the finalization, forward the adoption decree, or guardianship order will be forwarded to state office Adoption Unit.

H. The state office Adoption Unit is responsible for deactivating the child from the CPS case to a Post-Termination of Parental Rights (TPR) case. Deactivation of a child cannot occur once the adoption or guardianship work has begun. The state office will close the Post TPR case for the child when the adoption or guardianship finalized.

I. The PS Specialist is responsible for closing the CPS case after being notified by the state office that the adoption work on the child has been completed.

J. For adoption cases, the effective date of closure of the case is the date of the adoption finalization. For an adoption finalized in state court, that date is the date the court signs the decree of adoption, and for an adoption finalized in Tribal court, the date is the date the new birth certificate is issued.

K. For legal guardianship cases, unless otherwise specified by the court, the effective date of closure of the case is the date that the guardianship order is signed.

PROCEDURE:

A. Adoption Finalization:

1. Once the adoption homestudy has been completed and approved, the Regional Permanency Specialist (RPS) will change the placement designation of the foster family to a pre-adoptive home in the ORCA out of home placement tab, along with documenting the ORCA adoption preference placement.

2. The PS Specialist will complete and seek signatures on the Adoptive Placement Agreement form (06-9722) or the Legal-Risk Placement Agreement form (06-9721) if it is a legal-risk placement. This formal agreement helps families transition from foster placement to a permanent home.

3. The RPS will ensure delivery of full disclosure to the family per CPS Manual section 3.15.5.

4. If the pre-adoptive placement is legal-risk, the child's PS Specialist will also:

a. Inform the prospective legal-risk adoptive family of the legal risks involved, and, in legally-complex cases, recommend that the family consult with their attorney to obtain their opinion on the risks to the placement.

b. Inform the family that their attorney may consult with the division's attorney regarding the legal issues.

B. Guardianship finalization:

1. Once the guardianship homestudy has been completed and approved, the RPS will ensure full disclosure is delivered to the family per CPS manual section 3.15.5.

2. The RPS or designee will discuss with the guardianship family that they may choose to hire an attorney to finalize the guardianship. If they choose not to, the RPS or designee will contact the AAG to request and initiate the legal guardianship proceedings with the court.

3. The RPS or designee will prepare any legal documentation for the legal guardianship proceeding.

C. Until finalization of the adoption or guardianship the PS Specialist will:

1. Conduct monthly caseworker visits in the adoptive/guardianship home to document:

    a. the adoptive/guardianship family and child's adjustment;

    b. the child's physical, emotional, and social growth;

    c. how the child has been incorporated into the established family unit;

    d. difficulties or problems, initiating a discussion about potential problems to enable resolution before they develop into a crisis which may lead to placement disruption; and

    e. an assessment of how the placement is working.

2. Assist the adoptive parents in working with the school and referring to local post-adoption/guardianship support services to accommodate meeting the special needs of an adoptive or guardianship child.

3. Discuss permanency with the child. A child, ten years of age or older, must consent to their adoption or legal guardianship (AS 25.23.040).

4. Ensure that a staffing or TDM meeting will occur if problems in the placement develop that the PS Specialist IV, PS Specialist, or workers cannot resolve.

D. A child who has been in custody of the department may have Permanent Fund Dividend money in trust. The PS Specialist must explain to the adoptive or guardianship family that the OCS will hold permanent funds in trust for the child until the child's 18th birthday, at which time the PFDs held in trust will be released to the child unless ordered by the court to release earlier.

E. The adoption or guardianship packet may be submitted to the state office for subsidy eligibility after the packet has been completed to include:

1. Court documents: For adoptions, TPR, consents to adopt, or a court stipulation to permanency signed by both parents. For guardianships, temporary custody order;

2. The approved positive homestudy, signed by the homestudy writer and approved by the OCS Regional Permanency staff; and

3. Documentation of the Tribal approval of the placement, out of preference placement or efforts to resolve disagreement for out of preference adoptive placement of the child's Tribe.

F. For Adoption: Once the packet is submitted to state office, the RPS will also provide the necessary documentation to the adoption attorney for the family to finalize the adoption in either state court or the Tribal court or council. See policy (K) for the effective date of closure for adoption, guardianship, and Tribal court cases. These items will include the following legal papers and information, as applicable to the specific case:

1. Copies of the relinquishments; or

2. Copies of the consent to adoption by parent; or

3. Copies of the findings and orders terminating parental rights (signed by Judge);

4. A copy of the child's original birth certificate;

5. If the child is an Alaska Native child who has benefits under the Alaska Native Land Claims Settlement Act or any other benefits accruing by their membership in an Indian tribe, these benefits continue to follow the adoption or legal guardianship. The PS Specialist will advise the adoption attorney or adoptive or guardianship parents in writing that the decree of adoption should address the custodianship of these resources. Custodianship will usually be given to the adoptive parents. The court which enters the adoption will send a notice of the adoption to the Secretary of the Interior; and

6. Descriptive Information Regarding Biological Parents form in ORCA (found in Adoption Referral) as required by state law (AS 18.50.510). Required by the Bureau of Vital Statistics for the purpose of health and historical information for the child in the future.

G. For adoption: The PS Specialist will provide to the attorney or adoptive parents, through providing the relinquishments, termination orders, or consents to adopt by parents and any supporting stipulated documents that outline any special considerations that must be addressed in the Decree of Adoption, such as, inheritance rights from the biological family, contact or visitation with the biological parents, or any retained privileges of the birth parents.

H. For guardianship: When parental rights have not been relinquished or terminated, the birth parents retain rights, including visitation, choice of religion, consent to adoption, consent to marriage, consent to military enlistment, and the right to claim the body of a deceased child

I. In the adoption of an Alaska Native child, additional information and legal documentation are required for finalization. The PS Specialist will provide to the AAG the following legal records and information:

1. A certified copy of the Certification of Voluntary Consent, as required by ICWA, if a parent relinquished their parental rights.

2. A certified copy of the parent's statement, if the child was relinquished by either parent and that parent executed a written statement regarding their placement preference for the child.

3. Documentation of the position of Indian child's Tribe's position regarding the specific placement, the Tribe's written or verbal response, and additional court reports or forms.

J. An adoption or guardianship subsidy must be negotiated and agreed upon, and a subsidy must be in place before the adoption or guardianship hearing. See 6.2.2.6 Subsidy policy

regarding subsidy negotiation, approval, and consents to adopt.

K. Once the subsidy agreement has been approved and signed by the Commissioner or the Commissioner's designee, the adoption or guardianship may proceed to finalization.

L. Upon receipt of the adoption or guardianship order, the PS Specialist, will forward the signed order to the state office Adoption Unit. Once the Adoption Unit receives the signed order, the Adoption Unit will proceed with case closure and the opening of the subsidy case in ORCA.

M. Case Closure: After receiving a copy of the decree of adoption or the order of guardianship, the PS Specialist will prepare the necessary paperwork to obtain a signed release from custody order from the court. The format of this report should conform to regional court protocol.

1. The Adoption Unit will enter in the appropriate final legal status once the court orders or decrees are received. The Adoption Unit will deactivate the child from the CPS case if the child is still in their CPS Case in ORCA.

a. Once the child is deactivated from the CPS case, the primary PS Specialist will be contacted by the Adoption Unit to let them know they may close the CPS case if there is no other work to be done, for example, siblings still in care, open initial assessments, and other case matters.

1) If all of the children in the case have been deactivated, it is the primary PS Specialist's responsibility to close the CPS family case in ORCA.

2) The child's case remains open as a guardianship subsidy case or Adoption Subsidy case.

3) For adoption, case files must be held in the local office for two years after the release of custody.

b. If the child is already in a post-termination of parental rights (TPR) case, the Adoption Unit will close the Post TPR case.

N. For Adoptions Only:

1. Consent Only cases: A subsidy is important and may provide long term stability. If a family is requesting to finalize without a subsidy, the RPS will consult with the Social Services Program Coordinator for adoptions before proceeding. When an adoption is to be finalized without a subsidy, a Special Needs Report for Consent-Only Cases (06-9739) must be completed. This form is used to report necessary federal AFCARS information about the child's special needs for adoptions, and to document that the issues of special needs and adoption subsidy have been discussed with the adoptive parents that the parents have elected to not receive an adoption subsidy for the child. This form must be submitted to state office Adoption Unit. The adoptive parents' signature on the form is required.

2. Request the OCS Consent to Adoption: For all adoptions of children in OCS custody,

the OCS must consent to the adoption as authorized under AS 47.10.080 (d). The Commissioner of Health and Social Services, or the Commissioner's designee, must sign all OCS Consents for Adoption. No adoption of a child in OCS custody can be finalized until the OCS consent for adoption is signed and filed with the court. The RPS will request the OCS consent to adoption from the state office adoptions staff.

3. The Adoption Unit staff will prepare three original OCS Consents for Adoption (form 06-9725).

4. The Commissioner or the Commissioner's designee will sign the three original consents, and the adoption staff will send the consent to the appropriate parties.

5. If the adoptive parents are managing their adoption, the OCS consent to adopt should be given to the adoptive family in a sealed State envelope, which will be filed with the Court.

O. After finalization:

1. If a previous (i.e., pre-adoption) family member to the adopted child or guardianship child is inquiring about the child, refer the inquiring individual to the OCS State Office Adoption Unit.

2. The Adoption Unit will contact the previous family member to ascertain what information is being requested, and find out what information the caller will allow the Adoption Unit to share with the adoptive family.

3. If the individual is requesting contact or updated information about the child, the Adoption Unit will relay the request to the adoptive parent or guardian, along with the contact information provided by the caller. The Adoption Unit will let the parent or guardian know that the information they provide, or contact they allow is up to their discretion as to the best interest of the child.

4. If the adoptive parent or guardian does not wish to reach out to the birth family member, they may alternately provide permission for the OCS Adoption Unit to provide a general update about the child, by either putting the update in writing or sharing the update verbally with the Adoption Unit.

5. In the event where the adoptive parent/guardian does not update OCS with their contact information, as in cases where OCS is not currently paying a subsidy amount. In these cases, there may be no assistance that can be provided by OCS.

3.18 ADOPTION/GUARDIANSHIP DISRUPTION/DISSOLUTION

3.18.1 ADOPTION/GUARDIANSHIP DISRUPTION

AUTHORITY: AS 47.05.010 Duties of Department

POLICY: Disruption of an adoptive or guardianship occurs PRIOR to the finalization of the adoption or guardianship. When a pre-adoptive or guardianship placement disrupt, the division will continue permanency planning for the child through convening the permanency planning team.

PROCEDURE:

a. The Department must address any disrupted adoption or guardianship as a report of harm and investigate the situation as indicated under section 2.0.

b. The Protective Services (PS) Specialist will notify State Office adoption staff of any removal of a child in a pre-adoptive placement or if the PS Specialist has knowledge that the child is no longer in the pre-adoptive home. The written notification will include the child's name, DOB, the name(s) of the adoptive parent(s)/guardian, any known previous names, and the most recent address and phone number for the pre-adoptive parents, if known.

c. State Office adoption staff will determine if the child is receiving an adoption subsidy, and if the family has an active adoption subsidy, State Office adoption staff will evaluate the continued need for a subsidy based on the reunification plan for the child.

d. The Department should make efforts to keep the family intact and offer services to the family as outlined in section 3.2.2.Service Delivery.

e. If services offered to reunify the family and reduce the risk of harm to the child are unsuccessful, the PS Specialist and PS Specialist IV should consult with the AG and the PS Specialist should request a permanency planning conference, to determine if continued efforts with the pre-adoptive family are necessary.

f. PS Specialist is to follow the requirements for a Permanency Planning Conference as listed in section 3.1.4. Termination of a legal-risk or pre-adoptive or pre-guardianship placement requires the written approval at the permanency planning conference.

g. The field office serving the community where the family resides will be responsible for long-term planning in the event of placement failure.

h. The permanency planning conference will:

1. Evaluate the immediate needs of the child:

A. assess available placement resources;

B. plan for the least traumatic transfer of the child, including recommendations regarding type of placement, pre-placement visits, etc.

2. Evaluate the long-term needs of the child:

A. The PS Specialist will assess the child's special needs, if any, and determine how they might impact permanent placement;

B. provide recommendations as to the most appropriate type of future permanent placement.

i. The PS Specialist or workers will:

1. carry out the decisions of the staffing team;

2. coordinate with the child's previous PS Specialist, or another PS Specialist or PS Specialist IV from that field office, if possible;

3. coordinate with the child's therapist, if applicable;

4. assist the family in preparing the child for the move;

5. if reunification is not possible or in the child's best interest, discuss the need for a permanent placement with the Regional Permanency Planning Specialist. Children with the permanency goal of adoption should be placed in a legal risk or adoptive home as soon as possible. If an appropriate home is not readily available, the PS Specialist will make recruitment efforts and list the child on the Alaska Adoption exchange (see section 3.16).

6. notify State Office adoption staff if reunification is no longer the plan.

7. assist child in expressing emotional reactions and in dealing with their feelings;

8. record in detail reasons the placement failed, permanency planning conference recommendations, and if the child has been moved to an emergency placement, the replacement process;

9. provide ongoing services to current adoptive family to help them:

   A. deal with their feelings of inadequacy, anger, disappointment, etc.;

   B. refer them to a therapist, if appropriate;

   C. determine if they will be a resource for other children.

j. If reunification is no longer the plan and there is an adoption subsidy, State Office adoption staff will notify the adoptive parent that they can no longer claim adoption subsidy payments on behalf of the child, if the adoptive parents are no longer legally responsible for the child or the child no longer receives support from the adoptive parent.

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3.18.2 ADOPTION/GUARDIANSHIP DISSOLUTION

AUTHORITY: AS 47.05.010 Duties of Department

POLICY: The dissolution of an adoptive or guardianship home occurs AFTER the finalization of the adoption or legal guardianship. When an adoptive or guardianship home disrupts or dissolves, the division will reinstitute permanency planning for the child through convening the permanency planning team.

PROCEDURE:

a. The Department must address any request for dissolution of adoption or guardianship as a report of harm and investigate the situation as indicated under section 2.0. This would include any request for a relinquishment of parental rights.

b. The Protective Services (PS) Specialist will notify State Office adoption staff of any removal of a child in a guardianship or adoption, or if the PS Specialist has knowledge that the child is no longer in the adoption/guardianship home. The written notification will include the child's name, DOB, the name(s) of the adoptive parent(s)/guardian, any known previous names, and the most recent address and phone number for the adoptive parents or guardians, if known.

c. State Office adoption staff will determine if the child is receiving an adoption or guardianship subsidy, and if the family has an active adoption/guardianship subsidy, State Office adoption staff will evaluate the continued need for a subsidy based on the reunification plan for the child.

d. The Department should make efforts to keep the family intact and offer services to the family as outlined in section 3.2.2 Service Delivery.

e. The following procedures apply:

f. Adoptions Only

1. In cases where adoptive parents wish to voluntarily suspend their legal rights to the child temporarily, the Protective Services (PS) Specialist IV, PS Manager I and II, will determine if a voluntary placement can be made as indicated in section 2.6.1 Voluntary Placements, or the Department may assume emergency custody of the child as listed in 2.3.5 Emergency Custody Orders, if there are legal grounds to assume custody.

2. During the voluntary or custody placement period, case planning reunification

services should be offered to the family as indicated in section 3.2.2 Service Delivery.

3. If services offered to reunify the family and reduce the risk of harm to the child are unsuccessful, the PS Specialist and PS Specialist IV should consult with the AG and the PS Specialist should request a permanency planning conference.

4. The PS Specialist is to follow the requirements for a Permanency Planning Conference as listed in section 3.1.4. Termination of a legal-risk or adoptive or guardianship placement requires the written approval of the permanency planning conference.

5. The field office serving the community where the family resides will be responsible for long-term planning in the event of placement failure. If a child resides in an adoptive placement outside of Alaska and the adoption has been finalized, the division has no responsibility or legal authority to provide services.

6. The permanency planning conference will:

   A. Evaluate the immediate needs of the child:

      i. assess available placement resources;

      ii. plan for the least traumatic transfer of the child, including recommendations regarding type of placement, pre-placement visits, etc.

   B. Evaluate the long-term needs of the child:

      i. assess the child's appropriateness for a future adoptive placement;

      ii. provide recommendations as to the most appropriate type of future permanent placement.

7. The PS Specialist or workers will:

   A. carry out the decisions of the staffing team;

   B. coordinate with the child's previous PS Specialist, or another PS Specialist or PS Specialist IV from that field office, if possible;

   C. coordinate with the child's therapist, if applicable;

   D. assist the family in preparing the child for the move;

E. if reunification is no longer the plan, notify the Regional Permanency Planning Specialist of the need for an adoptive placement. Children with the permanency goal of adoption should be placed in a legal risk or adoptive home as soon as possible. If an appropriate home is not readily available, the PS Specialist will make recruitment efforts and list the child on the Alaska Adoption exchange (see section 3.16 Alaska Adoption Exchange).

F. notify State Office adoption staff if reunification is no longer the plan.

G. assist child in expressing emotional reactions and in dealing with their feelings;

H. record in detail reasons the placement failed, permanency planning conference recommendations, and if the child has been moved to an emergency placement, the replacement process;

I. provide ongoing services to adoptive family to help them:

i. deal with their feelings of inadequacy, anger, disappointment, etc.;

ii. refer them to a therapist, if appropriate;

iii. determine if they will be a resource for other children.

J. If reunification is no longer the plan and there is an adoption subsidy, State Office adoption staff will notify the adoptive parent that they can no longer claim adoption subsidy payments on behalf of the child if the adoptive parents are no longer legally responsible for the child or the child no longer receives support from the adoptive parent.

g. Guardianship Only

1. If a guardian contacts a court to set aside a legal guardianship (for a child who was in OCS custody prior to the guardianship), the court will notify the AAG, who will notify the field office that is responsible for the child. If the child no longer resides in that region, the PS Specialist will notify the jurisdiction where the child resides and State Office adoption staff.

2. If a guardian contacts State Office to set aside a legal guardianship (for a child who was in OCS custody prior to the guardianship), State Office adoption staff will notify the jurisdiction where the child resides and advise the guardian about legal procedures.

3. If a guardian contacts a division field office to set aside a legal guardianship (for a child who was in OCS custody prior to the guardianship), the PS Specialist will advise the guardian to contact State Office and the court, and the PS Specialist will notify State Office adoption staff.

4. The court may contact the division field office for recommendations.

5. If the court sets aside the guardianship order and orders placement, the subsidy case is closed (subsidies do not transfer from party to party).

6. When the court grants a petition to vacate guardianship, custody is often granted to the legal parents of the child. The Department should determine through the assessment process if placement with the legal parent is safe or if the Department should take further legal actions.

7. The PS Specialist will notify State Office adoption staff when a guardianship order is set aside. State Office will close the subsidy.

3.19 DEATH OF A CHILD IN ADOPTIVE PLACEMENT

AUTHORITY: AS 47.05.010 Duties of Department

POLICY: If a child should die while in adoptive placement and prior to finalization, the following procedures apply.

PROCEDURE:

a. The Protective Services (PS) Specialist will inform the Protective Services Manager II of the death immediately, and the Protective Services Manager II will notify the director or director's designee, and the child's Tribe.

b. The director or director's designee will alert the serious injury and fatality team.

c. The PS Specialist will have certain responsibilities and will need to coordinate with a number of people who may be affected by the death.

d. See Administration Chapter, section 6.5.11, Death of a Child in Out-of-Home Care.

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3.20 CLOSING CASES

3.20.1.A CLOSING CPS FAMILY AND POST-TERMINATION OF PARENTAL RIGHTS CASES FOLLOWING REUNIFICATION, EMANCIPATION OR REACHING THE AGE OF MAJORITY

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.10.083	Review of Orders, Requests for Extension
AS 47.14.100	Powers and Duties of Department over Care of Child
42 U.S.C. 675(5)(D)	Title IV Part E – Definitions
P.L 113-183	Preventing Sex Trafficking and Strengthening Families Act of 2014

PURPOSE: To establish case closure protocols when permanency is achieved through reunification, emancipation, or reaching the age of majority while in OCS custody.

BACKGROUND INFORMATION:

A. Federal Law: A copy of the child's health and education record must be supplied to the child at no cost at the time a child leaves foster care due to reaching the age of majority or being emancipated. If the child is leaving foster care by reason of having attained 18 years of age or older and has been in foster care for over 6 months will be provided with an official or certified copy of the United States birth certificate of the child, a social security card issued by the Commissioner of Social Security, health insurance information, a copy of the child's medical records, a driver's license or identification card issued in accordance with the requirements of section 202 of the REAL ID Act of 2005, and any official documentation necessary to prove that the child was previously in foster care.

B. State Law:

1. If the department wants a child to be released from custody before the custody is ordered to end, the department must:

   a. file a motion with the court for release of state custody that describes the reasons the release is in the best interest of the child; and

   b. notify the child, if the child is over 16 years of age and available, and the guardian ad litem not less than 30 days before a motion for release is filed unless the parties agree to a shorter notice period;

2. When custody of a child who has been committed to the custody of the department is due to expire, the department shall file a notice of release with the court 30 days

before the date of release unless the parties agree to a shorter notice period and distribute the notice to the parties, including the child if the child is 16 years of age or older and available.

POLICY:

A. Cases will be closed when the child and family no longer need the protective services of OCS or when the child has been emancipated or can no longer remain in custody due to the child's age.

B. Youth who are at least 18 and under 26, and have been in state or Tribal foster care in Alaska and enrolled in Medicaid when their foster care ended at age 18 or older may be eligible for Former Foster Care Medicaid coverage. PS Specialists will inform children of the Medicaid services available to them.

PROCEDURES:

A. For CPS family cases, progress made towards meeting the case plan goals is evaluated continuously while working with the family, and the case plan is reviewed at case conferences and court hearings.

B. The Protective Services (PS) Specialist will take steps to close the case when the following has occurred for the child:

1. A thorough assessment has occurred and it has been determined that the child will not be subjected to further maltreatment or safety threat(s) because the needs and problems that contributed to the maltreatment or unsafe situation have been addressed and eliminated;

2. Been placed into another permanent family situation in which there are no threats of child safety;

3. Been emancipated; or

4. Reached the age of 19, and it has been determined that there is no reason to request an extension of custody past the child's 19th birthday, and the youth agrees to be released.

C. The PS Specialist will:

1. Discuss the following:

a. Closure of the case with the Protective Services (PS) IV to obtain supervisory approval and appropriate case specialists i.e. Regional Independent Living Specialist (RILS) or Regional Permanency Specialists;

b. Pending closure of the case with the child and parents; and

c. Closure with the parties in the case if the family and the PS Specialist IV agree that the case should be closed.

2. If custody is not yet due to expire, a motion for release of custody must be filed at least 30 days prior to when custody would be released. The PS Specialist will:

   a. Notify the RILS, GAL and the child, if the child is 16 years of age or older, that OCS intends to file a motion to release custody. The notification may be provided via e-mail, phone call, or face-to-face. Notification must be documented in ORCA, and must within 30 days before the motion is filed (or 60 days before the release date) unless the parties agree to a shorter notice period; and

   b. Draft an affidavit that describes the reasons why the release of custody is in the child's best interest, providing the affidavit to the AAG, and ask the AAG to file a motion for release of custody.

3. If custody is due to expire, work with the AAG to file a notice of release with the court 30 days before the date of release. The AAG will ensure that the notice is distributed to the parties, including the child if the child is 16 years of age or older. The notification must occur within 30 days before custody expires unless the parties agree to a shorter notice period.

4. For a youth who is age 16 or older for whom APPLA is determined to be appropriate and has received Director's approval and therefore released to their own custody, the PS Specialist in consultation with the RILS will:

   a. Inform the youth of the options and conditions for re-entering custody; and

   b. Advise the youth of the need to apply for their own Permanent Fund Dividend (PFD); and

   c. Ensure that a transition planning session has occurred at least 90 days before case closure and all required components were addressed, as outlined in section 3.14.2.1 Transitioning out of Custody, procedure (B).

D. When the court has terminated OCS' custody or supervision, the PS Specialist will, within 30 days of the release of custody/supervision, take the following steps to close the case:

1. Request release of the child's PFD trust account (see section 6.2.3.2.B Releasing Permanent Fund Dividend (PFD) Trust Account Funds).

2. If a youth leaves custody by reaching the age of majority or is emancipated, provide a copy of the health and education record to the youth.

3. When a case is closed the PS Specialist or designated OCS staff will make copies of the child's birth certificate and social security card. Copies will also be made for those children who qualify for the Certificate of Indian Blood, Tribal card or Tribal certificate if applicable. The copies are kept in the case file with a note stating who the original was given to. For children released to his or her own custody, the documents will be given to the youth.

4. Youth age 16 -21 who are released from state custody who have been in foster care for at least 6 months are provided or assisted in receiving their:
   a. birth certificate (original or certified copy without the "for official use only" stamp see procedure (4) above;
   b. social security card;
   c. driver's license/identification card;
   d. health insurance information;
   e. medical record;
   f. certificate of degree of Indian or Alaska Native blood (if applicable); and
   g. legal and placement history printed from ORCA report manager (only if child is 18-21).

   *Note: For Birth Certificates and Social Security Cards. When a youth 16-21 is released from custody the PS Specialist will request the social security card and birth certificate from the legal inbox at hssocslegal@alaska.gov providing the updated address for the youth.

5. If benefits for the child, such as Supplemental Security Income (SSI), survivor benefits, or Adult Public Assistance are being paid to OCS, follow the procedures set forth in section 6.2.1.1 Benefits for Care and Maintenance of Children.

6. The PS Specialist will inform children meeting the requirements below of their potential to remain eligible for Medicaid until reaching 26 years of age. If the PS Specialist is unsure if a child meets these requirements they will contact the Eligibility Technician Staff to verify if the child is eligible.

   a. Be at least age 18 and under the age of 21; and

   b. Have been in state or Tribal foster care in Alaska and enrolled in Medicaid upon reaching age 18 or any higher age at which the state or Tribe's foster care ended.

7. Notify the OCS Eligibility Technician so the technician can coordinate with Division of Public Assistance regarding the child's Medicaid benefits.

8. Notify Child Support Services Division by providing them with a Report of Change within 10 days of the release of custody reflecting that the OCS no longer has custody of the child.

9. Send a formal notice to the family that the case is closed.

10. For Alaska Native/American Indian children, notify the child's Tribe that the case is closed.

11. Document all actions that were taken in ORCA.

12. Close the case in ORCA (see the case closure section of the "How Do I" guide in ORCA).

3.20.3 CULTURAL ADOPTION WITH OCS CONSENT

AUTHORITY: AS 25.23.040(3) Persons Required to Consent to Adoption, AS 25.23.080(a)(c) Petition for Adoption, AS 25.23.130(1)(2)(c) Effect of Adoption Decree, 25 U.S.C. 1913(a), 1915(a) & (c), 1951(a) & (b) (P. L. 95-608, Sec. 103(a), Sec. 105(a)(c), Sec. 301(a)(b) Indian Child Welfare Act of 1978), AS 18.50.220 New Certificate of Birth, AS 47.10.080(d) Consent for Adoption by OCS.

PURPOSE: To provide guidelines and instructions on when to recognize cultural adoptions that have been recognized by custom for ICWA-eligible children.

POLICY: ICWA-eligible children who are in the custody of the OCS may be culturally adopted. The recognition of a cultural adoption by the child's Tribal court or council can lead to the issuance, by the Bureau of Vital Statistics of a new birth certificate pursuant to 7 AAC 05.700(b). Customary Adoptions are completed at the request of the adoptive family. The adoptive family may choose to finalize the adoption in the State court as outlined under AS 25.23. If the child is culturally adopted, the choice of whether to seek a state court adoption order or apply directly to the Bureau of Vital Statistics for a substitute birth certificate is made by the adoptive parents.

Historically and as a matter of custom, Alaska Native Tribes have conducted cultural adoptions for Tribal children who are being adopted by another family/Tribal member in the Tribal Court or council proceedings. In these proceedings, there is an agreement among the child's family and Tribe that it is in the best interests of the child for the adoption to be finalized. This option for ICWA-eligible children in OCS custody honors the child's cultural traditions for adoption and allows for the adoption to be finalized in a Tribal setting.

Cultural adoptions do not require a termination of parental rights prior to the finalization of the adoption; however once a Tribal Decree of Adoption and a new state birth certificate is issued with the new adoptive parents' names on the birth certificate, the adoption is considered finalized by OCS.

PROCEDURE:

a. If the child is of Alaska Native heritage and born in Alaska, the Protective Services (PS) Specialist meets with the adoptive parents and explains the options of finalizing a cultural adoption in either the State court or in the Tribal court or council.
b. Once the adoptive parents have decided to pursue the adoption in the Tribal court or council, contact the Tribal court or council to discuss the procedures for finalizing the adoption. Explain to the Tribal court or council that:

1. A homestudy must be completed and approved by OCS for the adoption;

2. The adoption cannot be finalized until the OCS has approved the adoption subsidy (if applicable) and a Stipulation to Permanency is entered into in court; and

3. The adoption cannot be finalized until the OCS issues the OCS Consent to Adoption as outlined in AS 47.10.080(d).

c. Follow the Adoption finalization procedures as outlined in section 3.17.

d. To finalize an adoption by the Tribal court or council, the PS Specialist should cooperate with the Tribal court or council and the adoptive parents to prepare the documents necessary to obtain a new birth certificate by the Bureau of Vital Statistics pursuant to 700 AAC 05.700(b).

e. The Tribal court or council will meet to approve the adoption of the child by the adoptive parent. The Tribe may issue a Decree of Adoption and they must prepare the written affirming statement required by 7 AAC 05.700(b)(3). The adoptive parents must present the affirming statement to the Bureau of Vital Statistics with a request to change the child's birth certificate to reflect the child's new adoptive name (if applicable) and change the parents' names from the birth parents' to the adoptive parents' names.

f. The OCS must receive from the Tribe the signed Decree of Adoption and a copy of the new birth certificate as issued by the Bureau of Vital Statistics in order to close the CPS family case or Post-TPR case.

g. Once the PS Specialist has received the new birth certificate from the Tribal court or council, the PS Specialist will proceed with the case closure processes as outlined in 3.20.1B Closing CPS Family and Post-TPR Cases for Adoption and Guardianship Cases.

3.24 SPECIAL ISSUES

3.24.6 ADOPTIONS - NOTICE TO THE DIVISION

AUTHORITY: AS 25.23.100(a) Notice of Petition, Investigation and Hearing

POLICY: Alaska statute requires "that at least 20 days before the scheduled date of an adoption hearing, the petitioner will give notice of the time and place of the hearing to the Department, unless the adoption is by a stepparent of the child. The notice to the Department will be accompanied by a copy of the petition." (AS 25.23.100(a)) The Division may waive their right to notice by filing a written waiver with the court.

All notices and petitions will be reviewed to determine:

- if the parties are known to the Division in relation to any reports of abuse or neglect
- if the family has been denied approval for adoption by the Division
- if any other factors or concerns are present that could threaten the future stability of the adoption.

Notices and Petitions are to be reviewed by the Regional Permanency Planning Specialist in those areas where there is one. Otherwise, the review is the responsibility of the Protective Services (PS) Specialist.

PROCEDURE: The worker will:

a. Review the intake unit's information and referral and CP Alert file to determine if there have been any prior referrals on the adopting family, to the Division.

b. Review the management information system to determine if there have been any prior open child abuse or neglect cases.

c. Review the list of adoptive applicants who were denied approval over the last five years. Field workers will request that the Regional Permanency Planning Specialist complete this review.

d. Review the Notice and Petition to determine if the child is Native and placed in a family outside the placement preferences, and regarding notice to any putative fathers and to the child's Tribe.

e. If the adoptive family is known, re: child abuse and neglect, notify the court in writing that the Division has reason to question the advisability of the adoption and suggest that the court order a study, or if one is already on file with the court, order further assessment.

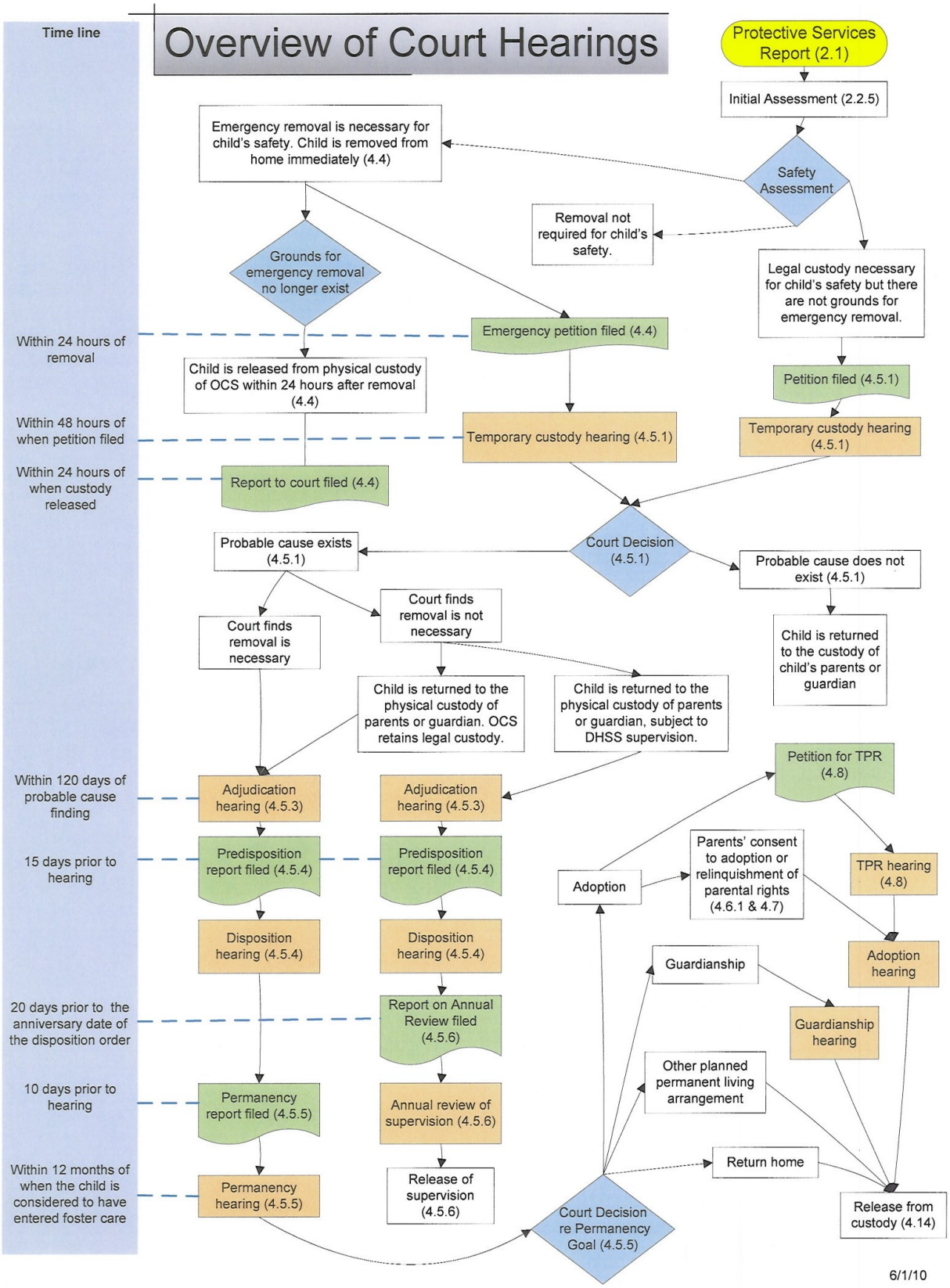
   A copy of the letter should be sent to the adoptive parents' attorney, or if they are handling their own adoption, to the family themselves. If a Tribe has intervened in the case, they should also receive a copy of the letter.

f. If the family has been denied approval for adoption by the Division during the past five years, notify the court in writing and advise that the file is available. A copy of the letter should be sent to the adoptive parents' attorney, or if they are handling their own adoption, the family themselves. If a Tribe has intervened, they should also receive a copy of the letter.

g. If the child is Native and placed with a family outside the preferences, notify the court in writing of the Division's concern that failure to comply with the placement preferences outlined in the Indian Child Welfare Act poses a potential risk to the future stability of the adoption.

   A copy of the letter should be sent to the parents' (attorney) and to the child's Tribe.

h. After the above procedures are completed, file the Notice and Petition, with any correspondence to the court, in chronological order in a master file. Notices and Petitions should be kept on file for one year.


Time line
Overview of Court Hearings
Protective Services Report (2.1)
Initial Assessment (2.2.5)
Safety Assessment
Emergency removal is necessary for child's safety. Child is removed from home immediately (4.4)
Removal not required for child's safety.
Legal custody necessary for child's safety but there are not grounds for emergency removal.
Grounds for emergency removal no longer exist
Within 24 hours of removal
Emergency petition filed (4.4)
Child is released from physical custody of OCS within 24 hours after removal (4.4)
Petition filed (4.5.1)
Within 48 hours of when petition filed
Temporary custody hearing (4.5.1)
Temporary custody hearing (4.5.1)
Within 24 hours of when custody released
Report to court filed (4.4)
Court Decision (4.5.1)
Probable cause exists (4.5.1)
Probable cause does not exist (4.5.1)
Court finds removal is necessary
Court finds removal is not necessary
Child is returned to the custody of child's parents or guardian
Child is returned to the physical custody of parents or guardian. OCS retains legal custody.
Child is returned to the physical custody of parents or guardian, subject to DHSS supervision.
Petition for TPR (4.8)
Within 120 days of probable cause finding
Adjudication hearing (4.5.3)
Adjudication hearing (4.5.3)
15 days prior to hearing
Predisposition report filed (4.5.4)
Predisposition report filed (4.5.4)
Adoption
Parents' consent to adoption or relinquishment of parental rights (4.6.1 & 4.7)
TPR hearing (4.8)
Disposition hearing (4.5.4)
Disposition hearing (4.5.4)
Guardianship
Adoption hearing
20 days prior to the anniversary date of the disposition order
Report on Annual Review filed (4.5.6)
Guardianship hearing
Other planned permanent living arrangement
10 days prior to hearing
Permanency report filed (4.5.5)
Annual review of supervision (4.5.6)
Return home
Within 12 months of when the child is considered to have entered foster care
Permanency hearing (4.5.5)
Release of supervision (4.5.6)
Court Decision re Permanency Goal (4.5.5)
Release from custody (4.14)
6/1/10

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4.0 COURT PROCEEDINGS - INTRODUCTION

AUTHORITY:
AS 47.10 Children in Need of Aid

The child protection statutes (AS 47.10) set the criteria by which the State may legally intervene on behalf of children. These statutes provide the legal authority for protecting children from harm that is the result of parental conduct. The statutes that govern the Child in Need of Aid (CINA) process are located in AS 47.05, AS 47.10, AS 47.14 and AS 47.17 and in the Indian Child Welfare Act (25 U.S.C. §§ 1901 – 1963). The requirements of the Adoptions and Safe Families Act (42 U.S.C. §§ 671 – 675) are incorporated in various state statutes. The court rules that govern CINA cases are called the Child in Need of Aid Rules. Both state and federal requirements have been incorporated in those rules. The regulations promulgated by OCS are found at 7 AAC 50 to 7 AAC 57.

The Child Protection Section of the Attorney General's Office represents the Office of Children's Services (OCS) in court. Each abuse or neglect case that enters the legal system is assigned to an assistant attorney general. The Attorney General's Office has several child protection offices throughout the state to work with cases regionally, where possible.

A CINA case has many steps and can be complicated. The Attorney General's Office and OCS partner together to move each case through the legal system as effectively and efficiently as possible with the goal of achieving the best outcome possible for children and families.

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4.1 RIGHTS, RESPONSIBILITIES, AND ROLES OF PARTIES AND PARTICIPANTS IN A COURT PROCEEDING

AUTHORITY:

25 U.S.C. § 1901–1923	Indian Child Welfare Act of 1978
AS 47.10.030	Summons and Custody of Minor
AS 47.10.050	Appointment of Guardian ad Litem
AS 47.10.084	Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities

Alaska Adoption Rule 12
Alaska Child in Need of Aid Rules 2, 7

BACKGROUND, POLICY, AND PROCEDURES:

A "party" to a Child in Need of Aid (CINA) case means the child, the parents, the guardian, the guardian *ad litem* (GAL), the department, an Indian custodian, if applicable, an Indian child's Tribe that has intervened, and any other person who has been allowed to intervene by the court. Each party may be represented by legal counsel. Other participants who are not legal parties but who have limited rights and responsibilities include grandparents and foster parents/caregivers. Parties and participants are entitled to notice at different stages of the proceedings; see section 6.6.3 for a detailed explanation of notice requirements. It is essential for Protective Services (PS) Specialists to know and understand the role of each party and participant.

A. Child: The child is the focus of all child protection proceedings. While younger children generally do not participate in court hearings unless called to testify, it is important that older children be kept informed of the status of legal proceedings and invited to court hearings when appropriate. The PS Specialist may collaborate with the GAL and Court Appointed Special Advocate (CASA) to ensure that children are appropriately informed and heard.

B. Parents:

1. Rights and Responsibilities: When a child is committed to the custody of the department but parental rights have not been terminated, the child's parents retain residual rights and responsibilities.

   a. Unless granted by court order to a guardian, parents' residual rights and responsibilities include:

      1) the right and responsibility of reasonable visitation;

      2) the right to consent to marriage;

      3) the right to consent to adoption;

      4) the right to consent to military enlistment;

      5) the right to consent to major medical treatment except in cases of emergency or cases covered by AS 25.20.025 (major medical treatment

includes the administration of medication used to treat a mental health disorder); and

6) the responsibility for financial support.

b. If parental rights have been terminated, there are no residual parental rights or responsibilities, unless a right of contact or visitation was retained in a relinquishment. The department assumes all residual parental rights unless a guardian has been appointed.

c. When a child is committed to the custody of the department and the department places the child with the child's parent, the parent has the responsibility to provide for food, clothing, shelter, education, and medical care for the child.

2. Role in Court Proceedings: Parents are parties to their child's case and

a. are served with notice of all court hearings pertaining to their child;

b. have the right to be represented by counsel at all stages of the proceedings (when appropriate, the court may appoint an attorney for a parent);

c. have a right to be heard in all court proceedings pertaining to their child (if the court decides to exclude a parent during the child's testimony, the parent has a right to listen to a recording of the testimony); and

d. have a right to request that a hearing be closed to the public.

C. Guardian: A guardian is a person appointed by the court to act as a parent to a child. A child who is taken into custody by the department may already have a guardian, or the court may appoint a guardian during the course of a (CINA) case. A "guardian *ad litem*" is not a guardian.

1. Rights and Responsibilities: If the court appoints a guardian for the child, the guardian's rights and responsibilities will be specified by court order and may include:

a. the right and responsibility of reasonable visitation;

b. the right to consent to marriage;

c. the right to consent to military enlistment;

d. the right to consent to major medical treatment;

e. the right and responsibility to obtain representation for the child in legal actions; and

f. the right and responsibility to make decisions of legal or financial significance concerning the child.

These rights, similar to those of a parent, may be affected by the department having custody in the same way a parent's rights may be affected.

2. Role in Court Proceedings: While a guardianship is in effect, a guardian's role in the child's case is similar to the role of a parent.

D. Grandparents:

1. Rights and Responsibilities:

a. A child's grandparent has the right to advance written notice of all court hearings in the child's case, as outlined in section 6.6.3 Notification of Court Hearings and Conferences, Administrative Reviews, Removals, Assumption of Custody, and Placement Denials and Changes, if:

1) the grandparent has contacted OCS, provided evidence acceptable to OCS of being the child's grandparent, requested notice of hearings in the child's case, and provided OCS with a current mailing address; or

2) OCS staff is aware that the child has a grandparent and has the grandparent's mailing address on file.

b. Evidence of Relationship:

1) If the grandparent claims to be a grandparent of the child and the child's parent(s) confirms the claim, this constitutes acceptable evidence of the relationship.

2) If a parent of the child is not available to confirm the claim, or if the child's parent(s) denies the relationship, the grandparent will be required to provide evidence in the form of birth certificates.

c. OCS is not required to give notice of hearings if:

1) the grandparent has been convicted of a crime in which the child was the victim; or

2) the grandparent is prohibited by court order from having contact with the child.

If the PS Specialist receives documentation of a grandparent having been convicted of a crime against the child or that a court order has been issued prohibiting contact with the child, the PS Specialist will inform the OCS-designated administrative clerk that notification should cease.

d. Grandparents do not have party status unless permitted by the court to intervene.

2. Role in Court Proceedings: Grandparents who are entitled to notice are entitled to be heard at the hearing. The court may limit the presence of the grandparent if:

a. it is in the best interest of the child; or

b. it is necessary to protect the parties' privacy interests, and it will not be detrimental to the child to do so.

E. Department and OCS PS Specialist:

1. Rights and Responsibilities:

a. The department becomes the legal custodian of a child when the court commits the child to the custody of the department. When this happens, certain responsibilities are imposed upon the department:

1) the responsibility of physical care and control of the child, including determination of where and with whom the child will live;

2) the responsibility to provide the child with food, shelter, education, and medical care unless the child in the department's custody is placed with a parent;

3) the right and responsibility to protect, nurture, train and discipline the child; and

4) the right and responsibility to make decisions of financial significance concerning the child.

b. PS Specialist responsibilities:

1) The PS Specialist assesses the level of danger to a child and takes whatever action is necessary to ensure the child's well-being.

2) The PS Specialist meets with the parents and develops a case plan, assists the parents in obtaining services and completing case plan requirements, and monitors the parents' progress. In some cases, the PS Specialist may perform these activities with a guardian or Indian custodian rather than a parent.

3) The PS Specialist arranges for reasonable visitation between the child and the parents, guardian, Indian custodian, and other relatives as appropriate.

4) The PS Specialist documents all actions taken and provides the documentation to the assistant attorney general (AAG) for distribution to the parties as discovery.

5) If the permanency plan for the child has a goal other than reunification, the PS Specialist makes efforts to place the child in a placement consistent with the permanency plan and takes whatever action is necessary to achieve the plan.

6. The PS Specialist attends all court hearings and meetings and keeps track of all future hearing and meeting dates, deadlines, and expiration dates.

2. Role in Court Proceedings:

   a. With regard to court proceedings, the primary functions of the PS Specialist are to evaluate the need for legal intervention, ensure that there is sufficient evidence to justify legal intervention, attend all hearings and meetings, make recommendations regarding disposition of the case, and testify if called upon to do so.

   b. The PS Specialist consults with the PS Specialist IV and the AAG in choosing the appropriate legal steps. The PS Specialist may be asked to assist the AAG in preparing the case for court.

   c. The PS Specialist is responsible for preparing, or assisting in the preparation of, court paperwork. The PS Specialist, in consultation with the AAG, will ensure that court documents are completed as required and timely filed.

F. Indian Custodian: "Indian custodian" means any Indian person who has legal custody of an Indian child under Tribal law or custom, or under State law, or to whom temporary physical care, custody, and control has been transferred by the parent of such child.

1. Rights and Responsibilities: Under the Indian Child Welfare Act (ICWA), the Indian custodian is a full legal party to the case and is granted some of the same rights that a parent has, though not all. The Indian custodian has a right to court-appointed counsel if they cannot afford to hire an attorney.

2. Role in Court Proceedings: While an Indian custodianship is in effect, an Indian custodian's role in the child's case is similar to the role of a parent. However, an Indian custodian's role may change or end during the course of the case depending on the circumstances.

G. Indian Child's Tribe: An Indian child's Tribe is the Tribe in which the child is a member or eligible for membership. Multiple Tribes may be involved at the investigation phase of a case. In CINA proceedings, the child's Tribe is the Tribe with which the child has the most significant contacts. The Tribes determine which Tribe has the most significant contacts. The Tribe with less significant contacts may still participate in a CINA case as a secondary Tribe. If all parties agree, a non-intervening Tribe may participate in the case and may have access to information as outlined in section 6.1.2 Confidentiality, Background Information (B)(1)(e).

1. Rights and Responsibilities

   a. Jurisdiction: See section 4.15 Tribal Jurisdiction.

   b. Intervention: The Indian child's Tribe has the right to intervene at any point in a proceeding. If the Tribe moves to intervene and that intervention is accepted by a state court, the Tribe becomes a full legal party to the case.

   c. Discovery and Examination of Records: Once an Indian child's Tribe intervenes and becomes a party to the case, the Tribe may examine all reports or other

documents filed with the court, as well as any information upon which the department will make decisions regarding the child.

d. Transfer of Jurisdiction: An Indian child's Tribe has the right to request that a proceeding be transferred to the jurisdiction of its Tribal court. If such a transfer occurs, the case filed in state court will be closed. See section 4.15 Tribal Jurisdiction for specific transfer requirements and procedures.

2. Role in Court Proceedings: The Tribe's role in an Indian child's case is to ensure that the child's Indian heritage is recognized and respected, the child's cultural needs are met, and ties to the child's family and village are maintained.

H. Foster Parents/Relative Caregivers:

1. Rights and Responsibilities: Foster parents and relative caregivers have the right to notice of all hearings but do not have party status. At emergency placement, the PS Specialist will tell the foster parent/caregiver that there will be a hearing within 72 hours and that the PS Specialist will notify the foster parent/caregiver of the time of the hearing as soon as the PS Specialist knows. The PS Specialist should ask the foster parent/caregiver to keep the PS Specialist notified of where the foster parent/caregiver can be reached.

2. Role in Court Proceedings: Foster parents/caregivers are entitled to be heard at the hearing, but the court may limit the presence of the foster parent/caregiver if:

a. it is in the best interest of the child; or

b. it is necessary to protect the parties' privacy interests, and it will not be detrimental to the child to do so.

I. Attorneys and Advocates:

1. Assistant Attorney General (AAG): The AAG is the attorney who represents the department in the case. The function of the AAG is to assist PS Specialists in bringing a petition before the court. The AAG is responsible for reviewing the petition before it is filed and for preparing other required legal documents. As the legal representative of the department, the AAG provides consultation and legal guidance in matters regarding children's proceedings and advocates for the department at all hearings. Although the AAG works closely with OCS PS Specialists in court proceedings, it is important to remember that the AAG represents the department as a state agency, not the individual PS Specialist personally.

2. Guardian *ad litem* (GAL): The GAL is appointed by the court to serve as an advocate for the best interests of the child and to ensure that the court has adequate information regarding the case in order to consider all options. In many areas the GAL is an attorney, but anyone can be appointed. Occasionally a non-attorney GAL may be assisted by an attorney, usually at a contested hearing where complicated legal issues are being litigated. While the PS Specialist should work cooperatively with the GAL, it is important to remember that the GAL is independent of OCS and may differ with the department's position in a case. Information provided by a PS Specialist to a

GAL is not protected by any privilege and is therefore discoverable to all parties.

2. Court Appointed Special Advocate (CASA): A CASA is a volunteer who is trained to assist the GAL in advocating for the best interests of the child. Some CASAs may be trained to perform all the duties of a GAL. Each CASA is supervised by an active GAL and is independent of OCS.

4. Child's Attorney: The function of the child's attorney is to advocate what the child wants when the child is old enough to state his/her position. Attorneys for children are used in delinquency proceedings or in child protection proceedings when the GAL and the child substantially disagree on what is in the child's best interest.

5. Parent's Attorney: The function of the parent's attorney is to ensure that the rights of the parent are adequately protected and to advocate the parent's position in court. Any legal (i.e., biological or adoptive) parent, even a non-custodial one, is entitled to counsel.

6. Attorney for Guardian, Indian Custodian, or Tribe: In some cases, a guardian, Indian custodian, or Tribe may be represented by an attorney.

J. State Judicial System:

1. Superior Court: The function of the Superior Court is to conduct hearings in matters concerning minors who were under eighteen years of age at the time the petition was filed. The two types of children's matters heard in Superior Court are CINA cases and juvenile delinquency cases. A delinquent child is one who is found to have violated a criminal law of the state. A child in need of aid is one in need of protection from abuse or neglect. The court has the authority to enforce the child protection statutes and to monitor services to families. In some cases, the court may terminate the parent/child relationship and permanently remove the child from his/her parents.

2. Masters: In Anchorage, a superior court master (a magistrate who is appointed for a year at a time to conduct CINA and delinquency proceedings) hears most non-contested CINA cases and makes recommendations to the superior court judge as to the appropriate findings and orders. In other locations, particularly where no superior court judge resides, the magistrate or a district court judge may be appointed as a master for a particular court proceeding, e.g., to preside over a temporary custody hearing or to take a stipulation. Masters can issue some orders independently, but others must be approved by a superior court judge to be final.

3. Magistrates and District Court Judges: In addition to situations where a magistrate or district court judge has been ordered to act as a master, magistrates and district court judges may act when a child is in danger and immediate action is required, and no superior court judge or authorized master is available. The action taken, however, must be the least restrictive (in terms of interference with the family relationship) action necessary to protect the minor and must be one which a superior court judge would be authorized to take under the circumstances. The magistrate must immediately notify the superior court of the facts of the case and transfer the case file to the superior court for further action.

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4.2 EMERGENCY CUSTODY

AUTHORITY:
AS 47.10.142 Emergency Custody and Temporary Placement Hearing
Alaska Child in Need of Aid Rules 6(a) and (b)

BACKGROUND, POLICY, AND PROCEDURES:

A. Grounds for Emergency Custody: Under the circumstances specified below, OCS PS Specialists are authorized to take emergency custody of a child without a prior court order. Emergency custody may be assumed and a petition filed when one of the following factors exists:

1. the child has been abandoned, as abandonment is described in AS 47.10.013; or

2. the child has been neglected by the child's parents, Indian custodian, or guardian, as neglect is described in AS 47.10.014, and OCS determines that immediate removal from the child's surroundings is necessary to protect the child's life or provide immediate necessary medical attention; or

3. the child has been subjected to physical harm by a person responsible for the child's welfare, and OCS determines that immediate removal from the child's surroundings is necessary to protect the child's life or that immediate medical attention is necessary; or

4. the child or a sibling has been sexually abused under circumstances listed in AS 47.10.011(7).

B. When emergency custody is assumed a petition must be filed or the child must be released within 24 hours.

C. Filing an Emergency Petition for Adjudication of Child in Need of Aid:

1. Procedural steps in filing a petition include:

a. The PS Specialist consults with the PS Specialist IV regarding all facts and information available, so that a mutual decision about filing the petition can be made.

b. In some offices, the PS Specialist contacts an assistant attorney general (AAG) or locally designated person to discuss the petition and assist in filing it with the court. In many offices, the PS Specialist drafts the petition and has it reviewed by an AAG before it is filed.

c. When there is more than one child in a family involved and some or any of the facts of an incident or situation differ between children, it may be necessary to prepare a separate petition for each child. This is a matter of local practice, so

PS Specialists should consult their AAG.

d. When completing the petition, which is available as a template in ORCA, the PS Specialist will include facts that support each allegation under AS 47.10.011 and the relief requested, including sufficient specific dates, times, and places, giving the parent and the court information about the behaviors supporting intervention and the relief requested.

2. Petitions should be amended when new relevant information becomes known prior to adjudication.

3. The PS Specialist may ask the AAG to move to dismiss a petition when circumstances change so that facts no longer support court intervention. However, once the petition has been filed, a motion must be filed to dismiss and an order issued. A court hearing is not always necessary.

D. Notice: For notice requirements pertaining to emergency custody, see section 6.6.3.

E. Release from Custody within 24 hours: If OCS assumes emergency custody but within 24 hours determines that there are no grounds for retaining legal and physical custody and that filing an emergency Child In Need Of Aid petition is not necessary, OCS shall:

1. Release the child to a parent or Indian custodian (as defined by 25 U.S.C. 1903(6)) who was the custodian at the time of removal; and

2. File a report with the court within 24 hours of such release that explains why the child was taken into custody, why the child was released, and to whom the child was released.

F. Across the state, different judicial jurisdictions sometimes have different practices involving emergency custody petitions and hearings. Consult your AAG or their designee regarding specific jurisdictional practices.

4.3 PETITION FOR ADJUDICATION OF CHILD IN NEED OF AID

AUTHORITY:
AS 47.10.020 Investigation and Petition
CINA Rule 7

BACKGROUND, POLICY, AND PROCEDURES:

A. When to File:

A "Petition for Adjudication of Child in Need of Aid and for Temporary Custody" is filed in all cases in which OCS believes that

1. a child is a child in need of aid because the child has been subjected to conditions or conduct described in one or more subsections of AS 47.10.011; and

2. temporary custody by the department is necessary to protect the child from further harm or risk of harm.

B. Types of Petitions:

1. Emergency Petition: An "Emergency Petition for Adjudication of Child in Need of Aid" is filed after emergency custody is assumed, as outlined in section 4.2 – Emergency Custody.

2. Non-Emergency Petition: A "Non-emergency Petition for Adjudication of Child in Need of Aid and Temporary Custody" is filed when emergency custody is not necessary, but efforts to work with the family voluntarily have not succeeded in achieving an adequate level of care for the child.

C. Procedural Steps in Drafting and Filing a Petition:

1. The PS Specialist consults with the PS Specialist IV regarding all facts and information available so that a mutual decision about filing a petition can be made.

2. The PS Specialist drafts the petition using the templates available in ORCA. The petition is reviewed by the PS Specialist IV, then filed with the court.

3. In some offices, it may be customary for the PS Specialist to provide the draft petition to an Assistant Attorney General (AAG) for review and/or for filing with the court.

D. Form of Petition:

1. The following information must be included in a Petition for Adjudication of Child in Need of Aid:

   a. name, address, and age of the child;

   b. names and addresses of the parent(s) of the child (include the names of all putative fathers for purposes of facilitating paternity testing), and the legal

guardian or Indian custodian of the child if appropriate;

c. name, work address, and occupation of PS Specialist;

d. the possible Tribal affiliation(s) of the child;

e. the specific section or sections of AS 47.10.011 describing the conduct or conditions to which the child has been subjected;

f. facts that support each allegation being made under AS 47.10.011 and the relief requested, including specific dates, times, and places, in order to give the parent and the court sufficient information about the conduct or conditions supporting OCS intervention (a non-emergency petition must specifically state that the parental conduct or conditions described in AS 47.10.011 exist but immediate removal is not necessary under AS 47.10.142(a));

g. a request that the court issue an order for the parent(s) to complete and mail or deliver the Child Support Services Division forms included in the Child Support Packet within 30 days, and for child support to be determined by the Child Support Services Division and order the Child Support Services Division to establish a support order.

2. If the child is believed to be an Indian child, an emergency petition must be supported by a sworn statement of facts showing that removal of the child is necessary to prevent imminent physical damage or harm to the child.

3. When there is more than one child in a family, and some or any of the facts of an incident or situation differ between children, it may be necessary to prepare a separate petition for each child. This is a matter of local practice, so PS Specialists should consult the AAG for guidance.

E. <u>After the Petition Is Filed</u>:

1. Before the initial hearing, the department must make diligent efforts to locate each parent, guardian, and Indian custodian (if applicable) and to give each a copy of the petition for adjudication, along with actual notice of the time and place of the initial hearing and of the parties' right to counsel. The department must also give actual notice of the initial hearing to any foster parent or other out-of-home care provider. If the case involves an Indian child, the department must make reasonable efforts to identify and provide actual notice of the initial hearing to the Indian child's Tribe.

2. The petition should be amended when new relevant information becomes known prior to adjudication.

3. The PS Specialist may ask the AAG to move to dismiss a petition when circumstances change so that current facts no longer support court intervention. However, once the petition has been filed, a motion must be filed to dismiss and an order issued. A court hearing is not always necessary.

4.4 PARTICIPATION IN AND PREPARATION FOR COURT HEARINGS

4.4.1 PARTICIPATION IN COURT HEARINGS

AUTHORITY:
AS 47.10.030 Summons and Custody of Minor
AS 47.10.070 Hearings
Alaska Rule of Civil Procedure 99

BACKGROUND, POLICY, AND PROCEDURES:

A. Persons Entitled to Be Heard at Court Hearings:

1. The persons to whom the department is required to give notice of hearings are also entitled to be heard at the hearing. This includes: the child, parents, guardian, guardian *ad litem*, Indian custodian and Indian child's Tribe, if applicable, a foster parent or other out-of-home care provider, and each grandparent entitled to notice under AS 47.10.030(d) (see section 4.1 Roles - Grandparents).

2. The court may limit the presence of the foster parent or other out-of-home care provider and of any grandparent to the time during which the person's testimony is being given if it is in the best interest of the child or necessary to protect the privacy interests of the parties and will not be detrimental to the child.

B. Telephonic Participation in Hearings:

1. The court may authorize telephonic participation by any witness or party in any hearing, as long as there is good cause for the telephonic appearance and opposing parties are not substantially prejudiced.

2. There is a benefit from, and therefore a strong preference for, the court and parties being able to see and hear the witnesses. Thus, the decision to request telephonic participation should be made by the AAG. It is most often justified for a hearing on short notice or when the party or witness cannot reasonably get to the place of the hearing.

3. The cost of the telephone call is borne by the party benefiting from the telephonic participation. If more than one party will be participating telephonically, the court may require that a conference call be arranged in advance. The PS Specialist may be asked to help make these arrangements.

4.4.2 PREPARATION OF PARTICIPANTS IN COURT HEARINGS

POLICY AND PROCEDURES:

A. The PS Specialist may be asked by the assistant attorney general (AAG) to assist in preparing the child or witnesses for court.

B. Preparing the Child: If the child will be appearing or testifying in court, the PS Specialist will help the AAG prepare the child by:

1. introducing the child to the AAG;

2. showing the child the courtroom before the hearing, if requested;

3. assisting the child in planning how to deal with expected feelings;

4. working through feelings with the child, or ensuring that the child's counselor does.

5. The guardian ad litem and CASA may also be of assistance in preparing the child.

C. Preparing Witnesses:

1. Persons having first-hand knowledge of the facts alleged in the petition may be required to appear as witnesses in the court proceedings.

2. The AAG usually decides who the witnesses will be and prepares a witness list for the court. The AAG may ask the PS Specialist to assist in determining which witnesses should be called to testify.

3. The AAG may ask the PS Specialist to notify the witnesses to expect a subpoena, advise them of the reason for the court proceeding, and help schedule a meeting with the AAG.

4. The AAG may ask the PS Specialist to assist the witnesses by explaining what is expected of them in the court process and emphasizing the importance of their testimony.

D. PS Specialist Preparation:

1. The PS Specialist will:

a. Review the file in preparation for the hearing and bring the file to court.

b. When testimony is necessary, be prepared to testify as to all facts of the case that support the allegations in the petition, ensuring that all reports of contact are reviewed and considered. Preparing a chronology of the contacts and events in the case may be of substantial assistance.

c. Ensure that up-to-date discovery has been provided to the AAG.

d. Dress appropriately for court as defined by local standards.

2. The AAG may offer the PS Specialist as an expert witness. If the court qualifies the PS Specialist as an expert, the PS Specialist may offer professional opinions in addition to factual testimony. In preparation for testimony as an expert, the PS Specialist must be prepared to explain the education and experience upon which that expertise is based.

4.4.3 PRE-COURT CONFERENCES

In some jurisdictions, parties meet at court before the hearing – usually one-half hour prior to the hearing time – to discuss the case in preparation for the hearing. The PS Specialist will be aware of whether such a pre-court conference is scheduled and appear at the appointed time. The PS Specialist should also ensure that the child, parents, guardian, out-of-home care provider, Indian custodian, Indian child's Tribe, and grandparents are aware of the pre-court conference.

4.5 COURT HEARINGS, FINDINGS AND ORDERS

AUTHORITY:
AS 47.10 Children in Need of Aid

BACKGROUND, POLICY, AND PROCEDURES:

A. PS Specialists will appear for court on time, appropriately dressed in conformance with local standards, and prepared for the hearing. PS Specialists will conduct themselves in a professional and respectful manner at all times and bring all legal concerns to the attention of their supervisor and AAG. If the assigned PS Specialist will not be available to attend the hearing, the PS Specialist will ensure that another PS Specialist will cover the hearing and that the covering PS Specialist is adequately prepared.

B. Occasionally, especially on weekend days and holidays, a PS Specialist may be called upon to appear in court without benefit of an attorney. In such cases, the PS Specialist may be expected to present evidence by testifying and explaining to the court the action recommended at the time and by identifying for the court others who can testify to important facts. The PS Specialist should always address the court, opposing parties, and witnesses with respect. If the PS Specialist believes the judge has made an incorrect finding or ruling, the matter should immediately be brought to the attention of the PS Specialist IV and AAG to be evaluated for possible appeal. The PS Specialist should never argue with the judge during the court hearing. The PS Specialist may ask for a brief recess to consult with the PS Specialist's supervisor or AAG by telephone.

C. Hearings of all types are often continued to a later date for many reasons. PS Specialists must be prepared to proceed as scheduled but should be aware that the issues to be addressed at any given hearing may not be resolved at a single hearing time.

D. The PS Specialist must not have contact with the judge outside a court hearing on the merits of any case.

4.5.1 PROBABLE CAUSE/TEMPORARY CUSTODY HEARING

AUTHORITY:
25 U.S.C. § 1912 Indian Child Welfare Act of 1978
AS 47.10.010(a) Jurisdiction
Alaska Child in Need of Aid Rules 10, 10.1

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Hearing: At a probable cause/temporary custody hearing, the court considers the allegations in the petition and determines:

1. Whether there is probable cause to believe the child is a child in need of aid;

2. Whether the department should be granted temporary custody of the child; and

3. Whether the child should be placed outside of the home.

B. Time Limit: If an emergency petition has been filed, the hearing must be held within 48 hours of the filing of the petition. If a non-emergency petition has been filed, the hearing must be held within a "reasonable time" (usually within two weeks).

C. Standard of Proof: "Probable cause" means enough evidence to convince the court that there is a fair probability or substantial chance that the child has been subjected to conditions or conduct described in at least one subsection of AS 47.10.011.

D. Presentation of Evidence: Often the parties in a case will stipulate to probable cause and temporary custody, thereby eliminating the need for presentation of evidence. However, if a party opposes the department's petition, the PS Specialist and/or other witnesses may be required to testify regarding the allegations in the petition. Because hearsay is generally admissible at a probable cause/temporary custody hearing, the child will not usually have to testify at this stage of the proceedings.

E. Dismissal for Lack of Probable Cause: If the court determines that probable cause does not exist, this means the court does not have jurisdiction under the child in need of aid statutes, and the case must be dismissed.

F. Legal Custody or Supervision: If the court finds that there is probable cause, the court will next determine whether the child should be placed in the temporary legal custody of the department or left in the legal custody of the parent, guardian, or Indian custodian under the supervision of the department until disposition.

G. Removal Findings: If the court grants the department temporary legal custody of the child, the court will next determine whether the child should be placed outside of the home or remain placed in the home. In order for the department to place the child outside of the home, the court must find that continued placement in the home of the child's parent, guardian, or Indian

custodian is contrary to the welfare of the child; and, if the child is an Indian child, that

1. removal from the child's parent or Indian custodian is necessary to prevent imminent physical harm to the child; or

2. there is clear and convincing evidence, including the testimony of a qualified expert witness, that the child is likely to suffer serious emotional or physical damage if left in the custody of the parent or Indian custodian.

If the testimony of an expert is necessary, the PS Specialist should consult with the AAG to determine who should be offered as an expert witness.

H. Efforts to Prevent Removal: If placement outside of the home is requested, the court must also make findings regarding the department's efforts to prevent out-of-home placement.

1. The court must determine whether the department has made reasonable efforts to prevent out-of-home placement. If the department assumed emergency custody of the child, the court may find that it was not possible under the circumstances to make efforts that would have prevented removal of the child.

2. If the child is an Indian child, the court must determine whether the department has made active efforts (a higher level of efforts than reasonable efforts) to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family, and whether the department has complied with the placement preferences of section 1915(b) of the Indian Child Welfare Act.

A finding that the department has not made active or reasonable efforts does not alone require the department to return the child to the home. It may, however, affect the department's ability to obtain federal foster care funding for the child.

I. Other Findings, Orders, and Inquiries: The court may make other findings or orders regarding the terms, conditions, and duration of the child's placement. The court may also inquire of the parents regarding Tribal affiliation(s), placement options, or the whereabouts of any absent parent, if this information has not been provided previously.

J. Supervision – No Removal: If the court grants the department supervision of the child rather than temporary legal custody, the department cannot remove the child from the home absent an emergency or further court order.

K. Further Proceedings: At the conclusion of the hearing, if the case has not been dismissed, the court will schedule a pretrial conference, and the parties will set a time and place to meet informally prior to the pretrial conference to discuss the case.

4.5.2 MEETING OF THE PARTIES (ICC) AND PRETRIAL CONFERENCE

AUTHORITY:
Alaska Child in Need of Aid Rule 13

BACKGROUND, POLICY, AND PROCEDURES:

A. Meeting of the Parties: After the probable cause/temporary custody hearing, the parties meet informally to discuss the case plan and the parties' positions regarding adjudication. This meeting, held outside of court, may be referred to locally as an "initial case conference," "ICC," "status conference," or other similar name. The time and place of the meeting are generally determined by the parties at the conclusion of the probable cause hearing. The parties and their attorneys are jointly responsible for preparing and submitting a written summary of the meeting to the court within 10 days after the meeting; in some jurisdictions there is a form for this purpose.

B. Pretrial Conference: A pretrial conference is a hearing held to update the court on the progress of the case and the parties' positions regarding adjudication. At the pretrial conference, the court and parties may:

1. consider efforts to locate and serve all parties;
2. simplify the issues;
3. consider amendments to the petition or other pleadings;
4. resolve any discovery issues;
5. resolve any pending motions;
6. discuss options for settling the case, including alternative dispute resolution methods such as mediation or family group conferencing;
7. consider the possibility of agreeing to certain facts or legal conclusions, or to the submission of documents that may avoid the introduction of unnecessary testimony;
8. discuss the need for, and any limitations upon, expert testimony;
9. determine whether the child will be present and/or testify at trial and, if so, under what conditions;
10. determine how long the evidence will take to present; and
11. consider any other matters relevant to trial or resolution of adjudication.

If the parties are prepared to stipulate to adjudication at the time of the pretrial conference, the court may accept the stipulation and schedule a disposition hearing. If the parties are not

prepared to do so, the matter may be set for an adjudication trial or another pretrial conference.

4.5.3 ADJUDICATION HEARING

AUTHORITY:
AS 47.10.080 Judgments and Orders
25 U.S.C. § 1912 Indian Child Welfare Act of 1978
Alaska Child in Need of Aid Rules 14, 15

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Hearing: An adjudication hearing is a fact-finding hearing at which the court determines whether the child is a Child In Need Of Aid under AS 47.10.011.

B. Time Limits:

1. An adjudication hearing must be completed within 120 days after a finding of probable cause is entered, unless the court finds good cause to continue the hearing. When determining whether to grant a continuance for good cause, the court must take into consideration the age of the child and the potential adverse effect that the delay may have on the child.

2. In cases involving an Indian child, an adjudication hearing cannot be held until at least 10 days after receipt of notice by the parent or Indian custodian, and by the Indian child's Tribe or the Bureau of Indian Affairs. The parent, Indian custodian, or Tribe, shall, upon request, be granted up to an additional 20 days to prepare for the hearing.

C. Standard of Proof: In order to find that the child is a child in need of aid, the court must find by a preponderance of the evidence – in other words, that it is more likely true than not true – that the child has been subjected to conditions or conduct described in at least one subsection of AS 47.10.011. The court may not find a child to be a child in need of aid solely because the child's family is poor, lacks adequate housing, or exhibits a lifestyle that is different from the generally accepted lifestyle standard of the community where the family lives.

D. Presentation of Evidence: Often the parties in a case will stipulate to adjudication and continued temporary custody, thereby eliminating the need for presentation of evidence. However, if a party opposes the department's petition, the PS Specialist and/or other witnesses may be required to testify regarding the allegations in the petition. Because hearsay is generally not admissible at adjudication to prove the child is a child in need of aid, the child may have to testify at this stage of the proceedings.

E. Stipulations Involving Indian Children: If the case involves an Indian child, any stipulation to adjudication must be in writing, agreed to by the court, and signed by the parent or Indian custodian.

F. Dismissal for Lack of Evidence: If the court does not find by a preponderance of the evidence that the child is a child in need of aid, this means the court no longer has jurisdiction under the Child In Need of Aid statutes. The case must be dismissed and the child returned to the parent(s), guardian, or Indian custodian.

G. Adjudication Findings: If the court finds by a preponderance of the evidence that the child has been subjected to conditions or conduct described in AS 47.10.011, the court will adjudicate the child a child in need of aid and schedule the matter for disposition.

H. Legal Custody or Supervision: If a disposition hearing is not held immediately following the adjudication, the court must address whether temporary custody or supervision is necessary in the interim.

I. Removal Findings and Efforts to Reunify: If the court grants the department continued temporary legal custody of the child pending disposition, the court will next determine whether the child should remain placed outside of the home and, if so, make findings regarding the department's efforts to prevent continued out-of-home placement. See Section 4.5.1(G) Removal Findings, and (H) Efforts to Prevent Removal.

4.5.4 DISPOSITION HEARING

AUTHORITY:
AS 47.10.080 Judgments and Orders
AS 47.10.081 Predisposition Hearing Reports
Alaska Child in Need of Aid Rules 14, 16, 17

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Hearing: A disposition hearing is a fact-finding hearing at which the court determines whether a child who has been adjudicated a Child In Need Of Aid under AS 47.10.011 should be committed to the custody or supervision of the department and, if so, for what period of time and under what conditions.

B. Time Limit: There is no specific period of time following adjudication within which a disposition hearing must be held. In some cases, the court may enter disposition findings at the conclusion of the adjudication hearing. However, a disposition hearing may not be held before adequate information is available upon which to enter an informed disposition order. If the child is placed out of the home, the court cannot enter a disposition order unless and until the court finds the department has made appropriate efforts to prevent continued removal. See section 4.5.1(G) Removal Findings, and (H) Efforts to Prevent Removal.

C. Information Relied Upon: In determining the terms of disposition, the court relies upon the predisposition reports of the department and guardian ad litem, as well as any evidence or other relevant information submitted by the parties.

D. Predisposition Report: A predisposition report, prepared by the PS Specialist, is required by statute and is intended to aid the court in its disposition decision.

1. The report must be submitted to the court and parties at least 15 days prior to the scheduled disposition hearing (or adjudication, if the two hearings will be held at the same time).

2. If the Indian child's Tribe is a party to the case, the PS Specialist should consult with the Tribe in advance so that the Tribe's position can be included in the predisposition report.

3. The report should include:

a. a summary of the conduct or conditions that have caused the child to be a child in need of aid;

b. a summary of the child's and family's social history;

c. if removal from the home is recommended, a description of the reasons the child cannot be protected adequately in the home, including a description of any

previous efforts to work with the parents and child in the home and the parents' attitude toward placement of the child;

d. a description of the potential harm to the child which may result from continued removal from the home and any efforts which can be made to minimize such harm;

e. a summary of the case plan for the child and parent(s), guardian, or Indian custodian, including a statement of changes in circumstances or behavior which will aid the court in determining when court intervention is no longer necessary;

f. if the child is an Indian child, a summary of the department's efforts to comply with ICWA placement preferences (see section 2.7 Placement Preferences);

g. the PS Specialist's recommendations regarding disposition, including a summary of the PS Specialist's assessment, summaries of the assessments of other professionals providing services in the case (copies of their written reports, if any, should be attached), the department's treatment plan for the family, and an explanation of how the treatment plan should result in achieving an adequate level of care for the child in the home;

h. information, if available, regarding the parent's financial ability to contribute to the cost of the child's care while placed outside the home.

E. Presentation of Evidence: Often the parties in a case will stipulate to disposition. However, if a party opposes the department's recommendations, the PS Specialist and/or other witnesses may be required to testify in support of those recommendations. Because hearsay is generally admissible at disposition, the child will not usually have to testify at this stage of the proceedings. If the case involves an Indian child, any stipulation to disposition must be in writing, agreed to by the court, and signed by the parent or Indian custodian.

F. Dismissal: If the court finds that the child is no longer a child in need of aid, this means the court no longer has jurisdiction under the child in need of aid statutes. The case must be dismissed and the child returned to the parent(s), guardian, or Indian custodian.

G. Disposition Findings: If the court finds that the child continues to be a child in need of aid, it must do one of the following:

1. Commit the child to the custody of the department for a period not to exceed two years, or the child's 19th birthday, whichever occurs earlier.

2. Return the child to the custody of the parent, relative, or guardian of the child or another suitable person with, in appropriate cases, an order for the person to provide medical or other care or treatment. Such orders usually include a requirement that the department supervise the placement, unless the court finds that the adult with whom the child is being placed will provide adequate care without supervision.

3. Terminate parental rights, if a petition for termination of parental rights has been filed and required notice has been given, and commit the child to the custody of the department.

H. Required Considerations: In making its dispositional order under AS 47.10.080(c), the court is required to keep the health and safety of the child as the court's paramount concern and consider:

1. the best interests of the child,

2. the ability of the state to take custody and to care for the child to protect the child's best interests under the Child in Need of Aid statutes, and

3. the potential harm to the child caused by removal of the child from the home and family environment.

I. Further Proceedings: If the court commits the child to the custody of the department, the disposition order must set a date for a permanency hearing. If the court orders supervision rather than legal custody, the order must set a date for filing a report on annual review.

4.5.5 PERMANENCY HEARING

AUTHORITY:

25 U.S.C. § 1912	Indian Child Welfare Act of 1978
42 U.S.C. § 675(5)(C)	(Definitions (Title IV-E)
AS 47.10.080	Judgments and Orders
AS 47.14.100	Powers and Duties of Department Over Care of Child
17.2	Alaska Child in Need of Aid Rule

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Hearing: The purpose of a permanency hearing is to establish a permanency plan for the child and to ensure that reasonable efforts have been made to achieve the goal of that plan.

B. Time Limits:

1. A permanency hearing must be held

   a. within 12 months after the date the child entered foster care (the date of entry into foster care is defined by state law as the earlier of: the date of the first judicial finding of child abuse or neglect, or 60 days after the date of removal from the home); or

   b. within 30 days after the court determines that reasonable efforts toward reunification are no longer required; or

   c. when a party requests a permanency hearing and shows good cause for the request.

2. If the court is not able to find a specific permanency plan at the hearing, another permanency hearing must be held within a "reasonable time" (usually within 60 days).

3. If the plan established at a previous permanency hearing changes, the department must promptly request another permanency hearing, which must be held within 30 days of the department's request.

4. A permanency hearing must be held at least once every 12 months until the goal of the permanency plan has been reached.

C. Information Relied Upon: In making permanency findings, the court relies upon the permanency report of the department, as well as any evidence or other relevant information submitted by the parties.

D. Permanency Report: A permanency report, prepared by the PS Specialist, is required by court rule and is intended to provide the court with sufficient information to make the

necessary permanency findings.

1. The report must be submitted to the court and parties at least 10 days prior to the scheduled permanency hearing.

2. The report is completed in ORCA and should include:

   a. the department's permanency plan for the child, as established at the Administrative Review (see section 3.1);

   b. a summary of the family support services which have been identified, recommended, and made available to the family to remedy the conduct or conditions that have caused the child to be a child in need of aid;

   c. a summary of the progress of the parent(s), guardian, and/or Indian custodian in remedying the conduct or conditions at issue;

   d. a description of the reasonable efforts made by the department to achieve the permanency plan;

   e. if the permanency plan is another planned, permanent living arrangement (APPLA):
      1) At each permanency hearing held with respect to the child, the State/Tribal agency documents the intensive, ongoing, and, as of the date of the hearing, unsuccessful efforts made by the agency to return the child home or secure a placement for the child with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent, including through efforts that utilize search technology (including social media) to find biological family members for the children;
      2) a description of the steps are necessary to achieve the arrangement; and
      3) a description of the steps that have been taken to achieve a more permanent plan like adoption.

   f. the department's decision regarding the filing of a termination petition and the reasons for that decision (if the department has determined that a compelling reason exists not to file, include the compelling reason);

   g. an explanation of why the child's current placement, whether in-state or out-of-state, is appropriate and in the child's best interests; whether both in-state and out-of-state placement options have been considered; whether the current placement is expected to be the permanent placement; and, if the current placement is expected to be permanent, why the placement is appropriate to be the permanent placement;

   h. If the child is an Indian Child, an explanation as to whether the child is in a preferred placement under ICWA and, if so, what level of preference (1-4). If the child is not in a first preference placement (i.e., with an extended family member) or is not within any of the placement preferences, there shall be an explanation as to why the department thinks there is good cause to deviate from the placement preferences and what efforts have been made to move the child

to a higher preference placement.

i. if the child is of suitable age, the child's wishes and preferences regarding the permanency plan and placement; and

j. if the child is 14 years of age or older, the services that are needed to assist the child in transitioning from foster care to successful adulthood.

k. if the child is in foster care, or youth 16 and older in another planned permanent living arrangement, if the youth's foster family home or child care institution is following the reasonable and prudent parent standard, See CPS Manual section 6.5.4 Prudent Parent Standard for further information. And, that the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities (including by consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities). This will be documented in the Permanency Report in ORCA, section (E) current placement, section II Information to Assist Court's Review of Permanency Plan.

E. Notice of Hearing:

1. Notice of the hearing must be provided to all parties to the case, the foster parent or out-of-home care provider, and grandparents who are entitled to notice (see section 4.1(D) Rights, Responsibilities, and Roles of Parties and Participants in a Court Proceeding for clarification of grandparent's right to notice).

2. If the permanency hearing involves an Indian child, the child's Tribe is entitled to notice of the hearing even if the Tribe has not previously intervened or participated in the proceedings.

F. Child's Right to be Present: State statutes specifically require that the child be afforded the opportunity to attend the permanency hearing and be heard. The PS Specialist should consult with the guardian *ad litem* and court appointed special advocate (CASA) to ensure that the child is given this opportunity.

G. Presentation of Evidence: Often the parties in a case will stipulate to permanency findings. However, if a party opposes the department's recommendations, the PS Specialist and/or other witnesses may be required to testify in support of those recommendations. Hearsay is generally admissible at a permanency hearing.

H. Permanency Findings: The court must make the following findings in writing at a permanency hearing:

1. whether and when the child should be returned to the parent, guardian, or Indian custodian;

2. whether the child should be placed for adoption or guardianship and whether a petition for termination of parental rights should be filed by the department (taking into account any compelling reason that may exist for not filing a termination petition);

3. whether there is a compelling reason that the most appropriate placement for the child

is another planned, permanent living arrangement (APPLA) based on the department's recommendation and the information included in the permanency report (see section 3.1 Administrative Reviews, Background Information (B)(1)(a) for examples of compelling reasons). The findings must include the steps that are necessary to achieve the new arrangement and why it continues to be the best option for the child to remain in an APPLA;

4. whether the department has made the reasonable efforts – or, in the case of an Indian child, active efforts – to offer appropriate family support services to remedy the conduct or conditions in the home that have caused the child to be a child in need of aid;

5. whether the department has made reasonable efforts to achieve the permanency plan for the child;

6. whether the parent, guardian, or Indian custodian has made substantial progress to remedy the conduct or conditions in the home that have caused the child to be a child in need of aid;

7. if the permanent plan for the child is for the child to remain in out-of-home care, whether the child's out-of-home placement continues to be appropriate and in the best interests of the child, and whether both in-state and out-of-state placement options have been considered;

8. if the child is placed in an out-of-state placement, whether that placement continues to be appropriate and in the child's best interests;

9. if the child is 14 years of age or older, findings addressing independent living services needed to assist the child to make the transition from foster care to successful adulthood.

I. Other Findings and Orders: The court may make other findings and orders relevant to permanency for the child.

J. The PS Specialist will document the hearing in ORCA.

4.5.6 ANNUAL REVIEW OF SUPERVISION

AUTHORITY:
AS 47.10.080(f) Judgments and Orders
AS 47.10.083 Review of Orders, Requests for Extensions
Alaska Child in Need of Aid Rule 19

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Annual Review: The purpose of an annual review of supervision is to determine whether continued supervision, as it is being provided, is in the best interests of the child. The annual review is conducted by the court based upon written reports and other documentation without a hearing, unless an evidentiary hearing is requested by a party or ordered by the court.

B. Time Limit: An annual review must be held one year after the date of the disposition order placing the child in the supervision of the department.

C. Information Relied Upon: In conducting the annual review of supervision, the court relies upon the report submitted by the department, as well as any evidence or other relevant information submitted by the parties.

D. Report for Annual Review: At least 20 days before the anniversary of the disposition order placing the child in the supervision of the department, the department must submit to the court and parties a report that includes:

1. a copy of the current case plan; and

2. a description of the services offered by the department and the services utilized by the parent(s), guardian, or Indian custodian to make it possible for the child to remain in the home.

The report must be accompanied by a notice of right to counsel; a notice of the right to submit statements, affidavits, or other evidence to the court; and a notice of the right to request an evidentiary hearing.

E. Notice to Tribe: The party requesting an evidentiary hearing must provide notice of the hearing to the Indian child's Tribe, even if the Tribe has not previously intervened or participated in the proceedings.

F. Presentation of Evidence: If an evidentiary hearing is requested or ordered, the PS Specialist and/or other witnesses may be required to testify in support of continued supervision. Because hearsay is generally admissible at an evidentiary hearing on annual review, the child will not usually have to testify at this stage of the proceedings.

G. Findings on Annual Review: If the court finds that the child is no longer a child in need of aid, or that it is not in the best interests of the child to continue supervision, the court will release the department from supervision of the family. If the court finds that the child continues to be

a child in need of aid and that continued supervision is in the child's best interests, the court will continue supervision.

4.5.7 EXTENSION OF CUSTODY/SUPERVISION HEARING

AUTHORITY:
AS 47.10.080 Judgments and Orders
AS 47.10.083 Review of Orders, Requests for Extensions
AS 47.10.100 Retention of Jurisdiction over Child
Alaska Child in Need of Aid Rule 19.2

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Hearing: The purpose of an extension of custody/supervision hearing is to determine whether, at the end of a period of custody or supervision, the child should remain committed to the custody or supervision of the department and, if so, for what period of time and under what conditions. In order to extend custody, the court must find that the child continues to be a child in need of aid and that the extension is in the best interests of the child.

B. Time Limits:

1. The extension hearing should be held prior to the expiration of custody or supervision. If necessary, the court may issue an order temporarily extending custody or supervision for a reasonable time until a decision on the petition can be made. Although the court is not prohibited from retroactively extending custody/supervision after it has expired, every effort should be made to hold the hearing prior to expiration.

2. Each extension of custody may be for a period not to exceed one year or the child's 19th birthday, whichever occurs earlier. The court may extend the department's custody for additional one-year periods past the child's 19th birthday, not to extend beyond the child's 21st birthday if continued state custody is in the child's best interests and the child consents.

3. Each extension of supervision may be for a period not to exceed one year or the child's 19th birthday, whichever occurs earlier. The court may extend the department's supervision for up to one year past the child's 19th birthday if it is in the child's best interests and the child consents.

C. Information Relied Upon: In deciding whether to extend custody or supervision and under what terms, the court relies upon the petition for extension of custody/supervision submitted by the department, as well as any evidence or other relevant information submitted by the parties.

D. Petition for Extension of Custody/Supervision: If the department seeks to extend custody or supervision of the child, the PS Specialist must prepare and file a petition for extension of custody/supervision. The guardian ad litem or the child is also authorized by law to file a petition, but in most cases the department is the petitioner.

1. The petition must be submitted to the court and parties at least 30 days prior to the

expiration of custody/supervision. The court rules also require that a written report detailing the facts and circumstances supporting the petition be filed at least 10 days before the extension hearing; however, this information is usually incorporated into the petition itself, thereby eliminating the need for a separate report.

2. The petition/report should include:

   a. a summary of the conduct or conditions that cause the child to continue to be a child in need of aid;

   b. a summary of the child's and family's social history;

   c. a description of the services offered to the family, the family's progress in remedying the conduct or conditions in the home that cause the child to be a child in need of aid, and a statement of changes in circumstances or behavior which will aid the court in determining when court intervention is no longer necessary;

   d. a summary of the child's progress while in custody/supervision; and

   e. an explanation of why an extension of custody/supervision is necessary and in the child's best interests.

E. Notice to Hearing:

1. Notice of the hearing must be provided to all parties to the case, the foster parent or out-of-home care provider, and grand parents who are entitled to notice (see section 4.1(D) Rights, Responsibilities, and Roles of Parties and Participants in a Court Proceeding for clarification of grand parent's right to notice).

2. An Indian child's Tribe and Indian custodian, if applicable, are entitled to service of the petition and notice of the extension hearing even if neither the Tribe nor Indian custodian has previously intervened or participated in the proceedings. The notice must describe the right to intervene and obtain documents filed in the case.

F. Presentation of Evidence: Often the parties in a case will stipulate to extension of custody/supervision. However, if a party opposes extension, the PS Specialist and/or other witnesses may be required to testify in support of the petition. Because hearsay is generally admissible at an extension hearing, the child will not usually have to testify at this stage of the proceedings.

G. Denial of Petition: If the court finds that the child is no longer a child in need of aid, or that it is not in the best interests of the child to extend custody or supervision, the petition for extension must be denied. However, if the child is in out-of-home placement, the court may establish a timetable for gradual reunification of the family and expiration of custody if the court finds that immediate reunification would be detrimental to the child.

H. Extension of Custody/Supervision Findings: If the court finds that the child continues to be a child in need of aid and that an extension of custody or supervision is in the child's best interests, it must do one of the following:

1. Commit the child to the custody of the department for additional one-year periods that do not extend beyond the child's 21st birthday.

2. Return the child to, or maintain the child in, the custody of the parent, guardian, or Indian custodian of the child with supervision by the department for an additional period not to exceed one year or the child's 19th birthday, whichever occurs earlier.

I. Consolidation of Extension Hearing and Permanency Hearing: Because permanency findings must be reviewed annually, it is often preferable to request and obtain permanency findings at the first extension of custody/supervision hearing and to combine extension and permanency hearings thereafter.

J. The PS Specialist will document the hearing in ORCA.

4.5.8 HEARING ON PLACEMENT IN RESIDENTIAL PSYCHIATRIC TREATMENT CENTER

AUTHORITY:
AS 47.10.087 Placement in Secure Residential Psychiatric Treatment Centers
AS 47.10.990 Definitions

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Hearing: When it becomes necessary to place a child who is in the custody of the department in a residential psychiatric treatment center, the department must seek authorization from the court to do so. Such a placement must then be reviewed by the court periodically for continued authorization.

B. Time Limits: The initial hearing for placement in a residential psychiatric treatment center should be held before the placement is made. Once the court authorizes placement, the placement must be reviewed by the court every 90 days.

C. Information Relied Upon: In deciding whether to authorize placement in a residential psychiatric treatment center, the court relies upon the testimony of a mental health professional who has knowledge of the child's condition and the proposed treatment center, as well as any other evidence or relevant information submitted by the parties.

D. Procedures for Requesting Placement:

1. Exhaust less restrictive possibilities: Before a child may be placed in a residential treatment setting, less restrictive treatment alternatives must be tried, unless the child cannot safely be placed in a less restrictive setting.

2. Present to placement committee (see section 6.5.2 Residential Psychiatric Center Level of Care).

3. Provide documentation in support of request for placement to AAG: Once placement has been approved by the placement committee, the PS Specialist will provide documentation supporting the placement recommendation to the AAG for attachment to a Motion for Placement Review Hearing. The documentation should include the following information from a mental health professional:

   a. a description of the child's mental condition, including current diagnoses;

   b. a description of the child's behaviors;

   c. a description of the less-restrictive placement settings that have been tried and failed, or an explanation of why no less restrictive setting is available or appropriate; and

   d. a description of the anticipated benefits of treatment at the proposed treatment

center.

E. Presentation of Evidence: Authorization to place a child, or to maintain a child's placement, in a residential psychiatric treatment center requires the testimony of a mental health professional. A person must possess certain qualifications in order to meet the legal definition of "mental health professional"; the PS Specialist should consult with the AAG to determine who is best qualified in a given case. The testimony of a mental health professional is required regardless of whether any party opposes the proposed placement.

F. Findings Authorizing Initial Placement: In order to authorize the child's initial placement in a residential psychiatric treatment center, the court must make the following findings by clear and convincing evidence, based on the testimony of the mental health professional:

1. The child is gravely disabled or is suffering from mental illness and, as a result, is likely to cause serious harm to the child or to another person;

2. There is no reasonably available, appropriate, and less restrictive alternative for the child's treatment or that less restrictive alternatives have been tried and have failed; and

3. There is reason to believe that the child's mental condition could be improved by the course of treatment or would deteriorate if untreated.

G. Findings Authorizing Continued Placement: After the child's initial placement, in order to authorize the child's continued placement in a residential psychiatric treatment center, the court must make the following findings by clear and convincing evidence, based on the testimony of the mental health professional:

1. The conditions or symptoms that resulted in the initial order have not ameliorated to such an extent that the child's needs can be met in a less restrictive setting; and

2. The child's mental condition could be improved by the course of treatment or would deteriorate if untreated.

H. Placement No Longer Necessary: If the mental health professional responsible for the child's treatment determines that the child would no longer benefit from the course of treatment or that the child's treatment needs could be met in a less restrictive setting, the department must transfer the child to another appropriate, less restrictive setting. The PS Specialist must notify the child, the parent(s) or guardian, and guardian ad litem of the determination and transfer.

4.5.9 MISCELLANEOUS HEARINGS

AUTHORITY:
25 U.S.C. § 1915 Indian Child Welfare Act of 1978
AS 47.10.080 Judgments and Orders
AS 47.14.100 Powers and Duties of Department Over Care of Child
7 AAC 53.400 Eligibility for Resumption of State Custody
Alaska Child in Need of Aid Rule 19.1

BACKGROUND INFORMATION, POLICY, AND PROCEDURES:

A. Placement Review Hearing:

1. Change of Placement: A party who opposes a change of placement proposed by the department may request a review hearing. The opposing party has the burden of proving by clear and convincing evidence that the proposed change in placement is contrary to the best interests of the child. The court must consider any applicable placement preferences set forth in federal or state law. (See section 2.7 Placement Preferences.)

2. Denial of Placement: If the department denies a request for placement with an adult family member or adult family friend, the Protective Services (PS) Specialist must inform the person of the reason for the denial of placement and the person's right to request a review hearing. At the review hearing, the department must prove by clear and convincing evidence that there is good cause to deny the placement. If the person being denied placement cannot meet the requirements for a foster care license, this constitutes good cause unless the person can convince the court otherwise.

B. Visitation Hearing: The department is required to provide reasonable visitation between a child in custody and the child's parents, guardian(s), Indian custodian, and family. If the department denies visitation to a parent, guardian, Indian custodian, or adult family member, the PS Specialist must inform the person of the reason for the denial of visitation and the person's right to request a review hearing. At the review hearing, the department must prove by clear and convincing evidence that visits are not in the child's best interests.

C. Trial Setting Conference: If it becomes necessary to schedule an adjudication trial, termination trial, or other lengthy contested hearing, the court may hold a trial setting conference before the assigned judge for purposes of scheduling the trial or hearing. Deadlines for the filing of motions, notices, or pretrial briefs, or for the exchange or disclosure of information, may also be ordered by the judge at the trial setting conference.

D. Hearing to Review Disposition Order: After disposition, any party may move for a review of the disposition order. The moving party must show good cause for the review, and the decision to grant a review hearing is within the discretion of the court. If the party is seeking return of the child to the child's home, the party must present some evidence to show that removal is no longer necessary; if the party does so, the burden shifts to the department to

prove that continued removal is necessary. There are different standards of proof for removal of Indian children and non-Indian children. See section 4.5.1(G) Removal Findings.

E. Hearing for Youth Re-Entering Custody:

1. The court may grant resumption of state custody of a person who was released from state custody and wants to return to state custody if the person:

   a. consents to the resumption of custody; and

   b. was placed in out-of-home care by the department immediately prior to being released from state custody; and

      1) was released to the person's own custody after reaching age 18; or

      2) was at least 16 years of age and emancipated (i.e. released to the person's own custody after the disabilities of minority were removed under AS 09.55.590); or

      3) was at least 16 years of age and released to the custody of a parent or guardian because the person refused out-of-home care and has reached the age of 18; or

      4) was at least 16 years of age and released to the custody of a parent or guardian because the person refused out-of-home care, has not reached the age of 18, and grounds for filing a child in need of aid petition do not exist; and

   c. is in need of out-of-home care

      1) to avoid personal harm;

      2) because of the person's severe emotional disturbance, mental disability, physical disability, homelessness, or a combination of those conditions;

      3) because the person is completing an educational or vocational program; or

      4) to otherwise improve the person's successful transition to independent living; and

   d. signs a custody resumption agreement prepared by the department that includes a provision that the person agrees to actively participate in

      1) developing the transition plan; and

      2) services designed to promote self-sufficiency.

2. A person is not eligible for resumption of state custody if the person:

a. is married;

b. does not reside in this state;

c. fails to comply with requirements of probation or parole, if any;

d. is in or reenters active duty in the military;

e. has previously re-entered state custody under AS 47.10.080(v) after 18 years of age; or

f. refuses to sign a custody re-entry agreement.

3. Procedure for Requesting a Hearing:

a. A person who seeks resumption of custody may request the department to petition the court for a hearing to determine eligibility for resumption of state custody.

1) For a person who has not reached age 18 the petition will be submitted by the department;

2) For a person who has reached age 18 or been emancipated, the petition may be submitted by either the person or the department;

b. A request for a petition may also be made to the department by the person's legal representative or GAL.

F. Status Hearing/Other Review: At any time in a proceeding, the court may review the status of the case or other relevant matters. The court may schedule a status or review hearing on its own or upon the motion of any party.

G. The PS Specialist will document the hearing in ORCA.

4.6 CONSENT TO ADOPTION

AUTHORITY:

25 U.S.C. § 1913	Indian Child Welfare Act of 1978
AS 25.23.040	Persons Required to Consent to Adoption

BACKGROUND, POLICY, AND PROCEDURES:

A child in the custody of the department may become legally free for adoption through termination of parental rights or by voluntary parental consent to adoption. Once a child is free for adoption, the department's consent to adoption is also required in order for the adoption to be finalized.

4.6.1 CONSENT BY PARENT

AUTHORITY:
25 U.S.C. § 1913 Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)
AS 47.10.084(c) Residual Parental Rights and Responsibilities
AS 25.23.060 Execution of Consent
AS 25.23.070 Withdrawal of Consent
Alaska Adoption Rule 9

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Consent: Parents have a legal right to consent to the adoption of their children by others. A parent of a child in the department's custody retains the right to consent to adoption of the child as long as the parent's parental rights have not been terminated by court order. The parent may choose to exercise the right to consent by voluntarily executing a formal consent to adoption of the child, usually by a specific adoptive family.

B. Form of Consent:

1. A parent's consent to adoption must be executed in writing and signed by the parent, regardless of the age of the parent. The consent form must state whether the parent is a minor.

2. The consent form must state that the parent has a right to be represented by counsel.

3. The consent form must state whether the child is an Indian child as defined in the Indian Child Welfare Act (ICWA).

4. The consent form must state the circumstances under which the parent may withdraw the consent (see paragraph F below).

5. The consent form must provide the address and phone number of the court in which the adoption proceeding has been or is expected to be filed.

6. The consent form must contain an acknowledgement by the parent that the parent has received a copy of the consent form.

7. A consent form need not name a specific adoptive family, but if it does not, it must contain an acknowledgment by the parent that the parent voluntarily executed the consent irrespective of disclosure of the identity of the adoptive family.

C. Execution of Consent:

1. In the case of a non-Indian child, a parent's consent to adoption may be executed at any time after the birth of the child. The consent must be executed in the presence of

a judge or special master or a person authorized to take acknowledgements (i.e., a notary public).

2. In the case of an Indian child, a parent's consent may be executed at any time after the first 10 days following the birth of the child. The consent must be executed in writing in the presence of a judge or, in exceptional circumstances, the presence of a special master. The judge assigned to hear the proceeding must make oral or written findings that the terms and consequences of the consent were fully explained in English or a language that the parent understood, and that the parent understood those terms and consequences.

3. If the parent is a minor, the consent must be executed in the presence of a judge or master, regardless of whether the child is an Indian child.

4. When there is any indication that a parent may lack the capacity to knowingly and voluntarily consent to adoption, whether due to developmental disabilities, history of mental illness, or abuse of drugs or alcohol, the PS Specialist should consult with the assistant attorney general (AAG) to decide whether or not the parent's consent should be accepted and, if so, under what circumstances.

D. Retained Privileges: The laws pertaining to consents to adoption do not explicitly allow a parent to retain post-adoption privileges, such as the ability to have future contact, communication, and visitation with the child. However, a parent's consent to adoption may include an understanding by the parent that the prospective adoptive parent has agreed to permit such privileges, along with a recommendation that such privileges be included in the decree of adoption. Nevertheless, a parent may not withdraw consent to adoption after entry of the adoption decree, even if the agreed-upon privileges are not granted.

E. Effect of Consent Prior to Adoption: The status of a parent's parental rights does not change between the execution of the parent's consent to adoption and the entry of an adoption decree. The parent retains all previously-held residual rights and responsibilities until the adoption is finalized, including the right to consent to marriage, the right to consent to military enlistment, the right to consent to major medical care for the child, and the responsibility for financial obligations such as child support and medical insurance for the child. A parent's consent to adoption does not automatically relieve the department of its duty to make efforts to reunify the parent with the child.

F. Withdrawal of Consent:

1. A parent may not withdraw consent to adoption after the entry of a decree of adoption.

2. In the case of a non-Indian child, a parent may withdraw consent to adoption within 10 days after the consent is executed by delivering written notice to the court or the person obtaining the consent. After the 10-day period, the parent may withdraw the consent only if the court permits the withdrawal upon finding, after notice and opportunity to be heard is afforded the adoptive family, the person seeking the

withdrawal, and the agency placing the child for adoption, that the withdrawal is in the best interests of the child.

3. In the case of an Indian child, a parent may withdraw consent to adoption at any time prior to the entry of a final decree of adoption by delivering written notice to the court where the consent was made or the person who obtained the consent.

G. Notification of Failed Placement: When a parent consents to the adoption of the child by a specific adoptive family, the PS Specialist will notify the parent, using the parent's last-known contact information, if the proposed placement fails.

4.6.2 CONSENT BY THE DEPARTMENT

AUTHORITY:
AS 25.23.040 Persons Required to Consent to Adoption
AS 25.23.060 Execution of Consent
AS 25.23.070 Withdrawal of Consent
AS 47.10.080(d) Judgments and Orders
Alaska Adoption Rule 9

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Consent: When a child is in the custody of the department, the department's consent is required before the child can be adopted.

B. Form and Execution of Consent:

1. The department's consent to adoption must be in writing and signed by the Commissioner of Health and Social Services or the Commissioner's designee. No other representative of the department may consent to the adoption of a child, orally or in writing, to the court.

2. The department's consent to adoption will not be issued until 10 days after the child has become free for adoption through termination of parental rights or by voluntary parental consent to adoption.

C. Withdrawal of Consent:

1. The department may not withdraw consent to adoption after the entry of a decree of adoption.

2. The department may withdraw consent to adoption within 10 days after the consent is given, as long as no adoption decree has been entered, by delivering written notice to the court or the person obtaining the consent. The department may withdraw a consent to adoption after the 10-day period only if the court permits the withdrawal upon finding, after notice and opportunity to be heard is afforded the adoptive family and the department, that the withdrawal is in the best interests of the child.

3. The department's withdrawal of consent to adoption must be in writing and signed by the Commissioner of Health and Social Services or the Commissioner's designee. No other representative of the department may withdraw the department's consent, orally or in writing. In the event that the regional staff believes the department should withdraw its consent to adoption, the regional staff should contact the adoption staff in the State Office. The State Office will convey the request to withdraw the department's consent to the Commissioner or the Commissioner's designee and to the Attorney General's Office for review.

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4.7 VOLUNTARY RELINQUISHMENT OF PARENTAL RIGHTS

AUTHORITY:
AS 25.23.180 Relinquishment and Termination of Parent and Child Relationships
AS 47.10.089 Voluntary Relinquishment of Parental Rights and Responsibilities
25 U.S.C. § 1913 Indian Child Welfare Act of 1978
Alaska Adoption Rule 9

A. Purpose of Relinquishment: A relinquishment of parental rights and responsibilities is a voluntary agreement by a parent to legally terminate the parent-child relationship.

B. Form of Relinquishment:

1. A parent's relinquishment must be executed in writing and signed by the parent, regardless of the age of the parent. The relinquishment form must state whether the parent is a minor.

2. The relinquishment form must state that the parent has a right to be represented by counsel.

3. The relinquishment form must state whether the child is an Indian child as defined in the Indian Child Welfare Act. If the child is an Indian child, the relinquishment must be accompanied by a written certification by a judge or master that the terms and consequences of the relinquishment were explained in detail to the parent, in English or interpreted into a language understood by the parent, and that the parent fully understood the explanation.

4. The relinquishment form must state the circumstances under which the parent may withdraw the relinquishment (see paragraph F below).

5. The relinquishment form must provide the address and phone number of the court in which the relinquishment proceeding is taking place.

6. The relinquishment form must contain an acknowledgement by the parent that the parent has received a copy of the relinquishment form.

C. Execution of Relinquishment:

1. A relinquishment of parental rights with respect to a child in the department's custody must be executed with the knowledge and approval of the department.

2. In the case of a non-Indian child, a relinquishment may be executed at any time after the birth of the child. In the case of an Indian child, a relinquishment may be executed at any time after the first 10 days following the birth of the child.

3. In the case of a non-Indian child, a relinquishment must be executed in the presence of a representative of the department or in the presence of a judge or master. In the case of an Indian child, a relinquishment must be executed in the presence of a judge

or master.

4. If the parent is a minor, the relinquishment must be executed in the presence of a judge or master, regardless of whether the child is an Indian child.

5. If a relinquishment is not executed in court, the attorney representing the relinquishing parent, or another independent witness, should be present.

6. A putative father whose paternity has not been established through genetic testing may relinquish any parental rights he may have to the child without submitting to testing. If he denies paternity, he may continue to deny paternity in conjunction with his relinquishment. However, this does not relieve the department of its obligation to seek and establish the identity of the child's father. Ideally, a putative father's paternity should be established prior to acceptance of a relinquishment.

7. When there is any indication that a parent may lack the capacity to knowingly and voluntarily execute a relinquishment, whether due to developmental disabilities, history of mental illness, or abuse of drugs or alcohol, the PS Specialist should consult with the assistant attorney general (AAG) to decide whether or not a relinquishment should be accepted and, if so, under what circumstances.

D. Retained Privileges:

1. A parent may retain post-adoption privileges, such as the ability to have future contact, communication, and visitation with the child, as part of a relinquishment of parental rights and responsibilities. Any retained privileges must be included with specificity in the relinquishment document.

2. If the child is placed in a pre-adoptive placement, any proposed retained privileges should be discussed with the pre-adoptive family. If the child is not yet placed in a permanent placement, retained privileges should be considered with caution, as future potential permanent placements may be unwilling to honor such privileges. PS Specialists should consult with the AAG regarding the potential legal consequences of retained privileges in each case.

3. After a termination order is entered and before the entry of an adoption or guardianship decree, the prospective adoptive parent or guardian may ask the court to decline to incorporate a retained privilege in the adoption or guardianship decree. The parent is entitled to 20 days' written notice of the request and may submit a written statement of the parent's position on the request. The court may grant the request and decline to incorporate the retained privilege if the court finds it is in the child's best interests to do so or if the parent agrees.

4. A parent may request a review hearing, upon a showing of good cause, to seek enforcement, modification, or vacation of a retained privilege. At the hearing, the parent must show by clear and convincing evidence that the enforcement, modification, or vacation of the retained privilege is in the child's best interests.

E. Termination Order Following Relinquishment: Not less than 10 days after the parent executes a relinquishment, the court will enter an order terminating the parent's parental rights to the

child, unless the court determines that termination under the terms of the relinquishment is not in the child's best interests. If the parent has retained privileges as part of the relinquishment, the court will incorporate the retained privileges in the termination order, along with a recommendation that the privileges be included in the child's adoption or guardianship decree.

F. Withdrawal of Relinquishment:

1. In the case of a non-Indian child, a parent may withdraw a relinquishment for any reason within 10 days after the relinquishment is executed. After the 10-day period, the parent may withdraw the relinquishment only if the court permits the withdrawal upon finding:

   a. that the child is not yet placed for adoption and the department consents in writing to the withdrawal (the department's consent must be approved by the regional Protective Services Manager II); or

   b. by clear and convincing evidence that reinstatement of parental rights is in the best interests of the child and that the parent is rehabilitated and capable of appropriately caring for the child.

2. In the case of an Indian child, a parent may withdraw a relinquishment for any reason at any time prior to the entry of an order terminating the parent's parental rights or a decree of adoption or guardianship, whichever is entered first.

3. After the entry of an order terminating parental rights or a decree of adoption or guardianship, a relinquishment may not be withdrawn on the ground that a retained privilege has been withheld from the parent or that the parent has been unable, for any reason, to act on a retained privilege. There are exceptions for certain legal justifications, such as fraud, mistake, newly-discovered evidence, etc., but these circumstances are rare.

G. Notification of Failed Placement: When a relinquishment form contains language indicating a desire or preference that the child be adopted by a specific adoptive family, the PS Specialist will notify the parent, using the parent's last-known contact information, if the proposed placement fails. If the parent notifies the department within 30 days that the parent wishes to withdraw the relinquishment, the department will consider whether or not to consent to the withdrawal based upon the circumstances of the case.

H. Conditional Relinquishment Unacceptable: The department will not approve, under any circumstances, a relinquishment that is dependent upon the satisfaction of a condition for its continued validity. For example, a relinquishment that becomes void if the child is not adopted by a specific family is unacceptable; rather, a consent to adoption should be considered.

I. Relinquishment by Only One Parent: When only one parent of a child wishes to execute a relinquishment, the department may seek termination of the other parent's parental rights by petitioning the court. The department should not approve a parent's relinquishment if the department does not intend to seek termination of the other parent's parental rights unless doing so is in the best interests of the child.

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4.8 TERMINATION OF PARENTAL RIGHTS

AUTHORITY:
25 U.S.C. § 1912 Indian Child Welfare Act of 1978
42 U.S.C. § 675(5)(e) Definitions (Title IV-E)
AS 25.23.180 Relinquishment and Termination of Parent and Child Relationships
AS 47.10.080 Judgments and Orders
AS 47.10.088 Involuntary Termination of Parental Rights and Responsibilities
Alaska Child in Need of Aid Rule 18

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Termination of Parental Rights: The parental rights of one or both parents of a child may be permanently terminated in order to free the child for adoption or other permanent placement. Termination of parental rights means the complete severance of the legal parent-child relationship. Proceedings to terminate the parental rights of a parent are initiated by filing a Petition for Termination of Parental Rights.

B. When to File a Petition:

1. A petition to terminate parental rights to a child in the department's custody may be filed with, or at any time after the filing of, a Petition for Adjudication of Child in Need of Aid. The process for determining whether the department should seek termination of parental rights in a particular case is outlined in section 3.10 Preparation for Termination of Parental Rights. The best interest of the child is the primary consideration.

2. Under certain circumstances, the department is required by law to file a petition to terminate parental rights. Unless an exception applies (see paragraph B.3 below), the department must file a petition if one or more of the following circumstances exists:

a. The child has been in foster care for a total of at least 15 of the most recent 22 months.

1) The date of entry into foster care is defined by state law as the earlier of: the date of the first judicial finding of child abuse or neglect, or 60 days after the date of removal from the home. The department's policy is that the date of entry into foster care is the date of the first finding of child abuse or neglect, i.e. the first probable cause hearing.

2) Trial home visit periods are excluded from the time calculation.

b. The court has determined that the child is abandoned and the child is younger than six years of age, in which case the petition must be filed within 60 days of the judicial finding of abandonment.

c. The court has made a finding that the best interests of the child do not require further reasonable efforts by the department toward reunification with the

parent.

d. The parent has made three or more attempts within a 15-month period to remedy the parent's conduct or conditions in the home that cause the child to be in need of aid, without lasting change.

e. The parent has made no effort to remedy the parent's conduct or conditions in the home that cause the child to be in need of aid by the time of the permanency hearing.

f. The parent has been convicted of: (1) murder or manslaughter of another child of the parent; or (2) aiding or abetting, attempting, conspiring, or soliciting to commit such a murder or manslaughter; or (3) a felony assault that results in serious injury to the child or another child of the parent; in which case the petition must be filed within 60 days of a judicial determination that reasonable efforts to reunify the child and parent are not required.

3. There are exceptions to the requirement that a petition to terminate parental rights be filed under the circumstances described in paragraph B.2. The department is not required to file a petition if the department

a. is required to make reasonable efforts but has not provided to the parent, consistent with the time period in the department's case plan, the family support services that the department has determined are necessary for the safe return of the child to the home; or

b. has documented a compelling reason, as decided at a permanency planning conference, for determining that filing a petition would not be in the best interests of the child. Compelling reasons not to file a petition may include, but are not limited to, the following:

1) The parent has made substantial progress in eliminating the problems causing the child's continued placement in foster care, it is likely that the child will be able to safely return home within three months, and no prior extension has been granted.

2) The child is over the age of 14 and

- has a close and positive relationship with the parent, and an alternative permanent plan that does not require termination of parental rights will provide the most secure and appropriate placement for the child; or

- is firmly opposed to termination of parental rights, thus making it likely that any adoptive placement will result in disruption. (To help the child make an informed decision about termination and adoption, the PS Specialist must make certain that the child has received meaningful counseling about the benefits of adoption and that the child is aware of the possibility of an adoption which allows for continued contact with members of his or her birth family. Counseling must take place

before this compelling reason is invoked and cannot be provided by an employee of the Office of Children's Services.)

3) There are insufficient grounds for the termination of parental rights.

4) Where the child is an Indian child as defined in the Indian Child Welfare Act (ICWA), the child's Tribal culture does not acknowledge termination of parental rights as a viable option, and the Tribe has identified and offered an alternative permanent placement plan for the child that is in the best interest of the child.

5) The parents' actions or inactions are not the cause of the child being in need of aid (e.g., the child is developmentally disabled, delinquent, or otherwise has needs that simply cannot be met by the parents without assistance from the state despite appropriate parenting).

6) The child is 16 years of age or older, and the permanency plan is another planned permanent living arrangement. (To help the child make an informed decision, the PS Specialist must make certain that the child has received meaningful counseling about becoming self-sufficient. Counseling must take place before this compelling reason is invoked and cannot be provided by an employee of the Office of Children's Services.)

7) The child has sibling(s) who will not be the subject of termination proceedings, and it is not in the best interest of the child to separate from the other sibling(s).

C. Findings Required for Termination of Parental Rights:

1. The rights and responsibilities of a parent to a child may be terminated for purposes of freeing the child for adoption or other permanent placement if the department proves to the court

a. by clear and convincing evidence that:

1) the child has been subjected to conduct or conditions described in AS 47.10.011; and

2) the parent has not remedied the conduct or conditions in the home that place the child at substantial risk of harm or has failed, within a reasonable time, to remedy the conduct or conditions in the home that place the child at substantial risk so that returning the child to the parent would place the child at substantial risk of physical or mental injury; and

3) that the department has complied with the provisions of AS 47.10.086 concerning reasonable efforts; and

b. that the termination is in the best interest of the child; and

c. if the child is an Indian child as defined in the Indian Child Welfare Act,

1) by clear and convincing evidence that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful; and

2) by evidence beyond a reasonable doubt, including the testimony of a qualified expert witness, that continued custody of the child by the parent is likely to result in serious emotional or physical damage to the child.

2. In determining whether a parent has remedied the conduct or conditions that place the child at risk of harm, the court may consider any fact relating to the best interests of the child, including:

   a. the likelihood of returning the child to the parent within a reasonable time based on the child's age or needs;

   b. the amount of effort by the parent to remedy the conduct or the conditions in the home;

   c. the harm caused to the child;

   d. the likelihood that the harmful conduct will continue;

   e. the history of conduct by or conditions created by the parent.

3. The duration of a parent's incarceration is a factor to be considered in termination proceedings. The court may determine that a parent's incarceration is sufficient grounds for determining that a child is a child in need of aid and that the parent's parental rights should be terminated if the court finds, by clear and convincing evidence, that:

   a. the period of incarceration that the parent is scheduled to serve during the child's minority is significant considering the child's age and the child's need for an adult's care and supervision;

   b. there is not another parent willing and able to care for the child; and

   c. the incarcerated parent has failed to make adequate provisions for care of the child during the period of incarceration that will be during the child's minority.

D. <u>Procedural Steps in Drafting and Filing a Petition</u>:

1. The PS Specialist consults with the PS Specialist IV and the AAG regarding all facts and information available so that a mutual decision about the content of a petition can be made.

2. The PS Specialist prepares a termination worksheet using the templates available in ORCA. The worksheet is then transmitted to the Attorney General's Office for use in drafting a petition.

3. In some offices, it may be customary for the PS Specialist to prepare the petition itself rather than a worksheet. If the PS Specialist prepares the petition, a draft should be provided to the AAG for review and/or for filing with the court.

E. Form of Petition: The following information must be included in a Petition for Termination of Parental Rights:

1. name, address, and age of the child;

2. names and addresses of the parent(s) of the child and the legal guardian or Indian custodian of the child if appropriate;

3. name, work address, and occupation of PS Specialist;

4. the possible Tribal affiliation(s) of the child;

5. facts that support each of the findings required for termination of parental rights, including the specific section(s) of AS 47.10.011 describing the conduct or conditions to which the child has been subjected, as well as specific dates, times, and places of all relevant occurrences, in order to give the parent and the court sufficient information about the conduct or conditions supporting termination.

F. Service of Petition and Notice of Hearing:

1. Each parent, guardian, Indian custodian, the Indian child's Tribe, and the guardian *ad litem* (GAL) must be served with a copy of the petition. Consult with the AAG regarding who will serve the petition and how service will occur.

2. Upon receiving the petition, the court will calendar a trial setting conference for purposes of scheduling a termination trial.

3. If adjudication has not yet occurred, the department must notify the parties of its intent to combine adjudication and termination and must show good cause for the court to combine the proceedings.

4. Absent or Unknown Parent: When a petition is filed to terminate the rights of a parent whose identity and/or address is unknown, diligent efforts must be made and documented to identify and/or locate the parent for purposes of notice.

   a. If the parent's identity is known, but the parent's whereabouts are unknown, notice by publication in a newspaper may be necessary.

      1) The PS Specialist prepares an Affidavit of Diligent Inquiry describing the diligent efforts made to locate the absent parent. The affidavit must include the names and locations of persons and agencies contacted, dates of the contacts, and the results of the contacts.

      2) The AAG files the Affidavit of Diligent Inquiry with a motion for an order to publish notice to the absent parent. When the court has issued an order to

publish notice, the AAG arranges for the publication of notice of the date of the termination hearing and for appointment of an attorney for the absent parent.

3) Notice must be published once a week for four consecutive weeks and must be completed at least 30 days before the hearing is held. This means that when scheduling a termination hearing in a case requiring publication, it should be presumed that at least 60 days will be needed to complete the publication process.

b. If the parent's identity remains unknown despite diligent efforts, the PS Specialist will ask the AAG to file a motion to waive notice to the unknown parent.

c. If the legal father of a child denies biological paternity, genetic testing should be arranged.

G. Withdrawal of Petition/Holding Petition in Abeyance: The PS Specialist may ask the AAG to move to withdraw the petition, or to hold the petition in abeyance, when circumstances change prior to the hearing such that the department no longer seeks termination of parental rights. The petition may be refiled or reactivated at a later date if appropriate.

H. Termination Trial:

1. Time Limits:

a. No later than six months after the date the petition was filed, the court must hold a trial on the petition, unless the court finds good cause for a continuance. When determining whether to grant a continuance for good cause, the court takes into consideration the age of the child and the potential adverse effect that the delay may have on the child.

b. The termination trial cannot be held until at least 10 days after receipt of notice by the parent or Indian custodian, and the Tribe or the Bureau of Indian Affairs. The parent, Indian custodian, or Tribe may request an additional 20 days to prepare for the trial.

2. Burden of proof: The department bears the burden of proving each of the elements necessary for termination of parental rights.

3. Expert witnesses: In cases involving Indian children, the department is required to present expert testimony in support of a finding that continued custody by the parent(s) is likely to result in serious emotional or physical damage to the child. Persons with the following characteristics are likely to qualify as expert witnesses for purposes of Indian child custody proceedings:

a. A professional person having substantial education and experience in an appropriate specialty;

b. A lay expert witness having substantial experience in the delivery of child and family services to Indians, and extensive knowledge of prevailing social and

cultural standards and childrearing practices within the Indian community, relevant to the Indian child;

c. A member of the Indian child's Tribe who is recognized within the Tribal community as knowledgeable in Tribal customs as they pertain to family organization and childrearing practices;

d. A member of the child's Tribe is always preferred, but a member of the child's ethnic and/or language group who is recognized as knowledgeable in Tribal customs as they pertain to family organization and childrearing practices also qualifies as an expert witness.

The department may rely on expert testimony in cases involving non-Indian children as well, depending on the facts or issues to be litigated.

I. Order Terminating Parental Rights:

1. The court shall issue an order on the petition within 90 days after the last day of the termination trial.

2. The court may order the termination of parental rights of one or both parents and commit the child to the custody of the department. The rights of one parent may be terminated without affecting the rights of the other parent. Each parent's rights must be terminated in order for a child to be legally free for adoption. While both parents' rights may be terminated based on evidence presented at one trial, separate trials regarding each parent may be held depending on the circumstances.

3. If the court finds that the department has not proved one or more of the necessary elements for termination of parental rights, parental rights remain intact, and the department's obligations toward the parent remain unchanged. If the department believes it can meet its burden at a later date, the AAG may request a subsequent hearing on the existing petition. It is usually not necessary to file a new petition or to re-prove the elements that were proved at the first trial.

J. Effect of Termination of Parental Rights: Once the court issues an order terminating a parent's parental rights, the parent's legal relationship with the child is ended, and the parent is no longer a party to the case. Neither the parent nor the parent's attorney should be served with further documents, unless otherwise ordered by the court.

K. Post-Termination Reports: If a permanent placement for the child was not approved at the time of the termination trial, the following post-termination reports to the court are required:

1. The PS Specialist must file a report within 30 days after the termination order is issued describing the efforts being made to recruit a permanent placement for the child.

2. Thereafter, the PS Specialist must file a report every 90 days describing the efforts being made to find a permanent placement for the child.

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4.9 ADOPTION

AUTHORITY:
AS 25.23.005 - .240 Adoption
Alaska Adoption Rules

BACKGROUND, POLICY, AND PROCEDURES:

A. Child's Eligibility for Adoption: In order for a child in the custody of the department to be adopted, the child must be legally free for adoption. A child becomes legally free for adoption when one of the following is true with respect to each of the child's parents:

1. The parent's parental rights have been terminated by court order following a termination trial or relinquishment of parental rights; or

2. The parent has executed a consent to the child's adoption (see Section 4.6.1 – Consent by Parent).

B. Petition for Adoption: A petition for adoption is prepared and filed by the proposed adoptive parent. Adoption cases are filed as separate proceedings in probate court. The department is entitled to service of the adoption petition.

C. After the Petition is Filed: Once the adoption petition has been filed, the court will schedule an adoption hearing. The department is entitled to notice of the adoption hearing at least 20 days before the hearing is held. Before the adoption can take place, the department must consent to the adoption (see Section 4.6.2 Consent by the Department), and any adoption subsidy negotiations must be finalized. The department will not consent to adoption unless an adoption home study has been completed and a positive result has been received by the department. If the child is 10 years of age or older, the child must also consent to the adoption, unless the court dispenses with the child's consent in the best interest of the child.

D. Adoption Hearing: An adoption hearing may be held before a superior court judge or a standing master. The assigned PS Specialist will attend the adoption hearing. At the hearing, the court will ensure that all necessary documentation has been filed. The proposed adoptive parent's attorney usually presents the testimony of the proposed adoptive parent regarding the proposed adoptive parent's willingness and suitability to adopt the child. The child may testify or make a statement, depending on the child's age. The PS Specialist may also be asked to testify or to make a statement. The court will order the adoption by issuing an adoption decree if the court finds that adoption of the child by the proposed adoptive parent is in the child's best interest.

E. Legal Effect of Adoption: Once the court signs the decree of adoption, the child becomes the legal child of the adoptive parent for all purposes, as if the child had been naturally born to the adoptive parent. If the parental rights of the child's biological parents were not terminated prior to the adoption, they are terminated by the adoption decree.

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4.10 APPEALS AND PETITIONS FOR REVIEW

AUTHORITY:
Child in Need of Aid Rule 21

BACKGROUND, POLICY, AND PROCEDURES:

A. Appeals: Because termination of parental rights is a final, dispositive decision of the court, a parent may choose to appeal a termination order to the Alaska Supreme Court.

1. Appeals are handled by the Attorney General's Office. The PS Specialist will not generally be called upon to assist with an appeal, although the AAG assigned to the appeal may contact the PS Specialist for information.

2. The filing of an appeal does not automatically invalidate the termination order. The order remains in effect except in the unusual event that the court issues a "stay," temporarily suspending the order.

3. The supreme court may either affirm or reverse all or part of the termination order. The supreme court may also remand the case back to the superior court for further action. If one or more of the findings necessary for termination is reversed, this reinstates the parent's parental rights, and the department's obligations toward the parent revert to their pre-termination status. If all necessary findings are affirmed, then the parent's rights remain terminated.

4. Because an appeal may result in the reversal of a termination order, great care should be taken in deciding whether to proceed with adoption of the child while an appeal is pending.

B. Petitions for Review: A parent may choose to ask the Alaska Supreme Court to review a decision of the superior court that is not a final, dispositive decision by filing a Petition for Review.

1. Petitions for Review are handled by the Attorney General's Office. The PS Specialist will not generally be called upon to assist with a petition, although the AAG assigned to the petition may contact the PS Specialist for information.

2. The filing of a petition does not automatically invalidate the order being reviewed. The order remains in effect except in the unusual event that the court issues a stay, temporarily suspending the order.

3. The supreme court may either affirm or reverse all or part of the order. The supreme court will then remand the case back to the superior court for further proceedings.

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4.11 ALTERNATIVE DISPUTE RESOLUTION

AUTHORITY:
Alaska Rule of Civil Procedure 100

BACKGROUND, POLICY, AND PROCEDURES:

A. Initiation of Alternative Dispute Resolution: At any stage of a child in need of aid case, a party may file a motion with the court requesting alternative dispute resolution (ADR) for the purpose of achieving a mutually agreeable settlement of one or more disputed issues. The court may order ADR in response to such a motion, or on its own motion, whenever it determines that ADR may result in an equitable settlement. ADR sessions are convened and directed by a neutral facilitator. Although parties may be required to confer with the facilitator and/or attend an initial meeting, ADR is a voluntary process; no party may be forced to participate or reach an agreement.

B. Confidentiality: ADR sessions, and any meetings or consultations held in preparation for those sessions, are private and confidential. No participant in ADR may reveal statements, conduct, notes, or the substance of negotiations which occur in ADR to any non-participant unless the parties agree otherwise. Participants may be required to sign a confidentiality agreement before substantive discussion begins.

C. Types of Alternative Dispute Resolution: There are three main types of ADR used in child in need of aid cases: settlement conference, mediation, and family group conference. There are other forms of ADR available pursuant to court rule, but they are rarely used in CINA proceedings. The type of ADR most appropriate in a given case will depend on various factors. If the department believes that a form of ADR would be helpful in a particular case, the PS Specialist should discuss ADR options with the assigned AAG, who can then notify the court and the parties that ADR is desired.

1. Settlement Conference: A settlement conference is conducted informally, with a judicial officer acting as the facilitator. Usually the judicial officer facilitating the settlement conference will not be the judge assigned to the case. Participation in the settlement conference is generally limited to the legal parties and their representatives, and everyone participates in the entire resolution process, though the facilitator may step out to allow the parties to confer in private. Although the facilitator is a judicial officer, the facilitator's comments are made only in furtherance of settlement and are not binding upon the parties.

2. Mediation: Mediation is conducted informally, with a court-appointed mediator acting as the facilitator. Participation is generally limited to the legal parties and their representatives, though other interested parties may be invited by agreement, and everyone participates in the entire resolution process. Often, the mediator will contact each participant prior to the mediation in order to gather information about the parties' positions. Mediation may proceed even if one or more parties choose not to participate.

3. Family Group Conference: A family group conference (FGC) is similar to mediation, except that participation is expanded to include extended family members and other

interested parties, and the legal representatives play a less active role in the crafting of a resolution. All participants gather for the initial portion of FGC; the legal representatives and the facilitator are then excused while the family confers privately. The legal parties and facilitator rejoin the group once the family has a resolution to propose, and all parties discuss the proposal in an effort to reach a final agreement. FGC may not take place if a parent or the department objects.

D. Termination of Alternative Dispute Resolution: At any time, a party may withdraw from ADR, or the facilitator may terminate the process if the facilitator determines that resolution efforts are likely to be unsuccessful. If this occurs, the facilitator will notify the court that ADR efforts have been terminated.

E. Written Summary of Agreements: If ADR is successful, the participants may prepare a written summary of any agreements reached and may submit this summary to the court. The court will not recognize any agreements reached through ADR that are not in writing and signed by the participants.

4.13 EMANCIPATION

AUTHORITY:
AS 9.55.590 Removal of Disabilities of a Minor

BACKGROUND, POLICY, AND PROCEDURES:

A. Purpose of Emancipation: Emancipation, also known as "removal of disabilities of minority," is a legal process by which a minor may be granted the legal rights and duties of adulthood before reaching the age of majority.

B. Effect of Emancipation: Emancipation terminates a parents' right to custody of the minor, the right to receive the minor's services and earnings, and the duty to support, maintain, protect, and educate the minor. The emancipated minor is able to choose the minor's residence, obtain a driver's license, consent to medical care, marry, sign contracts, be sued, and be held legally responsible for the minor's own actions. Emancipated minors remain subject to age-based restrictions on voting and use of alcohol and tobacco.

C. Legal Requirements for Emancipation in Alaska: In order to become emancipated, a minor must:

1. be a resident of Alaska;

2. be at least 16 years of age;

3. be living separate and apart from the minor's parents, guardian, or Indian custodian;

4. be capable of sustained self-support and managing the minor's own affairs;

5. consent to emancipation (except when the court determines that emancipation is in the best interest of the minor and waives the requirement of the minor's consent); and

6. have the consent of each living parent or guardian (the court may waive this requirement if the person who is otherwise required to consent cannot be found, is unavailable, or is unreasonably withholding consent).

D. Filing a Petition for Emancipation: A petition to remove the disabilities of minority may be filed by the minor or the minor's legal guardian. If a minor in the department's custody wishes to be emancipated, the petition should be filed by the minor. The petition must contain:

1. the name, age, and address of the minor;

2. the name and address of each parent;

3. the name and address of the minor's legal guardian; and

4. the reasons why emancipation is being sought and why it is in the best interest of the minor.

E. Permanency Planning: Emancipation falls within the permanency goal of "another planned permanent living arrangement" (APPLA) for purposes of federal and state permanency requirements. The PS Specialist's efforts to achieve the goal of emancipation should comport with section 3.14.3 Emancipation.

4.14 RELEASE OF CUSTODY

AUTHORITY:
AS 47.10.080(e) Judgments and Orders
AS 47.10.100 Retention of Jurisdiction over Child

BACKGROUND, POLICY, AND PROCEDURES:

A. Release of Custody When Custody is Due to Expire: When the custody of a child in department custody is due to expire, the Protective Services (PS) Specialist will consult with their supervisor, the AAG, the GAL, the family, and the child if of an appropriate age to determine whether it is in the child's best interest that custody ends.

1. If it is determined that ending custody is in the child's best interest, the PS Specialist will ask the AAG to file a notice of release with the court. The notice must be filed at least 30 days prior to when custody expires, unless the parties to the case agree to a shorter notice period. The PS Specialist will distribute copies of the notice to the parties, including to the child and the Regional Independent Living Specialist if the child is 16 years of age or older and available.

2. If it is determined that it is in the child's best interest to extend custody, the PS Specialist will file a petition for extension of custody as outlined in section 4.5.7 Extension of Custody/Supervision Hearing.

B. Release of Custody before Custody is Ordered to End:

1. Grounds to Release Custody:
   a. When any party in a child in need of aid case, including the department, believes that the child no longer needs to be in custody, the party may request that the court release the department's custody of the child. Releasing custody may be appropriate when the case plan goals have been met; when the parents, guardian, or Indian custodian can provide minimally adequate care for the child; or when the permanency goal for the child has been achieved.

   b. The department will petition for termination of custody of a youth who re-entered custody under AS 47.10.080(v) if the youth:

      1) gets married;

      2) requests custody to end;

      3) fails to comply with the terms of the custody re-entry agreement;

      4) moves from this state;

      5) dies;

      6) enters active duty in the military;

7) is in runaway status for more than 30 consecutive days and there appears to be little likelihood of returning to care;

8) engages in criminal activity, resulting in incarceration; or

9) becomes 21 years of age.

2. Procedure for Requesting Release of Custody:

a. If the PS Specialist believes it appropriate to release custody of a child, the PS Specialist should consult with the PS Specialist IV, the AAG, the GAL, the family, and the child if of an appropriate age.

b. A PS Specialist will not recommend that a child age 18 or older be released to their own custody unless:

1) the youth no longer needs out-of-home care; and

2) the youth has obtained their high school diploma or an equivalent; and

3) the youth has supports in place to ensure self-sufficiency; and

4) one or more of the circumstances in (B)(1)(b) above exist *(note that (B)(1)(b)(3) applies only to a youth who re-entered custody under AS 47.10.080(v))*.

c. When it has been determined that release from custody is appropriate, the PS Specialist will prepare an affidavit to support a Motion for Release of Custody and provide it to the AAG for attachment to the motion. The affidavit must describe the reasons why release is in the child's best interest.

1) If the child has been adopted or placed in a guardianship, the PS Specialist may simply submit to the court and parties a Request for Release of Custody along with a proposed order.

2) If the youth is over 16 years of age and available, the PS Specialist must notify the youth and the GAL at least 30 days prior to the motion being filed unless the parties agree to a shorter release period.

3. Release of Custody Findings: The decision to release custody is made by the court. If the court determines that the department has complied with the requirements in (B)(2)(c) above and that it is in the child's best interest to be released to the child's own custody or to the care and custody of the child's parent, guardian, or custodian, the court will make a written finding that release from state custody is in the best interest of the child.

C. Effect of Release of Custody: Releasing custody of a child ends the department's legal relationship with the child. If parental rights have not been terminated, custody of the child reverts to the child's parents, subject to any separate civil custody order that may be in

effect. If there is no civil custody order in place, custody reverts to both parents equally; the department cannot release legal custody of a child to only one parent, to the exclusion of the other parent, as long as both parents' parental rights remain intact. If the child has been adopted or placed in a guardianship, custody transfers to the child's adoptive parent or guardian. If the child has attained the age of 18, the child is simply released as an adult.

D. The PS Specialist will document the hearing in ORCA.

E. Post-Release Services:

1. In cases involving reunification, it is often appropriate for the department to continue to provide services to the reunited family after custody is released, in order to ensure continued parental functioning and child safety.

2. For a youth age 16 or older, the Regional Independent Living Specialist will provide information to the youth about independent living services and support that may be available.

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4.15 TRIBAL JURISDICTION

AUTHORITY:
25 U.S.C. § 1911 Indian Child Welfare Act of 1978 (P.L. 95-608)
Alaska Child in Need of Aid Rule 23

BACKGROUND, POLICY, AND PROCEDURES:

A. Authority of Tribes to Assert Jurisdiction: Under federal law and Alaska Supreme Court case law, federally-recognized Tribes have jurisdiction over child custody proceedings (as defined in the Indian Child Welfare Act) involving their children. There are two types of jurisdiction: exclusive jurisdiction and concurrent jurisdiction.

1. Concurrent Jurisdiction: For most proceedings involving an Alaska Native or Indian child, concurrent jurisdiction means that either the state or the child's Tribe can file for custody and hear a child protection case in its court. Federally-recognized Tribes that do not have exclusive jurisdiction over child custody proceedings involving their children have concurrent jurisdiction, which means the state also has jurisdiction over children from these Tribes who reside or are present in Alaska.

   a. When a child custody proceeding is initiated in state court, the child's Tribe has the right to intervene and participate as a party to the case.

   b. Upon request by the child's Tribe, a parent, or an Indian custodian, the state court shall transfer the proceeding to the jurisdiction of the child's Tribe, unless the court finds good cause to the contrary or a parent objects or the Tribe declines the transfer. If the case is transferred to the Tribe, the state court case will be dismissed.

2. Exclusive Jurisdiction: Exclusive jurisdiction means that only one government has authority to hear a case. In certain instances, Alaska Tribes may have exclusive jurisdiction over child protection proceedings. This includes:

   a. Child custody proceedings involving children from the Native Village of Barrow, the Native Village of Chevak, and the Metlakatla Indian Community on the Annette Islands.

   b. Child custody proceedings involving a child deemed a ward of the Tribal court where the Tribe that initiated the proceedings had exclusive jurisdiction over the child.

B. Full Faith and Credit: The State of Alaska follows the requirement under ICWA to recognize court orders from Indian Tribes in ICWA child custody proceedings to the same extent that Alaska recognizes such orders from other states.

C. Department's Duty and Authority Where Exclusive Jurisdiction Exists:

1. The department is required to investigate all protective services reports (PSRs) received pertaining to children in Alaska, including reports regarding Tribal children

residing within a village that has exclusive jurisdiction.

2. The department has the authority to take emergency custody of any child who resides or is present in Alaska under circumstances described in AS 47.10.142, including a child whose Tribe has exclusive jurisdiction. If the department assumes emergency custody of a child whose Tribe has exclusive jurisdiction, the Protective Services (PS) Specialist will notify the Tribe within 24 hours of taking custody. The PS Specialist will provide the Tribe with the results of the assessment and a report on the action taken. The case will be transferred to the Tribe, and the PS Specialist will close the case.

3. After completing an assessment of a PSR pertaining to a Tribal child that is a member of a Tribe or village that has exclusive jurisdiction, if it is determined that emergency custody is not warranted, the PS Specialist will provide the results of the assessment to the Tribe if requested and close the case. (See Section 2.2.5 Conducting an Initial Assessment for guidance on informing a child's Tribe about a PSR and providing results of an initial assessment).

D. Department's Duty and Authority When a Petition to Transfer Jurisdiction is Filed:

1. Petition to Transfer Jurisdiction:

a. The child's Tribe, parent, or Indian custodian may file a petition to transfer jurisdiction to the Tribe. The petitioner may file an amended petition to correct any deficiencies.

b. If there is disagreement about what position the department should take, the PS Specialist and the PS Specialist IV will consult with the Protective Services Manager I. The department must file a response to the petition within 20 days after service of the petition.

2. Procedures Upon Transfer of Jurisdiction:

a. When the state court issues an order transferring jurisdiction over a child custody proceeding, the Tribe may either accept or decline jurisdiction. Transfer of jurisdiction is not complete unless and until the Tribe accepts jurisdiction. This acceptance could be in the petition to transfer. The department will not cease services with the family unless and until the Tribe notifies the department that it has accepted jurisdiction.

b. If the Tribe accepts jurisdiction, the PS Specialist should request a staffing with all relevant state workers, including the Regional ICWA Specialist, to ensure a smooth transfer of the case to the Tribe. The PS Specialist will consult with the AAG regarding records from the case file to be provided to the Tribe and will arrange for release of PFD Trust Funds and other benefits.

c. The PS Specialist and Regional ICWA Specialist will meet with the Tribe, either in person or over the phone, to discuss the transfer of records, release of funds, and other matters to ensure a smooth transfer from state to Tribal court.

3. Procedures for the Transfer of Placement and Care Authority (custody) from OCS to a

Tribal Title IV-E Agency or an Indian Tribe with a Title IV-E Agreement:

a. If a Title IV-E eligibility determination has not yet been made for the child, the PS Specialist will take action as needed to ensure that a determination is made prior to the transfer.

b. If the Tribe or Tribal agency has a Title IV-E agreement, OCS will provide to the Tribe or Tribal agency essential documents and information necessary to continue a child's eligibility under title IV-E and Medicaid programs under title XIX, including but not limited to the following:
   1) All judicial determinations to the effect that continuation in the home from which the child was removed would be contrary to the welfare of the child and that reasonable efforts to prevent the removal and to implement the permanency plan for the child have been made;
   2) Other documentation OCS has that relates to the child's eligibility for Title IV-E foster care, adoption assistance, or guardianship assistance;
   3) Information and documentation available to OCS regarding the child's eligibility or potential eligibility for other Federal benefits;
   4) The case plan, including the child's health and education records; and
   5) Information and documentation of the child's placement settings, including a copy of the most recent provider's license or approval.

c. Once the Tribe has exercised its jurisdiction, the department's financial and case management responsibilities toward the family cease. However, if the department receives a subsequent PSR regarding the family, the department will assess the report and provide the results of the assessment to the Tribe for further action.

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4.16 DEFINITIONS

For definitions of adjudication, disposition, and other court hearings, see the respective sections in this chapter.

A. Abandonment: Abandonment is defined for purposes of Child in Need of Aid (CINA) matters in AS 47.10.013. The court may find abandonment of a child if a parent or guardian has shown a conscious disregard of parental responsibilities toward the child by a failure or unwillingness to provide reasonable support, maintain regular contact, or provide normal supervision, considering the child's age and need for care by an adult. Abandonment by a parent or guardian may occur after the department has assumed custody of a child on other grounds, where the parent or guardian either engages in the conduct described above, fails to participate in a suitable reunification plan, or fails to respond to the notice of CINA proceedings regarding the child. A parent or guardian who is a victim of domestic violence may, under some circumstances, be justified in committing an act or omission that would otherwise constitute abandonment.

B. Active Efforts: Active efforts toward reunification, as required by the Indian Child Welfare Act (ICWA), require a higher level of services than "reasonable efforts" (see paragraph V below). Active efforts mean affirmative active, thorough and timely efforts intended primarily to maintain or reunite an Indian child with his or her family. Where and agency is involved in the child-custody proceedings, active efforts must involve assisting the parent or parents or Indian custodian through the steps of a case plan with accessing or developing the resources necessary to satisfy the case plan. To the maximum extent possible, active efforts should be provided in a manner consistent with the prevailing social and cultural conditions and the way of life of the Indian child's Tribe and should be conducted in partnership with the Indian child and the Indian child's parents, extended family members, Indian custodians, and Tribe. Active efforts are to be tailored to the facts and circumstances of the case and may include, for example:

1. Conducting a comprehensive, assessment of the circumstances of the Indian child's family, with focus on safe reunification as the most desirable goal;
2. Identifying appropriate services and helping the parents to overcome barriers, including actively assisting the parents in obtaining such services;
3. Identifying, notifying and inviting representatives of the Indian child's Tribe to participate in providing support and services to the Indian child's family and in family team meetings; permanency planning, and resolution of placement issues;
4. Conducting or causing to be conducted a diligent search for the Indian child's extended family members, and contacting and consulting with extended family members to provide family structure and support for the Indian child and the Indian child's parents;
5. Offering and employing all available culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child's Tribe;
6. Taking steps to keep siblings together whenever possible;

7. Supporting regular visits with parents or Indian custodians in the most nature setting possible as well as trial home visits of the Indian child during any period of removal, consistent with the need to ensure the health, safety, and welfare of a child;
8. Identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child's parents or, when appropriate, the child's family, in utilizing and accessing those resources;
9. Monitoring progress and participation in services;
10. Considering alternative ways to address the needs of the Indian child's parents and, where appropriate, the family, if the optimum services do not exist or are not available; and
11. Providing post-reunification services and monitoring.

C. Affidavit: An affidavit is a written statement made under oath and notarized by an authorized person, such as a notary public. Affidavits are often used to support motions filed with the court, and under some circumstances, they can be used in place of oral testimony in court.

D. Appeal: An appeal is a request that a higher court reviews the decision of a lower court. In CINA cases, if the superior court enters a final judgment in a case – for example, an order terminating parental rights – and a party disagrees with that judgment, the party may ask the Alaska Supreme Court to review the case and overturn the judgment.

E. Best Interests: Although the court in a CINA case is always required to consider what is in the best interests of the child, the term "best interests" is not defined by federal or state law. The term is construed very broadly, encompassing all aspects of the child's physical, mental, cultural, spiritual, emotion and psychological well-being. (See also "Contrary to the Welfare" in paragraph I below.)

F. Beyond a Reasonable Doubt: The highest standard of proof in our legal system. Proof beyond a reasonable doubt means proof that is so convincing; there remains no reasonable question of the truth of the matter. This standard does not require that all possible doubt be eliminated; rather it requires that the evidence leaves no doubt based on reason and common sense.

G. Child in Need of Aid: Under AS 47.10.011, a child may be a child in need of aid based on one or more of the following circumstances:

1. *Abandonment:* the child has been abandoned (see paragraph A above);

2. *Incarceration:* a parent, guardian, or custodian (P/G/C) of the child is incarcerated, the other parent is absent or has caused the child to be a child in need of aid, and the incarcerated P/G/C has not made adequate arrangements for the child;

3. *Caretaker No Longer Willing/Able:* a custodian with whom the child has been left is unwilling or unable to provide care, and the whereabouts of the parent or guardian is unknown;

4. *Medical Neglect:* the child is in need of medical treatment to cure, alleviate, or prevent substantial physical harm (see paragraph T below) or is in need of treatment for mental injury (see paragraph Q below), and the child's P/G/C has knowingly failed to provide the treatment;

5. *Child's Conduct:* the child is habitually absent from home or refuses to accept available care, and the child's conduct places the child at substantial risk of physical or mental injury;

6. *Physical Harm:* the child has suffered substantial physical harm, or is at substantial risk of suffering such harm, as a result of conduct by or conditions created by the child's P/G/C or by the failure of the P/G/C to supervise the child adequately;

7. *Sexual Abuse:* the child has suffered sexual abuse, or is at substantial risk of suffering sexual abuse, as a result of conduct by or conditions created by the child's P/G/C or by the failure of the P/G/C to supervise the child adequately (if the P/G/C has actual notice that a person has been convicted of a sex offense against a minor within the past 15 years, is registered or required to register as a sex offender, or is under investigation for a sex offense against a minor, and the P/G/C subsequently allows a child to be left with that person, this alone may constitute sufficient evidence that the child is at substantial risk of being sexually abused);

8. *Mental Injury (including exposure to domestic violence):* conduct by or conditions created by the P/G/C have

    a. Resulted in mental injury to the child (as supported by the testimony of an expert witness – see paragraph Q below); or

    b. Placed the child at substantial risk of mental injury as a result of;

        i. A pattern of rejecting, terrorizing, ignoring, isolating, or corrupting behavior; or

        ii. Exposure to homicide, felony assault or other physical assault, or sexual assault, or an attempt to commit such a crime, by a household member against another household member; or

        iii. Repeated exposure to other forms of domestic violence or stalking by a household member against another household member;

9. *Neglect:* the child or another child in the same household has been subjected to neglect (see paragraph R below);

10. *Substance Abuse:* the ability of the P/G/C to parent the child has been substantially impaired by the P/G/C's addictive or habitual use of an intoxicant, and such use has resulted in a substantial risk of harm to the child (if a court has previously found that a child is a child in need of aid based on the P/G/C's substance use, the resumption of use by the P/G/C within one year after rehabilitation, this alone may constitute sufficient evidence that the child is in need of aid under this subparagraph);

11. *Mental Health:* the child's P/G/C has a mental illness, serious emotional disturbance, or mental deficiency of nature and duration that places the child at substantial risk of physical harm or mental injury;

12. *Enticement into Criminal Behavior:* the child has committed an illegal act as a result of pressure, guidance, or approval from the child's P/G/C.

H. Clear and Convincing Evidence: A high standard of proof in our legal system, more stringent than a preponderance of evidence (see paragraph U below) but less stringent than proof beyond a reasonable doubt (see paragraph F above). The evidence is clear and convincing if it produces a firm belief in the truth of the matter.

I. Contrary to the Welfare: The term "contrary to the welfare" is not defined by federal or state law. Essentially, contrary to the welfare of a child is what is not in the child's best interests (see paragraph E above).

J. Custody: Custody of a child means the legal authority to make decisions about the child and responsibility to provide for the child. The scope of the department's duties and responsibilities on a child in its custody are described in AS 47.10.084. Custody and placement are separate concepts; the department may have custody of a child while the child remains placed in the home.

K. Deposition: A deposition is a form of discovery (see paragraph L below) in which the testimony of a witness is taken under oath outside of court, using the same question-and-answer examination process that is practiced in court. Depositions are preserved for later use by recording them on video or audio equipment.

L. Discovery: Discovery is the process by which relevant information held by one party in a case is disclosed to another party. In a CINA case, the department is required to provide a copy of its file, with certain exceptions, to all other legal parties in the case. Discovery is an ongoing obligation; as new information is received and documentation is generated, it must be made available to the other parties in a timely manner.

M. Expert Witness: An expert witness is a witness with specialized knowledge, skill, experience, or training who may assist the trier of fact (in a CINA case, the judge) in understanding concepts that are outside the scope of the average person's knowledge. The court rules allow expert witnesses to offer opinions that lay witnesses would not normally be permitted to offer. OCS PS Specialists may be qualified as expert witnesses under some circumstances.

A Qualified Expert Witness as defined by ICWA, is an individual that must be qualified to testify regarding whether the child's continued custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child and should be qualified to testify as to the prevailing social and cultural standards of the Indian child's Tribe. A person may be designated by the Indian child's Tribe as being qualified to testify to the prevailing social and cultural standards of the Indian child's Tribe.

1. The court or any party may request the assistance of the Indian child's Tribe or the BIA office serving the Indian child's Tribe in locating persons qualified to serve as expert witnesses.

2. The social worker regularly assigned to the Indian child may not serve as a qualified expert witness in the child-custody proceeding concerning the child.

N. Indian Child Welfare Act (ICWA): The Indian Child Welfare Act (ICWA), found at Title 25, sections 1901-1963 of the United States Code, is a set of federal laws enacted in 1978 that governs child protection proceedings involving "Indian children." Federal regulations were issued in 2016, and define an "Indian child" as any unmarried person who is under age 18 and either:

1. Is a member or citizen of an Indian Tribe (see paragraph BB below); or

2. Is eligible for membership or citizenship in an Indian Tribe and is the biological child of a member/citizen of an Indian Tribe.

If there is reason to know the child may be an Indian child, the case shall be treated as an ICWA case until it is determined on the record that the child does not meet the definition of an "Indian child." If ICWA does apply to a CINA case, then its requirements must be followed in addition to all applicable state law requirements. ICWA imposes the requirement to provide active efforts toward reunification (see paragraph B above). ICWA specifies placement preferences for a child in state custody. It also requires the court to make certain findings in CINA cases by higher standards of proof. The child's Tribe may intervene as a party in a CINA case governed by ICWA. The child's Tribe may also request that the case is transferred to the jurisdiction of the Tribe (see section 4.15(D)(2).

O. Jurisdiction: Jurisdiction is the power to exercise authority over persons and things. A court must have jurisdiction over the person and the subject matter to exercise its authority.

P. Mental Health Professional: In certain types of hearings, the testimony of a mental health professional may be required. AS 47.30.915 defines what qualifications a person must have to be considered a "mental health professional" for purposes of CINA proceedings. It includes licensed psychiatrists and physicians; licensed clinical psychologists and psychological associates; licensed registered nurses who hold a master's degree in psychiatric nursing; licensed marital and family therapists; licensed professional counselors; licensed clinical social workers; and others with a master's degree in mental health with at least one year's experience in the mental health field who are being supervised by a licensed professional described above.

Q. Mental Injury/Emotional Damage: Mental injury to a child is defined in AS 47.17.290 as a serious injury to the child as evidenced by an observable and substantial impairment in the child's ability to function in a developmentally appropriate manner. The existence of such impairment must be supported by the opinion of a qualified expert witness (see paragraph M above). Expert testimony is not required to establish that a child is at risk of mental injury. The term "emotional damage," as used in ICWA cases, is not specifically defined in ICWA and thus may be interpreted more broadly than "mental injury" in CINA proceedings.

R. Neglect: Neglect is defined in AS 47.10.014. The court may find neglect of a child if the P/G/C fails to provide the child with adequate food, clothing, shelter, education, medical attention, or other care and control necessary for the child's physical and mental health and development, though financially able to do so or offered financial or other reasonable

means to do so. Under this definition, poverty alone is not a sufficient basis for a finding of neglect.

S. Petition: A petition is a formal written request that the court takes a particular action. For purposes of CINA cases, petitions differ from motions in that motions – which may be oral or written – are made to the court by legal representatives, while the parties themselves submit petitions. Thus, a petition filed by the department will usually be prepared and signed by the assigned PS Specialist, with or without the assistance of an AAG. Common petitions filed in connection with CINA proceedings are petitions for adjudication, termination, adoption, and guardianship.

T. Physical Harm/Damage: Physical harm to a child is defined in AS 47.10.015 as conduct or conditions created by the child's P/G/C resulting in physical injury to, physical mistreatment of, or sexual contact with, the child. AS 47.10.015 also defines "substantial risk of physical harm" as a negligent act or omission by a child's P/G/C that creates a substantial risk of physical injury to the child. In CINA proceedings, the terms "physical harm" and "physical damage" are often used interchangeably.

U. Preponderance of Evidence: A standard of proof in our legal system. There is a preponderance of evidence when the evidence establishes that something is more likely true than not true.

V. Reasonable Efforts: Federal and state law require that the department makes reasonable efforts to prevent the unnecessary removal of a child from the child's home, to promote reunification with the P/G/C, and to finalize the permanency plan for the child.

1. To prevent removal: Reasonable efforts to prevent a child's removal from the home, as described AS 47.10.086, mean identifying and actively offering family support services aimed at addressing the safety concerns in the home that place the child at risk of harm. The department must refer the P/G/C to community-based services whenever such services are desired by the P/G/C and available in the P/G/C's community. Reasonable efforts also require that the department document its actions in providing services to the family. Various factors may affect the level of services necessary to constitute reasonable efforts, such as the parent or guardian's willingness to participate in services being offered, the parent or guardian's level of cooperation with the department and other service providers, or whether the parent or guardian is incarcerated or unavailable. The court looks at the entirety of the department's efforts from the time of its involvement with the family. Reasonable efforts to prevent removal are not required when it is necessary to remove the child from home immediately due to emergency circumstances.

2. To promote reunification: Reasonable efforts toward reunification, as described AS 47.10.086, mean identifying and actively offering family support services that will assist the child's P/G/C in remedying the conduct or conditions in the home that cause the child to be in need of aid. The department must refer the P/G/C to community-based services whenever such services are desired by the P/G/C and available in the P/G/C's community. Reasonable efforts also require that the department document its actions in providing services to the family. Various factors may affect the level of services necessary to constitute reasonable efforts, such as the parent or guardian's willingness to participate in services being offered, the parent or guardian's level of cooperation with the department and other service

providers, or whether the parent or guardian is incarcerated or unavailable. The court looks at the entirety of the department's efforts from the time of its involvement with the family. Reasonable efforts may be ceased after having been made for a period of time or may be dispensed with altogether, under certain circumstances.

3. To finalize permanency plan: Reasonable efforts to finalize the permanency plan for the child mean identifying and implementing the steps necessary to achieve the permanency goal for the child in a timely manner. Where the permanency plan for a child is something other than reunification, the department's efforts may include identifying and securing a permanent home for the child, petitioning the court for termination of parental rights, obtaining an adoption or guardianship home study, negotiating an adoption or guardianship subsidy, and/or providing the child with independent living services.

W. Reasonable Time: Reasonable time is defined in AS 47.10.990 as a period of time that serves the best interests of the child, taking into account the child's age, emotional and developmental needs, and ability to form and maintain lasting attachments.

X. Removal/Out-of-Home Placement: Removal of a child, also referred to as out-of-home placement, means placing the child in the physical care of someone other than the child's P/G/C. Removal may include situations in which the child is living in the same residence as the P/G/C, but the P/G/C's ability to exercise physical care and control of the child without approval is restricted by the department. "Foster care placement" as used in ICWA means a removal, even when the placement is an unlicensed relative or family friend.

Y. Stipulation: A stipulation is an agreement between the parties that is submitted to the court. If accepted by the court, a stipulation becomes binding on the stipulating parties.

Z. Subpoena: A subpoena is a court order that requires a person to appear as a witness in a judicial proceeding, such as a court hearing or deposition. A subpoena may further require the person to bring certain documents with them when they appear.

AA. Supervision: Upon determining that a child is or may be in need of aid, the court may release the child to the custody of the child's P/G/C or other suitable person and require the department to supervise the care and treatment of the child. When the court grants the department supervision, the department does not have custody of the child and therefore does not have the authority to direct the care and control of the child. The department's limited duty is to monitor the family to ensure the child's safety and well-being. Supervision is rarely requested or ordered in most jurisdictions.

BB. Tribe/Indian Child's Tribe: A Tribe, or "Indian Tribe" as used in federal law, is an organized group or community of indigenous people within the United States that is recognized under federal law as eligible for services provided to "Indians" by the Secretary of the Interior. Alaska Native villages are included in this definition. Not all Alaska Native groups or communities are federally recognized as Tribes, and not all children of Alaska Native heritage are "Indian children" as defined in ICWA (see paragraph N above). The "Indian child's Tribe" means:

1. The Indian Tribe in which an Indian child is a member or eligible for membership; or

2. In the case of an Indian child who is a member of or eligible for membership in more

than one Tribe, the Indian Tribe described in 23.109 of the Federal ICWA Regulations.

5.0 INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

5.1 OVERVIEW

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70.010, Art. I	Purpose and Policy (ICPC)
AS 47.70.010, Art. VIII	Limitations (ICPC)
PL 109-239	Safe and Timely Placement of Foster Children Act of 2006
42 U.S.C. 671(a) (26)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
ICPC Regulations	

PURPOSE: To provide background information, history and overall policies as they relate to the Interstate Compact on the Placement of Children (ICPC).

BACKGROUND INFORMATION: On July 1, 1976 Alaska enacted legislation by which the state became an official member of the Interstate Compact on the Placement of Children (ICPC); AS 47.70.010-080. All 50 states, the District of Columbia and the US Virgin Islands have independently adopted the ICPC as statutory law in their respective jurisdictions.

The Interstate Compact provides for the extension of protective services jurisdiction by the sending state into the receiving state to ensure that court orders and plans for placement will be carried out in the manner which will protect the child being placed. It ensures that children are not placed into homes that have not been evaluated and determined to be safe and appropriate. It also identifies who is financially responsible for the child's care as well as for supervision of the placement.

ICPC TERMS

"Sending Agency" means a party state, officer or employee thereof; a subdivision of a party state (County) or officer or employee thereof; a court of a party state; a person, corporation, association, charitable agency or other entity which sends, brings, or causes to be sent or brought any child to another party state.

"Receiving state" means the state to which a child is sent, brought, or caused to be sent or brought, whether by public authorities or private persons or agencies, and whether for placement with state or local public authorities or for placement with private agencies or persons.

"Placement" means the arrangement for the care of a child in a family free or boarding home or in a child-caring agency or institution but does not include any institution caring for the mentally ill, mentally defective or epileptic or any institution primarily educational in character, and any hospital or other medical facility.

AS.47.70.010: ARTICLE I - PURPOSE

(a) Each child requiring placement shall receive the maximum opportunity to be placed in a

suitable environment and with persons or institutions having appropriate qualifications and facilities to provide a necessary and desirable degree and type of care.

(b) The appropriate authorities in a state where a child is to be placed may have full opportunity to ascertain the circumstances of the proposed placement, thereby promoting full compliance with applicable requirements for the protection of the child.

(c) The proper authorities of the state from which the placement is made may obtain the most complete information on the basis of which to evaluate a projected placement before it is made.

(d) Appropriate jurisdictional arrangements for the care of children will be promoted.

APPLICABILITY:

The Interstate Compact applies to all placements made by Office of Children's Services (OCS) into another state.

A. Parent:
   1. Reunification: Parent relocated to another state after custody was established;
   2. Relocation: Parent and child relocate to another state;
   3. Non-Custodial Parent: Non-offending, non-custodial parent resides in another state.

B. Relative:
   1. Un-licensed Relative;
   2. Relocation: Relatives relocate to another state with child before permanency.

C. Foster Care:
   1. Relative who chooses to be licensed;
   2. Non-Relative;
   3. Relocation: Foster Family relocates to another state with foster child;
   4. Private Agency: resource family is associated with a private child placement agency.

D. Adoption (Child is legally free):
   1. Relative;
   2. Non-Relative;
   3. Relocation: Pre- Adoptive family relocates to another state with child;
   4. Private Agency: resource family is associated with a private child placement agency.

E. Residential Psychiatric Treatment Center

LIMITATIONS OF THE COMPACT:

The ICPC does not apply to placement of a child out-of-state for the following circumstances.

A. A placement with a parent from whom the child was not removed: When the court places the child with a parent from whom the child was not removed, and the court has no evidence that the parent is unfit, does not seek any evidence from the receiving state that the parent is either fit or unfit, and the court relinquishes jurisdiction over the child immediately upon

placement with the parent, the receiving state shall have no responsibility for supervision or monitoring for the court having made the placement. [ICPC Regulation No. 2 (3a)];

B. Hospital and other medical facilities;

C. Boarding and military schools;

D. Relative to relative when a public child welfare agency is not involved (parents, step-parents, grandparents, aunts, uncles, adult brother s or sisters, and legal guardians only);

E. Placement when another interstate compact is utilized, such as the Interstate Compact on Juveniles;

F. Out of Country Placements: Currently there are no formal agreements between the U.S. and other countries for the placement of foster children.

POLICY OVERVIEW

A. The Office of Children's Services will abide by the statute, ICPC regulations and intent of the ICPC for the safe and timely interstate placement of foster children.

B. Prior to causing a child to be placed into another state for with a parent, relative, foster home, adoptive home, private child placement agency home or in a psychiatric residential treatment facility, OCS as a sending state, will obtain placement approval from the receiving state before placement is made. Placement approval is in the form of the signed, "ICPC-100A, Interstate Compact Placement Request" form.

C. Placement notification will be submitted to the OCS Interstate Compact office within 10 days by using the ICPC 100B Report on Child's Placement Status form.

D. Once a child is placed into another state OCS will maintain jurisdiction, case management and financial responsibilities for the child.

E. OCS Family Contact standards are to be maintained.

F. OCS will provide supervision services for a child placed into Alaska under an approved ICPC placement agreement. This includes monthly visits to the child and quarterly report for the sending state.

G. OCS can terminate an ICPC placement agreement only when the receiving state concurs with the permanency plan and believes a sufficient amount of supervision has occurred to assure the placement remains safe and appropriate. All states require a minimum of six (6) months of supervision before concurring with a case dismissal.

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5.2 AUTHORITY IN INTERPRETING ICPC STATUTE

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70.010, Art. VII Compact Administrator (ICPC)
ICPC Regulations #1 - 11

PURPOSE: To provide instruction regarding the interpretation of the Interstate Compact on the Placement of Children.

BACKGROUND INFORMATION::

A. State Law: The executive head of each jurisdiction party to this compact shall designate an officer who shall be general coordinator of activities under this compact in the officer's jurisdictions and who, acting jointly with like officers of other party jurisdictions, shall have power to adopt regulations to carry out more effectively the terms and provision of this compact.

B. The State of Alaska chose to designate the director of our child welfare agency, the Office of Children's Services (OCS), as the Compact Administrator. The Deputy Compact Administrator is a Program Coordinator located at the OCS state office and manages the interstate placement process.

C. ICPC Regulations: The Association of Administrators of the Interstate Compact on the Placement of Children was created and charged with promulgating regulations to standardize procedures and provide guidance to each member jurisdiction. Each year the Association gathers to conduct a business meeting and facilitate a conference. During the meetings, Compact and Deputy Compact Administrators discuss issues regarding practice, including any proposed regulations or amendments to regulations. There are currently twelve (12) regulations.

No. 1: Conversion of Intrastate Placement into Interstate Placement; Relocation of Family Units
No. 2: Public Court Jurisdiction Cases: Placements for Pubic Adoption or Foster Care in Family Settings and/or with Parents, Relatives
No. 3: Definitions and Placement Categories: Applicability and Exemptions
No. 4: Residential Placement
No. 5: Central Compact Office
No. 6: Permission to Place Child: Time Limitations
No. 7: Expedited Placement Decision
No. 8: Change of Placement Purpose
No. 9: Definition of a Visit
No.10: Guardians
No.11: Responsibility of States to Supervise Children
No.12: Private/Independent Adoptions

The ICPC Regulations can be found in the electronic Statewide Forms under ICPC.

POLICY: The regulations and definitions formally adopted by the Association of Administrators of the Interstate Compact on Placement of Children shall be followed in the administration of the ICPC to the extent that they do not conflict with existing Alaska law.

PROCEDURE:

A. The OCS Protective Services (PS) Specialist shall refer to the ICPC Regulations No. 1- 11 to assist in carrying out the intent of the ICPC and shall make Assistant Attorneys General, assigned to assist with ICPC matters, aware of the interpretive regulations.

B. Questions regarding the interpretation of the ICPC and its regulations need to be directed to the OCS Deputy Compact Administrator.

5.3 DECISION MAKING AUTHORITY AND FLOW OF COMMUNICATIONS

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70.010, Article VII Compact Administrator (ICPC)

PURPOSE: To set guidelines for communications between state agencies.

BACKGROUND INFORMATION:

A. Per AS 47.70, Article VII, "The head executive of each jurisdiction party to this compact shall designate an officer who shall be general coordinator of activities under this compact in his jurisdiction and acting jointly with like officers of other party jurisdictions, shall have the power to promulgate rules and regulations to carry out more effectively the terms and provisions of this compact"

B. The Alaska Department of Health and Social Services has appointed the Office of Children's Services (OCS) Director as the Compact Administrator and an OCS Social Services Program Coordinator as the Deputy Compact Administrator. These state office employees are the designated authorities for placement decisions and charged with ensuring that the requirements of each state's laws are met, before a placement is approved.

POLICY:

A. The OCS ICPC Compact Administrator, Deputy Compact Administrator or Temporary Designee has the authority to approve or deny interstate placements and act as the liaison with other state Compact Administrators.

B. Any communications for the receiving state ICPC office needs to go through the AK ICPC office. OCS field workers may communicate directly with field workers in other states for the purposes of pre-placement planning and post-placement case management.

PROCEDURE:

A. The OCS Interstate Compact office will facilitate the submission of the interstate placement request to the receiving state Interstate Compact office.

B. Once the receiving state Interstate Compact office assigns the home study request to one of their field offices the two state field workers can exchange information.

C. The receiving state field worker conducts the home study and background checks and submits the preliminary or final home study to their state's Compact office.

D. The receiving state Interstate Compact office reviews the home study and determines whether placement will be approved or denied and provides the decision and copy of the home study to the OCS Interstate Compact office.

E. Upon receipt of the placement decision and home study the OCS Interstate Compact office transmits the documents to the OCS assigned Protective Services (PS) Specialist and PS Specialist IV.

5.4 ILLEGAL INTERSTATE PLACEMENTS AND PENALTIES

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70, Article III(a) & (d)	Conditions for Placement (ICPC)
AS 47.70.010, Article IV	Penalty for Illegal Placement (ICPC)
AS 47.70.070	Violations of Compact (ICPC)

PURPOSE: To prevent illegal placements and compact violations.

BACKGROUND INFORMATION – STATE LAW:

A. Conditions for Placement:

1. No sending agency shall send, bring, or cause to be sent or brought into any other party state any child for placement in foster care or as a preliminary to a possible adoption unless the sending agency shall comply with each and every requirement set forth in this article *(Article III)* and with the applicable laws of the receiving state governing the placement of children therein.

2. The child shall not be sent, brought, or caused to be sent or brought into the receiving state until the appropriate public authorities in the receiving state shall notify the sending agency, in writing, to the effect that the proposed placement does not appear to be contrary to the interests of the child.

B. Penalty for Illegal Placement: The sending, bringing, or causing to be sent or brought into any receiving state of a child in violation of the terms of this compact shall constitute a violation of the laws respecting the placement of children of both the state in which the sending agency is located or from which it sends or brings the child and of the receiving state. Such violations may be punished or subjected to penalty in either jurisdiction in accordance with its laws. In addition to liability for any such punishment or penalty, any such violation shall constitute full and sufficient grounds for the suspension or revocation of any license, permit, or other legal authorization held by the sending agency which empowers or allows it to place, or care for children.

C. Violations of Compact: A person who sends, brings, or causes to be sent or brought into this state from any party state, or from this state into any party state, a person under the age of 19, in violation of the Interstate Compact on the Placement of Children, is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than $200.

POLICY:

A. Office of Children's Services (OCS) will comply with the regulations and definitions formally adopted by the Association of Administrators of the Interstate Compact on Placement of Children of the ICPC to the extent that they do not conflict with existing Alaska law.

B. When DHSS/OCS has legal custody, foster children will not be placed with a parent,

licensed or unlicensed relative, unrelated resource family or psychiatric residential facility in another state until OCS has received written approval for the placement from the ICPC office in the receiving state. The ICPC-100A Interstate Compact Placement Request Form once signed by both states becomes a contract between the states.

5.5 ICPC AND THE INDIAN CHILD WELFARE ACT

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70	Interstate Compact on the Placement of Children
25 U.S.C 1901–1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)

PURPOSE: To demonstrate the relationship between the Indian Child Welfare Act and the Interstate Compact on the Placement of Children.

BACKGROUND INFORMATION:

A. Congress enacted the Indian Child Welfare Act of 1978 (ICWA) in response to requests from Indian Tribes for assistance in regaining control over Indian children who were being removed from their homes for foster, adoptive or institutional placements by public and private child welfare agencies. The ICWA applies to any child, including Alaska Natives, who is either a member of a federally recognized Indian Tribe, or eligible for membership and the biological child of a member of a Tribe.

B. Occasionally the question arises as to whether the federal Indian Child Welfare Act supersedes the ICPC, which is a state law. ICWA imposes federal rules on state child welfare practices, and acknowledges the vital role that the child's cultural heritage and Tribal community must play in child welfare decision making for Indian children. Office of Children's Services (OCS) policy mandates compliance with placement preferences as laid out in the ICWA. The ICPC facilitates the home study process when a resource family lives in another state and the home studies are reviewed with the ICWA preferences in mind. The ICPC provides for safe and appropriate interstate placements and the on-going monitoring that the receiving state will provide.

C. For Native children, the placement preferences in the Indian Child Welfare Act must be followed absent good cause to the contrary (see section 2.7 Placement Preferences).

POLICY: When it is necessary to make an emergency placement or any out of home placement of children, priority consideration will always be given to follow the placement preferences in federal and state law. OCS will use the ICPC to facilitate the interstate placements.

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5.6 ICPC AND PLACEMENTS ONTO INDIAN RESERVATIONS

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70	Interstate Compact on the Placement of Children
25 U.S.C 1901–1923	Indian Child Welfare Act of 1978 (ICWA) (P. L. 95-608)

PURPOSE: To provide guidelines during instances when placement onto an Indian Reservation is being considered.

BACKGROUND INFORMATION:

A. The ICWA applies to any child, including Alaska Natives, who is either a member of a federally recognized Indian Tribe, or eligible for membership and the biological child of a member of a Tribe (see section 5.5 for additional information).

B. The Interstate Compact on the Placement of Children does not apply to interstate placements of a foster child if the placement is being made onto an Indian reservation. Sovereign Tribal governments have not enacted the ICPC legislation.

POLICY: When considering an interstate placement of a foster child onto an Indian Reservation, Office of Children's Services (OCS) staff will follow the intent of the ICPC, but will recognize Tribal sovereignty when requesting a placement study.

PROCEDURE:

A. Once OCS determines that a resource family resides within the boundaries of an Indian Reservation, the OCS Protective Services (PS) Specialist will contact the reservation Tribal authority to request their procedures for approving the placement of a foster child.

B. The PS Specialist will follow the instructions of the Tribal authority. A memorandum of agreement may be required to facilitate the completion of a home study and post placement supervision

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5.7 PLACEMENTS OUT OF COUNTRY

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70 Interstate Compact on the Placement of Children

PURPOSE: To provide guidelines during instances when placement into a foreign country is being considered.

BACKGROUND INFORMATION: The ICPC is a law that has been enacted by the 50 states, District of Columbia, and the US Virgin Islands. Currently there are no formal agreements between the U.S. and other countries for the placement of foster children. The ICPC does not apply.

POLICY:

A. If a parent or relative of a child in custody requests placement of that child and the parent or relative resides in another country, Office of Children's Services (OCS) will take steps to obtain a home study, criminal background checks and a placement decision from the foreign country where the parent or relative resides.

B. If placement is approved and OCS decides to place the child out of country, a placement supervision agreement will be negotiated with the appropriate authority in that country.

C. OCS will comply with Federal Laws regarding inter-country travel visas and passports.

PROCEDURE:

A. When placement of a child in OCS custody in another country is being considered, the Protective Services (PS) Specialist will:

1. For a permanent placement in another country, contact the Adoption Coordinator, as the Intercountry Adoption Act and the Hague Convention may dictate necessary protocol.

2. Contact the U.S. Embassy or Consulate's office in the receiving country. Contact information can be found at this website, (click here). If Canada, contact the Child Protection Agency in the appropriate province.

3. Request the procedures for obtaining a home study, criminal background checks, a placement decision and post-placement supervision.

4. Before placement, obtain any required travel visas and passports and finalize financial support and medical coverage plans.

B. Out-of-country travel must be approved by the OCS Director and the DHSS Commissioner using the Authority to Transport a Minor (06-9717 form). Travel must be arranged 14 days in advance (see section 6.5.10 Trips for a Child in Custody). The PS Specialist will ensure that approval is obtained and travel is arranged in accordance with section 6.5.10.

5.8 ICPC – IN CASES AND FOSTER YOUTH AGES 18-21

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70	Interstate Compact on the Placement of Children
AS 47.18.300-390	Foster Care Transition Program
7 AAC 53.350	Independent Living
ICPC Regulation #3	Definitions and Placement Categories: Applicability and Exemptions

PURPOSE: To provide guidance for utilizing the ICPC for the placement of or continued supervision of a placement of foster youth ages 18 to 21.

BACKGROUND INFORMATION: The ICPC does not have a definition of "child", and "age of majority" is defined by each state. Historically, member states will extend supervision services under an ICPC placement agreement for youth who have turned 18, but have not graduated high school or who have identified special needs.

POLICY: Office of Children's Services (OCS) will accept interstate home study and placement requests for youth 18 and older provided the sending agency/state agrees to maintain custody and financial responsibility for costs associated with care and education.

PROCEDURE:

A. Interstate placement home study and placement requests for youth ages 18-21 can be assigned to a Regional Independent Living Specialist, in lieu of field office staff.

B. Youth placed from other states under an approved interstate placement agreement can be considered for Alaska Independent Living Services on a case by case basis (see section 3.14.1 Independent Living Services Delivery).

C. The assigned Protective Services Specialist or Regional Independent Living Specialist will visit the youth once a month and submit supervision reports to the OCS Interstate Compact office every three months.

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5.9 ICPC AND VISITS OUT OF STATE

AUTHORITY:

AS 47.10	Children in Need Of Aid
AS 47.70	Interstate Compact on the Placement of Children
ICPC Regulation #9	Definition of a Visit

PURPOSE: To provide guidance when considering whether to send a child out of state on a visit to a proposed resource family.

BACKGROUND INFORMATION – ICPC REGULATION:

A. A visit as defined below is not subject to the Interstate Compact on the Placement of Children (ICPC).

B. A visit is not a placement within the meaning of the ICPC. Visits and placements are distinguished on the basis of purpose, duration, and the intention of the person or agency with responsibility for planning for the child as to the child's place of abode.

   1. The purpose of a visit is to provide the child with a social or cultural experience of short duration, such as a stay in a camp or with a friend or relative who has not assumed legal responsibility for providing child care services.

   2. If the child's stay is intended to be for no longer than thirty (30) days and if the purpose is as described in (B)(1) above, it will be presumed that the circumstances constitute a visit rather than a placement. A visit can be longer than 30 days if it begins and ends within the child's summer vacation from school as evidenced by the academic calendar of the school.

   3. If a stay does not from the outset have an express terminal date, or if its duration is not clear from the circumstances, it shall be considered a placement or proposed placement and not a visit.

C. Placements of foster children into another state require placement approval from the receiving state. A visit during an open interstate placement request is presumed to be an illegal placement unless the sending state can demonstrate the visit with the proposed resource family will be less than 30 days, and will be for a specific social or cultural experience.

POLICY: Office of Children's Services (OCS) must articulate and provide notice to a receiving state which will include the duration, purpose and necessity of sending a child on an out of state visit to a proposed resource family during the period of an open ICPC home study and placement request.

PROCEDURE:

A. The Protective Services (PS) Specialist will submit a memo containing the beginning and ending date of the proposed visit, along with the purpose of the visit to the OCS Interstate Compact office for review. If the memo meets the requirements of ICPC Regulation No. 9, the Deputy Compact Administrator will forward the memo to the receiving state Interstate Compact office and travel can be arranged.

B. If the receiving state Interstate Compact office determines that the visit is unsafe, or suspects the visit is an attempt to place before approval is given, the OCS PS Specialist must make immediate arrangements for the child to be returned to Alaska.

5.10 ICPC AND TEMPORARY RELOCATIONS

AUTHORITY:

AS 47.10	Children in Need Of Aid
AS 47.70	Interstate Compact on the Placement of Children
42 U.S.C. 622(b)(17)	State Plans for Child Welfare Services (Title IV-B)
ICPC Regulation #1	Conversion of Intrastate Placement into Interstate Placement; Relocation of Family Units

PURPOSE: To provide guidance when a foster child temporarily relocates to another state with their family or resource family.

BACKGROUND INFORMATION:

A. Federal Law: When a child is in foster care under the responsibility of a State, the State must, at a minimum, ensure that the children are visited by a caseworker on a monthly basis.

B. ICPC Regulation:

1. Approval and supervision by the receiving state is not required for out of state relocations that are less than 90 days; however, pursuant to federal law (see (A) above) supervision by the sending state is required.

2. Supervision may be provided by the receiving state under an interstate placement agreement for supervision only.

3. Relocations in excess of 90 days require approval by the receiving state.

POLICY:

A. Occasionally families need to leave Alaska to care for an ill family member or they might want to temporarily relocate for the winter months. When appropriate in order to reduce childhood trauma during periods of foster care, foster children will be allowed to temporarily relocate to another state with their family or resource family while still in custody.

B. When the duration of the relocation is intended to last for more than 90 days, an interstate placement request packet will be submitted to the receiving state.

PROCEDURE:

A. Upon learning that a family wishes to temporarily relocate to another state for more than 90 days, the Protective Services (PS) Specialist will contact the Office of Children's Services (OCS) Interstate Compact office for guidance.

B. If the family is receiving AK foster care payments the PS Specialist needs to consult with

licensing and state office Provider Payments Unit so that the PS Specialist can explain the requirements for continued payment to the family.

C. The PS Specialist will discuss a financial support and medical coverage plan with the family, as outlined in section 5.16 Financial Supports and Medical Coverage Planning.

D. Prior to the relocation, the PS Specialist will submit an interstate placement request packet with all of the required documents, plus a copy of the provider's license, a list of completed foster care classes, and any previous home studies completed.

E. Once the family arrives in the receiving state the OCS PS Specialist must notify the AK ICPC so that the interstate request packet can be forwarded to the receiving state with a request to assign the case for supervision.

F. The PS Specialist will notify the state office Provider Payments Unit of the temporary change.

5.11 ICPC AND PERMANENT INTERSTATE RELOCATIONS

AUTHORITY:

AS 47.10	Children in Need Of Aid
AS 47.70	Interstate Compact on the Placement of Children
ICPC Regulation #1	Conversion of Intrastate Placement into Interstate Placement; Relocation of Family Units

PURPOSE: To provide guidance when a foster child permanently relocates to another state with their family or resource family.

BACKGROUND INFORMATION – ICPC REGULATION: A child protection services placement, initially intrastate in character, becomes an interstate placement subject to the Interstate Compact on the Placement of Children (ICPC) if the child moves with their biological or foster family to another state while Office of Children's Services (OCS) maintains custody.

POLICY: To reduce childhood trauma during periods of foster care children will, when appropriate, be allowed to relocate to another state with their family or resource family under an ICPC placement agreement and continue to receive support services and placement supervision until permanency is reached.

PROCEDURE:

A. Upon learning that a family wishes to relocate to another state the Protective Services (PS) Specialist will contact the OCS Interstate Compact office for guidance.

B. The PS Specialist will discuss a financial support and medical coverage plan with the family, as outlined in section 5.16 Financial Supports and Medical Coverage Planning.

C. If the family is receiving AK foster care payments the PS Specialist needs to consult with licensing and state office Provider Payments so that the PS Specialist can explain the requirements for continued payment to the family.

D. Prior to the family's relocation, the PS Specialist will submit an interstate placement request packet with all of the required documents.

E. The PS Specialist will consult section 5.23 Preparations for Placing a Child Out of State to ensure that the child and family have all the documents, medications, etc. that they need for continued care of the child.

F. Once the family arrives in the receiving state, the OCS PS Specialist will notify the AK ICPC office with the date. The AK ICPC office will send the placement request to the receiving state with an additional request to assign for supervision.

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5.12 ICPC AND ADOPTIONS

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70	Interstate Compact on the Placement of Children
ICPC Regulation #2	Public Court Jurisdiction Cases: Placements for Public Adoption of Foster Care in Family Settings and/or with Parents, Relatives
ICPC Regulation #8	Change of Placement Purpose

PURPOSE: To provide guidance on how to obtain an adoption home study and concurrence to finalize an adoption for a child is or will be placed into another state.

BACKGROUND INFORMATION – ICPC REGULATION:

A. In order to request an adoption home study and approval for the interstate placement of a child, the child must be legally free for adoption or Office of Children's Services (OCS) must have signed adoption consents or relinquishments from the child's parents. Once an approved placement has been supervised by the receiving state for a period of time required by the receiving state, OCS can request concurrence to finalize the adoption.

B. When an adoptive placement is not an option, the placement can begin as a relative or non-relative foster placement. If an interstate placement started as a relative or foster care placement, once there are signed TPR court orders, signed parental consents or relinquishments, an adoption home study request and concurrence to finalize the adoption can be requested

C. As with other interstate placement types OCS must have the concurrence from the receiving state before finalizing the adoption.

POLICY: For a child with a permanency plan of adoption OCS will request an adoption home study and concurrence to finalize an adoption from the receiving state Interstate Compact office before finalizing the adoption.

PROCEDURE:

The OCS Protective Services (PS) Specialist will follow the instructions in sections 5.18 Prior to Submitting an Interstate Placement Request and 5.19 ICPC Placement Request Packet – Required Information and Documents.

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5.13 ICPC AND GUARDIANSHIPS

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70 Interstate Compact on the Placement of Children
ICPC Regulation #2 Public Court Jurisdiction Cases: Placements for Public Adoption of Foster Care in Family Settings and/or with Parents, Relatives
ICPC Regulation #8 Change of Placement Purpose

PURPOSE: To provide guidance on how to obtain receiving state concurrence for finalizing a guardianship for an interstate placement that began as a relative or foster care placement.

BACKGROUND INFORMATION: Interstate placement types that begin as a relative or non-relative foster placement can move towards permanency as a guardianship. Once the receiving state has supervised an approved placement for a period of time Office of Children's Services (OCS) can request an update to the original placement study and concurrence to finalize a guardianship

POLICY: OCS will request a home study or home study update and concurrence from the receiving state Interstate Compact office before finalizing a guardianship.

PROCEDURE:

The OCS Protective Services (PS) Specialist will follow the instructions in sections 5.18 Prior to Submitting an Interstate Placement Request and 5.19 ICPC Placement Request Packet – Required Information and Documents.

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5.14 ICPC AND PRIVATE CHILD PLACEMENT AGENCIES

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70 Interstate Compact on the Placement of Children
42 U.S.C. 671(a)(26) State Plan for Foster Care and Adoption Assistance (Title IV-E)
ICPC Regulation #11 Responsibility of States to Supervise Children

PURPOSE: To provide guidance when Office of Children's Services (OCS) determines that there is a need to place a child with a Licensed Child Placement Agency in another state.

BACKGROUND INFORMATION: Often due to the special needs of a child or when a resource family is associated with a private, child placement agency OCS has chosen to contract with the private child placement agencies for home studies and post-placement supervision. Receiving state child welfare agencies will not assign their staff to supervise placements associated with private agencies.

POLICY: OCS will consider placements with private child placement agencies when appropriate.

PROCEDURE:

A. If a proposed family resource is associated with a private, child placement agency in the receiving state, the OCS Protective Services (PS) Specialist will gather the following information:

   1. W-9 for the therapeutic foster home;
   2. A copy of the foster home license and home study;
   3. A copy of the placing agency license;
   4. A copy of the placing agency W-9
   5. Documentation of services and rates

B. If the child in not IV-E eligible, the PS Specialist must consult with the ICPC Deputy Compact Administrator to discuss the options for medical costs as Medicaid may not be available in the receiving state.

C. Once financial and medical plans have been verified, the PS Specialist will submit a memo requesting approval of the placement costs to the Director or Deputy Director for approval.

D. The PS Specialist can then choose from two available contract templates. "Out of State Placement Agreement," for therapeutic foster home placements or the "Out of State Agency Child Payment Agreement."

E. Once the contract is signed by the private agency and OCS administration, an interstate placement request must be opened. The OCS PS Specialist will follow the instructions in sections 5.18 Prior to Submitting an Interstate Placement Request and 5.19 ICPC

Placement Request Packet – Required Information and Documents. Once the interstate placement is approved the child can be placed.

5.15 ICPC AND OUT OF STATE RESIDENTIAL PSYCHIATRIC TREATMENT CENTERS (RPTC)

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70.010 Art. V	Retention of Jurisdiction (ICPC)
42 U.S.C. 671(a)(26)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
ICPC Regulation #4	Residential Placement

PURPOSE: To provide guidance when Office of Children's Services (OCS) determines that a child requires admission to an out of state residential psychiatric program.

BACKGROUND INFORMATION:

A. OCS serves a diverse population of children requiring mental health services and strives to maintain the children in the least restrictive environment. Sometimes residential treatment is considered medically necessary.

B. State law requires that the sending agency shall retain jurisdiction over the child sufficient to determine all matters in relation to the custody, supervision, care, treatment and disposition of the child which it would have had if the child had remained in the sending agency's state, until the child is adopted, reaches majority, becomes self-supporting or is discharged with the concurrence of the appropriate authority in the receiving state.

C. The intent of ICPC Regulation No. 4 is, "to provide for the protection and safety of children being placed in a residential facility in another state."

   1. Receiving states are to keep record of children placed in residential psychiatric treatment centers (RPTC) and notify the sending state if there are any concerns regarding the facility the children are placed in.
   2. Both the sending and receiving state ICPC office are to "promote compliance with Article V of the compact (see (B) above) so that children are not physically or financially abandoned in a receiving state.

POLICY:

A. OCS will utilize the ICPC to facilitate placement into an out of state RPTC level of care if approved by the Regional and Out of State Placement Committees.

B. OCS Policies, 6.5.1 "Regional Placement Committee" and "6.5.2 "Residential Psychiatric Level of Care," govern the placement decision making process on the regional and department level. Approvals are contingent upon the medical necessity and lack of in-state RPTC level of care options.

PROCEDURE:

A. The Out-of-State Placement Committee (OSPC) requires a specific list of documents which includes the ICPC-100A form. Once placement is approved for an out of state RPTC facility, the OSPC will provide the documents to the AK ICPC office.

B. If all documents for an interstate placement request have been received, the AK ICPC office will submit the placement request to the receiving state for approval. Placement cannot be made until the receiving state approves the placement.

5.16 FINANCIAL SUPPORTS AND MEDICAL COVERAGE PLANNING

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70.010, Art. V Retention of Jurisdiction (ICPC)

PURPOSE: To provide guidance for determining the financial and medical support plans of an interstate placement prior to the submission of an interstate placement request and verifying that financial supports and medical coverage plans are in place after placement is made.

BACKGROUND INFORMATION - STATE LAW: The Sending agency shall continue to have financial responsibility for support and maintenance of the child during the period of the placement.

POLICY:

A. Safety, permanency and wellbeing are the goals Office of Children's Services (OCS) has for each child and family. Planning for the financial supports and medical coverage for children who will be placed out-of-state will be completed prior to the placement since it lays the foundation for a successful placement and reduces the probability of unnecessary placement disruptions.

B. OCS is responsible for the financial/medical support of all children in OCS custody who are placed in another state to the extent that resources in the receiving state are unavailable.

PROCEDURE:

A. Prior to initiating a formal referral through ICPC, the OCS Protective Services (PS) Specialist must contact the proposed resource family in the receiving state to determine their interest in the placement and to discuss possible financial/medical plans for the support of the child including:

   1. Whether they are financially able and willing to support the child; or

   2. Desire to receive foster care placements from OCS; or

   3. Plan to apply for TANF on behalf of the child if the resource family is a relative eligible to apply on behalf of the child in the receiving state; or

   4. Eligible to receive an adoption subsidy.

B. For medical coverage:

   1. A parent or relative must be willing to apply for the state's Medicaid coverage or provide private insurance coverage.

2. For the non-relative resource family:

   a. Child is IV-E eligible: the receiving state will facilitate their state's Medicaid application process.

   b. Child is not IV-E eligible: the resource family must agree to apply for the Medicaid coverage in the receiving state. If ineligible for the Medicaid coverage the resource family must agree to bear the cost of care and submit for reimbursement or seek a provider that is willing to bill the OCS directly.

C. Indicate the proposed financial/medical plan on the ICPC financial/medical form to be included in the ICPC placement request packet and provide a:

   1. IV-E Eligibility statement;

   2. copy of the child's birth certificate; and

   3. copy of child social security card.

   Copies of the birth certificate and social security applications can be substituted if OCS does not have the birth certificate and/or social security card.

D. After the placement has been approved and the child has been placed the OCS PS Specialist will insure that the plans to cover medical expenses are in place.

E. Special funds to pay for medical services for children in out-of-state placement will only be authorized when all primary resources including Medicaid in the receiving state have been determined to be unavailable.

F. The OCS PS Specialist shall provide a copy of the provider's foster license, letter of licensure, or certificate and a copy of the receiving state foster care rate schedule to OCS state office Provider Payments unit so the resource family can be set up as a provider in ORCA.

5.17 ICPC FORMS

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70	Interstate Compact on the Placement of Children
ICPC Regulation # 0.01	Forms
ICPC Regulation # 1	Conversion of Intrastate Placement into Interstate Placement; Relocation of Family Units
ICPC Regulation # 2	Public Court Jurisdiction Cases: Placements for Public Adoption or Foster Care in Family Settings and/or with Parents, Relatives
ICPC Regulation # 7	Expedited Placement Decision

PURPOSE: To provide a brief description of forms required for an interstate placement agreement.

BACKGROUND INFORMATION – ICPC REGULATIONS:
ICPC Regulation No. 0.01 identifies and requires all states to use uniform forms to facilitate placements and provide for reporting data and Regulations No. 1, 2 and 7 require information in the form of a "case worker statement."

POLICY:

A. OCS will use the required ICPC forms or forms with the same name and are similar in format and substance.

   1. Form 100A – Interstate Compact Placement Request Form (06-9140) is the official notice of intention to place and of request for investigation and approval of placement. It also documents the formal decision of the receiving state regarding acceptance or denial of placement and acts as the contract between states when placement is approved.

   2. Form 100B – Interstate Compact Report on Child's Placement Status Form (06-9141) is the official notice to the receiving state that placement has occurred and formally initiates supervision in the receiving state. The 100B is also used as official notice of change in status of placement – e.g. notice of moves and closure.

   3. Form 101 – Sending State Priority Home Study Request (06-9144) must be used when a court has determined that a proposed priority placement of a child from one state into another state is necessary, and the court has issued a court order to that effect. The court order must be submitted with the form.

   4. Interstate Compact Financial/Medical Plan (06-9143):

   5. Sending Agency's Case Manager Statement (06-9145): This form must be completed to satisfy the "case worker statement" requirements of ICPC Regulations No. 1, 2, and 7.

B. Forms 100A and 100B are available in ORCA, and forms 06-9143, 06-9144, and 06-9145 are available in the CPS Forms subdirectory of the Statewide Forms directory.

5.18 PRIOR TO SUBMITTING AN INTERSTATE PLACEMENT REQUEST

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70.010 Art. III(b)	Interstate Compact on the Placement of Children
ICPC Regulation # 0.01	Forms
ICPC Regulation # 1	Conversion of Intrastate Placement into Interstate Placement; Relocation of Family Units
ICPC Regulation # 2	Public Court Jurisdiction Cases: Placements for Public Adoption or Foster Care in Family Settings and/or with Parents, Relatives
ICPC Regulation # 7	Expedited Placement Decision

PURPOSE: To assist the Protective Services (PS) Specialist in preparing for the submission of an interstate placement request.

BACKGROUND INFORMATION: A placement request packet must be assembled with required documents and sufficient case information so that a social worker in another jurisdiction has sufficient and current case and child specific information in which to evaluate the proposed placement.

A. State Law: Prior to sending, brining, or causing to be sent or brought into a receiving state for placement in foster care or as a preliminary to possible adoption, the sending state shall furnish the appropriate public authorities in the receiving state written notice of the intention to send, bring, or place the child in the receiving state.

B. ICPC Regulation No. 1, No. 2 and No. 7, list documents and information required in order to submit an interstate placement request. Incomplete request packets will not be processed.

POLICY: A complete interstate placement request packet will submitted to the Office of Children's Services (OCS) Interstate Compact office. Prior to submitting the request packet, information will be gathered to determine the type of placement and type of homestudy needed.

PROCEDURE:

A. Prior to submitting an interstate placement request packet, The OCS Protective Services (PS) Specialist will:

   1. discuss the following with the resource family to determine their willingness and ability to care for the child and to gather information for the required ICPC forms.
      a. child's special needs
      b. plan of care
      c. Verification they are interested in being a placement resource,
      d. Are willing to cooperate with the ICPC process,
      e. Have sufficient financial resources, willing to be licensed as a foster home or will access financial resources to feed clothe and care for the child; including

child care expenses.

f. Acknowledge that a criminal records and child abuse history check will be completed.

2. gather the following information about the resource families,
   a. Names and birth dates;
   b. Social Security numbers for all persons age 16 and over in the home;
      Both mailing and physical address of the home;
   c. Description of the home, including number and type of rooms; and
   d. All available phone numbers for the family.

B. Based on the discussions with the resource family, the PS Specialist will determine the type of placement and type of home study needed; Parent, Relative, Foster Care or Adoption and submit the ICPC request packet to the AK ICPC office.

5.19 ICPC PLACEMENT REQUEST PACKET – REQUIRED INFORMATION AND DOCUMENTS

AUTHORITY:

AS 47.10	Children in Need Of Aid
AS 47.70.010 Art III	Conditions for Placement (ICPC)
ICPC Regulation # 0.01	Forms
ICPC Regulation # 2	Public Court Jurisdiction Cases: Placements for Public Adoption or Foster Care in Family Settings and/or with Parents, Relatives
ICPC Regulation # 7	Expedited Placement Decision

PURPOSE: To provide a list of information and documents that must be included in an interstate placement request packet.

BACKGROUND INFORMATION:

A. State Law: Before a child is placed in the receiving state the sending state must provide a notice of intention that shall contain required information. The receiving state may request additional information as it may deem necessary to carry out the purpose of the compact.

B. ICPC Regulations:

1. States are required to include specific case information and documents in the interstate placement request (see Procedure (B) below). The required information is crucial in showing the sending agency has authority to make placements of children and in determining the safety an appropriateness of the proposed resource family by the receiving states laws and policies.

2. Receiving states require that all interstate placement request packets are complete or the requests will not be processed.

POLICY:

A. Only complete interstate request packets will be submitted to a receiving state.

B. Requests for expedited placements are addressed in section 5.20 Requests for an Expedited Placement Decision.

PROCEDURE:

A. The Protective Services (PS) Specialist will gather the required documentation and provide one copy of each to the Office of Children's Services (OCS) Interstate Compact Office.

B. The documentation provided shall be current and shall include:

1. Signed Sending Agency's Case Manager Statement (06-9145) (Statewide Forms);

2. Form ICPC-100A fully completed and one per child (ORCA);

3. Financial/Medical Plan: detailed plan of the proposed method for support of the child and provision of medical services (ORCA);

4. Title IV-E Eligibility verification: A memo stating the current status of the child's Title IV-E eligibility under the Federal Social Security Act and Title IV-E documentation;

5. A copy of the child's Social Security card or copy of the social security card application;

6. A copy of the child's birth certificate or copy of the birth certificate application;

7. Copy of the current, signed court order pursuant to which the sending agency has authority to place the child (Copies of signed TPR order, consents or relinquishments are required when requesting an adoption home study);

8. A current case history for the child, including custodial and social history, chronology of court involvement, social dynamics and a description of any special needs of the child (Court reports can be used);

9. Current, Signed Case Plan;

10. Copies of the most current physical, immunization records and any medical or mental health assessments that may exist;

11. A copy of any home studies previously completed on the family;

12. A copy of the family's foster home license and list of classes the family might hold;

13. For Court Ordered Expedited Requests add a copy of the signed court order to Expedite;

14, If family is relocating with a foster child, submit form ICPC-100B.

5.20 ICPC REQUESTS FOR AN EXPEDITED PLACEMENT DECISION

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70	Interstate Compact on the Placement of Children
42 U.S.C. 671(a)(26)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
ICPC Regulation # 7	Expedited Placement Decision

PURPOSE: To provide guidance on how interstate placement requests can be expedited under certain circumstances in order to reduce childhood trauma during periods of foster care.

BACKGROUND INFORMATION:

A. Federal Law: Within 60 days after the State receives from another State a request to conduct a study of a home environment for purposes of assessing the safety and suitability of placing a child in the home, the State shall, directly or by contract conduct and complete the study; and return to the other State a report on the results of the study, which shall address the extent to which placement in the home would meet the needs of the child.

B. ICPC Regulation: The process of obtaining an Interstate placement approval can take longer than 60 days. To prevent long waits for children, and when the proposed placement is with a parent or relative, a request for completion of an expedited home study within 20 days may be submitted when:

- The case involves a child who is under the jurisdiction of a court as a result of action taken by a child welfare agency, and
- the court has the authority to determine custody and placement of the child or has delegated said authority to the child welfare agency, and
- the child is no longer in the home of the parent from whom the child was removed, and
- and the child is being considered for placement in another state with a parent, stepparent, grandparent, adult uncle or aunt, adult brother or sister, or the child's guardian, and
- must meet at least one of the following criteria,

  (a) unexpected dependency due to a sudden or recent incarceration, incapacitation or death of a parent or guardian. Incapacitation means a parent or guardian is unable to care for a child due to a medical, mental or physical condition of a parent or guardian, or

  (b) the child sought to be placed is four years of age or younger, including older siblings sought to be placed with the same proposed placement resource; or

  (c) the court finds that any child in the sibling group sought to be placed has a substantial relationship with the proposed placement resource. Substantial relationship means the

proposed placement has a familial or mentoring role with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child; or

(d) the child is currently in an emergency placement.

POLICY: Expedited home studies may be requested if they meet the requirements in Background Information Section (B) above and are ordered by the presiding court.

PROCEDURE:

The Office of Children's Services (OCS) Protective Services (PS) Specialist will:

A. If expedited consideration can be applied to the case, contact the Assistant AG and request assistance in preparing a court order for priority ICPC home study request; a required template of the order can be found with Regulation No. 7. (The signed court order to expedite and the placement request packet must be submitted to the receiving state within 7 business day, from the date the judge signed the order. After 7 days the order is no longer valid per ICPC Regulation No. 7 timelines for submission.)

From:	To:	Timeframe
Sending State Court	Sending State Agency (OCS)	2 business days
Sending State Agency	Sending State ICPC office	3 business days
Sending State ICPC	Receiving State ICPC Office	2 business days

B. Discuss the potential placement with and gather the required information from the resource family as outlined in section 5.18 Prior to Submitting an Interstate Placement Request.

C. Prepare an ICPC placement request packet containing all the items listed in section 5.19 ICPC Placement Request Packet – Required Information and Documents, the completed Sending Agency's Case Manager Statement, and the signed order for priority study reference in (C) of this section.

D. Submit the completed placement request packet the OCS, Interstate Compact office within three days of receipt of the signed order.

5.21 RECEIPT AND ACCEPTANCE OF COMPLETED HOME STUDY

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70 Interstate Compact on the Placement of Children
42 U.S.C. 671(a)(26) State Plan for Foster Care and Adoption Assistance (Title IV-E)

PURPOSE: To provide guidance when accepting a completed home study.

BACKGROUND INFORMATION:

A. Home study templates vary from state to state, county to county. On occasion a home study received from another state will not provide sufficient information to facilitate a placement decision.

B. Federal Law: A state that requested a home study from another state must accept the completed home study unless, within 14 days of receiving the home study, the state determines, based on grounds that are specific to the content of the home study, that making a decision in reliance on the home study would be contrary to the child's welfare.

POLICY: Alaska OCS will accept home studies completed by the receiving state or their contractors unless, within 14 days of receipt in the Alaska ICPC office, OCS determines the contents of the home study are insufficient and making a placement decision based on the report would be contrary to the welfare of the child.

PROCEDURE:

A. Upon receipt of a home study, the Alaska OCS ICPC office will date stamp the study, notify the OCS Protective Services (PS) Specialist by e-mail that the home study has been received, and then mail a copy to the PS Specialist. If requested, the Alaska ICPC office will fax a copy of the home study to the PS Specialist.

B. The PS Specialist will review the study and determine whether it provides enough information to make a placement decision.

C. If the study does not include sufficient information, the PS Specialist will submit a memo within 14 days to the Alaska ICPC office listing additional questions and concerns for the receiving state.

D. The Alaska ICPC office will

1. Notify the receiving state that the home study has not been accepted as complete; and

2. Request an addendum addressing the PS Specialist's questions and concerns.

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5.22 COMPLETING THE INTERSTATE COMPACT (ICPC) HOME STUDY

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70 Interstate Compact on the Placement of Children
42 U.S.C. 671(a)(26) State Plan for Foster Care and Adoption Assistance (Title IV-E)

PURPOSE: To provide guidance on the completion of ICPC home studies and ensure compliance with the time frames required by federal law for completion of reports on the results of ICPC home studies.

BACKGROUND INFORMATION – FEDERAL LAW:

A. When a state receives a request for a home study from another state, the receiving state will submit a report on the results of the study to the requesting state within 60 days after the request was received. The report must address the extent to which placement in the home would meet the needs of the child.

B. The deadline for completing the report on the results of the home study can be extended to 75 days if the state is not able to complete the home study within 60 days due to circumstances beyond the state's control. The state must document the circumstances that resulted in the need for the extension.

POLICY:

A. The report on the results of an ICPC home study can include a recommendation for or against placement based on an assessment of whether or not the family and community can provide adequate services to meet the child's needs.

B. The Alaska Deputy Compact Administrator determines the due date for the report on the results of the home study. The due date will be within the federal mandate.

C. A report on the results of the home study must be submitted to the Alaska Deputy Compact Administrator by the established due date.

PROCEDURE:

A. The Alaska Deputy Compact Administrator assigns the ICPC request to the appropriate field office.

B. The assigned field office PS Specialist IV will assign the home study to an Office of Children's Services (OCS) Protective Services (PS) Specialist within three business days of receipt of the request packet.

C. The assigned PS Specialist will review the packet of materials from the sending state to

determine if adequate information has been provided to allow the PS Specialist to make a thorough assessment and recommendation.

D. If more information is needed, the PS Specialist will request the additional information by calling the worker from the referring state directly at the phone number listed on the 100A or by requesting the information in writing to the Alaska Deputy Compact Administrator if there is no phone number for the worker included in the referral materials;

E. If an adoptive home study has been requested, the PS Specialist may refer the request to the adoptive home study contractor. However, the OCS PS Specialist is responsible for ensuring that the report on the result of the home study is received by the due date.

F. If the sending state contracts with an approved private agency for a home study, OCS will consider the recommendations of the study. The sending state is responsible for the cost of the home study.

G. The PS Specialist will make contact with the placement resource within three business days of assignment to schedule a home visit to initiate the home study process even if additional information is needed to complete the assessment and recommendation. The PS Specialist will:

1. explain the type of home study requested by the sending state;

2. inform the placement resource of the procedures and explain tasks the placement resource is responsible for, for example fingerprinting and/or foster home license; and

3. schedule a home visit.

H. The PS Specialist will complete the study and recommendation for or against placement including the following information:

1. <u>Home Visit Interview</u>:

a. name, address and phone of proposed caretaker;

b. marital status of caretaker;

c. social history of caretaker especially in relation to any difficulties with criminal history or emotional or health problems that could affect the ability to provide care;

d. motivation for wanting to provide care for the child and willingness and ability to provide care permanently;

e. understanding of situation resulting in child's need for alternative placement;

f. willingness and ability to protect the child from the offending parent or guardian, if applicable;

g. willingness and ability to assist in the permanency and well being of the child;

h. financial plan for support of child - e.g. - TANF, foster care payments, other;

i. medical plan for child - e.g. - Alaska Medicaid based on IV-E or other eligibility, other;

j. appropriateness of plan to supervise child if caretaker works outside the home;

k. availability of caretaker and community services to meet child's special needs;

l. names of all other adults in the household and a description of their relationship to caretaker and child to be placed, their attitude toward the placement and a brief social history including items under H(1)(c) above;

m. names and ages of all other children in the household and a description of their relationship to the caretaker and other adults in the house, their attitude toward the placement, if old enough, and a description of any special needs or problems they may have that would affect the proposed placement;

n. attach law enforcement clearance and summary and the CPS check based on a signed release for the check;

2. description of space and adequacy of the home, including a description of the sleeping arrangements for the child to be placed;

3. a summary of areas of concern and services that would help to minimize or overcome these concerns;

4. listing of specific conditions that must be met prior to giving final recommendation for placement - e.g. verification of child's IV-E eligibility status or placement resource's agreement to participate in recommended services;

5. a specific recommendation for or against placement;

6. if the recommendation is in favor of placement, include the following statement; "the positive recommendation is conditioned on the sending state's agreement to retain custody until Alaska's Deputy Compact Administrator agrees it may be dismissed";

7. signatures of the OCS PS Specialist completing the study and recommendation and the signature of the PS Specialist's immediate supervisor.

I. The assigned PS Specialist will draft a report on the results of the home study and submit it to the Alaska ICPC office before or on the due date regardless of whether it can contain a placement recommendation. If a placement recommendation cannot be made by the due date, the PS Specialist will list the reasons why and send the report to the Alaska ICPC office. Once the missing information is obtained, the PS Specialist will complete the home study and provide placement recommendations to the Alaska ICPC office;

J. The assigned PS Specialist will complete requests for a court ordered priority study from the sending state that follow the requirements of Regulation No. 7 adopted by the Association of Administrators of the ICPC, within 20 business days of assignment and the

study shall be mailed express mail on the date of completion to the Alaska Deputy Compact Administrator.

DEFINITIONS:

ICPC Home Study: Consists of a safety assessment of the home, CPS background checks, fingerprint checks, and a home study interview.

Reports on the Result of a Home Study: Includes at a minimum a safety assessment of the home, CPS background checks, and a home study interview.

5.23 PREPARATIONS FOR PLACING A CHILD OUT OF STATE

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70.010, Art. III(d) Conditions for Placement (ICPC) Interstate Compact on the Placement of Children
ICPC

PURPOSE: To reasonably assure a placement will begin and remain safe and stable for the duration of the placement.

BACKGROUND INFORMATION:

A. State Law: The child shall not be sent, brought, or caused to be sent or brought into the receiving state until the appropriate public authorities in the receiving state shall notify the sending agency, in writing, to the effect that the proposed placement does not appear to be contrary to the interests of the child.

B. Placement disruptions can be prevented with prior planning. Placement disruptions have included:
- Receiving states and resource families not having enough child specific information;
- Lack of an agreed upon or misunderstood financial / medical plan;
- Insufficient amount of medication provided at the time of placement;
- Child is not IV-E eligible and therefore not eligible for the receiving state's Medicaid;
- Resource family has insufficient documents to obtain services and education;
- Lack of monthly supervision by the Office of Children's Services (OCS) Protective Services (PS) Specialist;
- Delayed supervision by the receiving state.

POLICY:

A. The OCS Protective Services (PS) Specialist shall receive prior approval of the receiving state Compact Administrator before arranging for the placement of any child out-of-state.

B. After placement the OCS PS Specialist shall continue with primary responsibility for permanency planning and for assuring that the receiving state is providing supervision and services requested.

PROCEDURE:

A. Once the signed 100A, Interstate Compact on the Placement of Children Request form has been signed as approved by the receiving state, and any conditions for placement have been met, OCS can decide whether to place the child with the resource family.

B. The PS Specialist will confirm Financial Support and Medical Coverage plan with the resource family, (Foster care payments, adoption subsidy, public assistance)

C. The process to change over AK Medicaid to the Medicaid in the new state will vary state-to-state. In most cases, parents and relatives are responsible for submitting an application for Medicaid to the receiving state's public assistance office. The receiving state's child welfare office will likely apply on behalf of a non-relative foster/adopt parent. Be sure to check in with the placement resource to make sure the Medicaid switch is progressing. If you need assistance you can contact the AK ICPC office.

D. If OCS will be providing foster care payments a copy of the foster home license, letter of licensure or certificate needs to be submitted to Provider Payments unit at state office so that the resource family can be set up as a provider.

E. To foster a successful placement it is recommended that the following documents and items be sent before or at the time of placement:

1. 60 days of medication and a written prescription;
2. Authorization to provide for medical care;
3. Birth Certificate;
4. Social Security Card;
5. Immunization Records and School Physical;
6. Remaining Medical records or signed ROI for medical records;
7. Education IEP;
8. Remaining School Records or ROI for schools records;
9. Therapist's report for continued treatment;
10. Copy of Child's Foster Care Binder;
11. Sufficient Clothing (Consider Clothing Voucher);
12. Personal (comfort) Belongings;
13. Prep Mailing of any remaining belongings;
14. Phone Card if appropriate;
15. Phone numbers and email addresses of individuals/relatives the child and family can remain in contact with;

16. OCS Brochures such as Parent's Rights, Guidance for Relatives, and/or Resource Family Handbook.

F. The PS Specialist will arrange travel appropriately, as outlined in section 6.5.10 Trips for a Child in Custody.

G. The PS Specialist will submit placement notification form ICPC-100B to the AK ICPC office once placement has been made.

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5.24 ICPC PLACEMENT SUPERVISION

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70	Interstate Compact on the Placement of Children
42 U.S.C. 622(b)(17)	State Plans for Child Welfare Services (Title IV-B)
42 U.S.C. 675(5)(A)(ii)	Definitions (Title IV-E)
ICPS Regulation #11	Responsibility of States to Supervise Children

PURPOSE: To provide guidance for supervising interstate placements.

BACKGROUND INFORMATION:

A. ICPC Regulation: A receiving state must supervise a child placed pursuant to an approved placement under Article III(d) of the Interstate Compact on the Placement of Children(ICPC) when:

1. the sending agency is a public child placing agency, and

2. the agency that completed the home study for placement of the child in the receiving state is a public child placement agency, and

3. the child's placement is not a residential treatment center or group home.

B. Federal Law:

1. When a child is in foster care under the responsibility of a State, the State must, at a minimum, ensure that the children are visited by a caseworker on a monthly basis, and the caseworker visits must be well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the children.

2. A child who has been placed in out-of-home care in a different state than has custody of the child must be visited by a caseworker not less frequently than every six months. The visit may be made by a caseworker who is on the staff of:

   - the State agency of the State that has custody of the child; or
   - the State in which the child has been placed; or
   - a private agency under contract with either such State.

POLICY: Children placed under an Interstate placement agreement will either be visited or contacted once a month by phone depending on whether under an ICPC-In or ICPC-Out case.

PROCEDURE:

A. ICPC-Out Case:

1. The Office of Children's Services (OCS) Protective Services (PS) Specialist will conduct monthly contact with the family and child by phone. The phone call must be well planned and focused on issues pertinent to case planning and service delivery to ensure child safety, permanency and well-being and cultural continuity (see section 3.2.1 Caseworker visits with Children, Parents and Caregivers.)

2. The PS Specialist continues to be responsible for case plans, case reviews, and coordination of services to the child and family.

3. The OCS PS Specialist needs to:

   a. Contact the family and child once a month by phone.

   b. Maintain regular phone and written contact with the receiving state worker to monitor the adjustment of the child to the placement and for case management.

   c. Assess the permanent plan for the child on a continuing basis and maintain custody until the Receiving State ICPC office concurs with finalizing the permanency plan.

   d. Track the expiration dates of all custody orders and foster home licenses so that OCS maintains custody and the family's foster care payments continue without interruption.

B. ICPC-In Case:

1. OCS will supervise a child placed under an approved ICPC placement agreement regardless of whether OCS has received formal notification of the placement from the sending state. The appropriate field office will arrange for monthly visits and quarterly supervision reports.

2. OCS will submit an application for Alaska Medicaid for each child placed with a relative or non-relative.

3. Supervision must include:

   a. face to face visits with the child once a month beginning no later than 30 days from the date the child is placed or 30 days from receipt of the ICPC-100B form, and

   b. the majority of the visits must be in the child's home, and

   c. by a child welfare caseworker in the receiving state, and

4. Supervision reports are due every 90 days from the date of placement or receipt of the ICPC-100B placement notification form. An ICPC Supervision Report form is available. Each supervision report must include:

a. Date and location of face to face visits;

b. Summary of child's current circumstance;

c. Statement regarding on-going safety and well-being;

d. Summary of academic performance with copies of report cards (IEP's);

e. Summary of child's health status, appointments;

f. Assessment of the home and caregivers (safety of the home, caregiver's commitment, changes in family composition, health, finances);

g. Description of any unmet needs;

i. Recommendation for:

1) Continued placement; or

2) Return of custody to parent; or

3) Finalization of a guardianship or adoption.

5. Supervision must continue until:

a. The child reaches the age of majority or is legally emancipated; or

b. The child's adoption is finalized; or

c. The legal custody of the child is granted to a caregiver or a parent and jurisdiction is terminated by the sending state; or

d. The child no longer resides in the home approved for placement; or

e. Jurisdiction of the child has been terminated by the sending state; or

f. Legal guardianship of the child is granted to the child's caretaker in the receiving state; or

g. The sending state requests in writing that supervision be discontinued, and the receiving state concurs.

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5.25 ICPC PLACEMENT DISRUPTIONS

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70 Interstate Compact on the Placement of Children
ICPC Regulation #2 Public Court Jurisdiction Cases: Placements for Public Adoption or Foster Care in Family Settings and/or with Parents, Relatives
ICPC Regulation #7 Expedited Placement Decision
ICPC Regulation #11 Responsibility of States to Supervise Children

PURPOSE: To provide guidance when all efforts to maintain a safe interstate placement have been exhausted.

BACKGROUND INFORMATION:

A. Placement disruptions can be a temporary safety concern or a chronic relationship or behavioral problem that has reached a level of crisis. Efforts by both states to salvage the placement can fail. When a placement fails, the sending state is responsible for finding an alternate placement and removing the child from the home. The receiving state can, but is not obligated to assist, in finding an alternate placement. Often times, the child must be returned to the sending state.

B. ICPC Regulations:

1. If the receiving state Compact Administrator determines that the placement no longer meets the individual needs of the child, including the child's safety, permanency, health, well-being, and mental, emotional, and physical development, then the receiving state Compact Administrator may request the sending state Compact Administrator arrange for the immediate return of the child or make alternative placement as provided in Article V (a) of the ICPC.

2. The receiving state request for removal may be withdrawn if the sending state arranges services to resolve the reason for the requested removal and the receiving and sending state Compact Administrators mutually agree to the plan.

3. If no agreement is reached, the sending state shall expedite return of the child to the sending state within five (5) business days unless otherwise agreed in writing between the sending and receiving state Compact Administrators.

POLICY: Once a receiving state has determined that the placement is contrary to the safety and wellbeing of a child, the sending state will make arrangements for the removal of the child from the home.

PROCEDURE:

A. ICPC-Out Cases:

1. Upon receiving notice that a placement has disrupted, the Office of Children's Services (OCS) Protective Services (PS) Specialist will contact the receiving state worker to discuss the specifics of the disruption, safety concerns, and if necessary, alternate placement options.

2. The OCS PS Specialist will contact the family to gather information as to the cause and discuss the receiving state's concerns.

3. If the receiving state requires that the child be removed from the home, and there are no available options, the OCS PS Specialist must make immediate plans for the return of the child to Alaska.

4. In the event the receiving state removed the child from the home and placed in a licensed foster home or facility, OCS is responsible for paying the home or facility directly. The OCS PS Specialist must obtain a copy of the resource family's or facility's license and rates and submit them to the state office Provider Payments Unit so the provider can be added to ORCA.

B. ICPC-In Cases:

1. As the supervising agency, if OCS determines that a child is not safe pursuant to OCS policies, the PS Specialist:

   a. can remove the child from the home and place the child in an emergency foster home;

   b. will contact the sending agency's primary worker and provide details of the disruption, name of the licensed home and copy of their foster home license;

   c. will contact the OCS Interstate Compact office.

2. Psychiatric Hospital Admissions:

   a. NOTE: An OCS PS Specialist should not admit any child, who was placed into Alaska pursuant to an interstate placement agreement, into a psychiatric hospital or treatment program. The child's parent or the resource family is responsible for admission and treatment. The sending state is financially responsible and must maintain contact with the hospital for primary care and discharge planning. The AK ICPC office must be notified immediately.

   b. If the discharge plan is for the child will placed back with the family or in another Alaska placement, the OCS PS Specialist will continue monthly contact with the child and with the family for the duration of the treatment.

   c. The OCS Interstate Compact office will notify the sending state of their monetary and legal obligations to the child during the hospital or treatment stay. The sending will be notified that they must maintain weekly contact with the

facility to ensure discharge planning and continued AK Medicaid coverage. If the child remains in the facility and If AK Medicaid determines the child is no longer eligible for the acute level of hospital care or level of treatment the sending state will be responsible for the daily costs of hospital care.

C. Acts of Delinquency: If a child is incarcerated by action of a law enforcement agency, the law enforcement agency is determined to have primary jurisdiction over the placement of the child. The child welfare agency custody becomes secondary. All aspects of a criminal case must be concluded before a child welfare agency resumes primary jurisdiction for the purposes of placement.

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5.26 MOVING A CHILD FROM ONE OUT OF STATE PLACEMENT TO ANOTHER OUT OF STATE PLACEMENT

AUTHORITY:

AS 47.10	Children in Need of Aid
AS 47.70.010	Interstate Compact on the Placement of Children
ICPC Regulation #2	Public Court Jurisdiction Cases: Placements for Public Adoption or Foster Care in Family Settings and/or with Parents, Relatives
ICPC Regulation #7	Expedited Placement Decision

PURPOSE: To provide guidance on how to move foster children from one placement to another when they are already placed outside of AK under an approved interstate placement agreement.

BACKGROUND INFORMATION – ICPC REGULATIONS:

A. A child may be moved from one out of state placement to another out of state placement when approval from the receiving state's Interstate Compact office has been received, or under an emergency situation requiring immediate removal from the current placement and the child is moved into a currently licensed facility in the receiving state.

B. See section 5.25 ICPC Placement Disruptions.

POLICY: Timely action will be taken when it is necessary to move a child from one out of state placement to another.

PROCEDURE:

A. As soon as the Office of Children's Services (OCS) Protective Services (PS) Specialist is aware that it may be necessary to remove a child from an approved out-of-state placement resource, the PS Specialist must return the child to Alaska or initiate a new interstate placement request for new proposed placement.

B. If it is necessary to remove the child on an emergency basis, the child can be placed in a currently licensed facility in the receiving state.

C. If utilizing a licensed facility in the receiving state arrangements must be made to pay the licensed facility directly. Obtain copy of licensure and rates and submit them to the state office Provider Payments unit.

D. If it is not possible to place the child in a licensed facility in the receiving state the child must be returned to Alaska for placement.

E. As soon as the OCS PS Specialist is aware that a family or resource family will be relocating from one state to another state outside Alaska, section 5.11 ICPC and Permanent Interstate Relocations applies and a new interstate placement request must be submitted.

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5.27 RETAINING JURISDICTION AND PERMANENCY

AUTHORITY:
AS 47.10 Children in Need of Aid
AS 47.70.010, Art. V Retention of Jurisdiction (ICPC)

PURPOSE: To provide instruction on when and how an interstate placement agreement can be terminated.

BACKGROUND INFORMATION STATE LAW: The ICPC specifies when a signed, interstate placement agreement can be terminated:

A. The sending agency shall retain jurisdiction over the child sufficient to determine all matters in relation to the custody, supervision, care, treatment and disposition of the child which it would have had if the child had remained in the sending agency's state, until the child is adopted, reaches majority, becomes self-supporting or is discharged with the concurrence of the appropriate authority in the receiving state. Such jurisdiction shall also include the power to effect or cause the return of the child or its transfer to another location and custody pursuant to law.

B. The sending agency shall continue to have financial responsibility for support and maintenance of the child during the period of the placement. Nothing contained herein shall defeat a claim of jurisdiction by a receiving state sufficient to deal with an act of delinquency or crime committed therein.

POLICY: Office of Children's Services (OCS) will retain jurisdiction of an ICPC-Out case until the receiving state ICPC office concurs with the release of custody to a parent, finalizing a guardianship or finalizing an adoption. An interstate placement agreement can be closed when a child turns 18.

PROCEDURE:

A. Parents: After at least five and a half, (5.5) months of post-placement supervision by the receiving state, the OCS Protective Services (PS) Specialist can send a request for case to dismissal to the AK ICPC Deputy Compact Administrator.

B. Guardianships: Although Alaska completes guardianship home studies, other states do not. After at least five and a half, (5.5) months of post-placement supervision, of a relative or foster home placement the OCS PS Specialist can either:

   1. Submit a request for an adoption home study and concurrence to finalize a guardianship, or

   2. Request an update to the original ICPC placement study and concurrence to finalizing a guardianship.

C. Adoptions:

1. For ICPC placements that began as relative or foster care types and when a child becomes legally free, an adoption home study can be requested. When the placement is approved as an adoptive placement and the receiving state compact administrator concurs with finalizing the adoption, the adoption subsidy can be negotiated. Once the adoption finalizes the interstate placement agreement can be closed.

2. If the interstate placement began as an approved adoptive placement, at five and half (5.5) months, the OCS PS Specialist can request concurrence to finalize the adoption. The adoption hearing can be held once the receiving state compact administrator concurs with finalizing the adoption.

6.0 ADMINISTRATION

6.1 GENERAL

6.1.2 CONFIDENTIALITY

AUTHORITY:

42 U.S.C. 671(a)(8)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C. 5106a	Child Abuse Prevention and Treatment Act
25 U.S.C. 1901-1951	Indian Child Welfare Act of 1978 (P. L. 95-608)
P.L. 104-191	Health Insurance Portability and Accountability Act (HIPAA)
45 CFR 160-164	HIPAA regulations
45 CFR 205.50	Safeguarding Information for the Financial Assistance Programs
AS 18.50.500 – 510	Information Regarding Biological Parents
AS 24.55.160	Investigation Procedures (Ombudsman)
AS 25.23.150	Confidential Nature of Hearings and Records in Adoption Proceedings
AS 40.25.110-120	Public Records
AS 40.25.220	Definitions (Public Records)
AS 45.48.010-990	Personal Information Protection Act
AS 47.10.092	Parental Right to Disclose Information
AS 47.10.093	Disclosure of Agency Records
AS 47.17.040	Central Registry; Confidentiality
AS 47.32.180	Confidentiality; Release of Certain Information
6 AAC 96	Public Information
7 AAC 54.10-150	Privacy of Client Records: Child Protection Services

PURPOSE: To provide guidance regarding the release of confidential information.

BACKGROUND INFORMATION:

A. Federal Requirements:

1. Client Information must be kept confidential and may be disclosed only when necessary for:

   a. the administration of state plans or programs under the Social Security Act parts A, B, D, or E or titles I, V, X, XIV, XVI, XIX, or XX or the administration of any other federal or federally assisted program that provides assistance, in cash or in kind, or services, directly to individuals on the basis of need;

   b. any investigation, prosecution, criminal or civil proceeding, or audit conducted in connection with the administration of any such plan or program; or

   c. required reporting of suspected child abuse or neglect.

2. Physical Health and Mental Health Information is subject to the same confidentiality

rules as other case information, except that the following additional rules apply to physical and mental health information that is used to make decisions about an individual (for example a mental health evaluation of a parent that is used in making a decision about whether their child should be returned home). The rules apply both to information which originates within the state agency (OCS) and to information that OCS staff has received from another agency or Tribe.

a. An individual has a right of access to inspect and obtain a copy of health information about themselves that is used to make decisions about them, except for psychotherapy notes or information that is compiled for, or for use in a civil, criminal, or administrative action or proceeding (this includes an open Protective Services Report safety assessment).

b. A request to access information may be denied for the following reasons without providing the individual an opportunity to request that the denial be reviewed:
   - the request is for psychotherapy notes or information that is compiled for, or for use in a civil, criminal, or administrative action or proceeding (including an open CPS initial assessment); or
   - the information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

c. A request to access information may be denied for the following reasons, but the individual must be given an opportunity to request that the denial be reviewed by a licensed health care professional who is designated by the OCS to act as a reviewing official and who did not participate in the original decision to deny:
   - a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person; or
   - the requested information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to the other person; or
   - the request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

d If it is determined that the information is not used to make a decision about the individual and the information originates with another agency, the individual may be referred to that agency.

e. Specific health information about children in state custody must be provided to the foster parent or other care provider at placement, as outlined in sections 6.3.1 Medical, Dental, and Vision Care and 6.3.2 Mental Health Care/ Administration and Oversight of Psychotropic Medication.

f. Physical health and mental health information about a parent may be released

to a foster parent or other care provider only to the extent that is necessary in order for the provider to provide care for the child and safety for the child and the care provider.

3. Indian Children's Adoption Records:

a. When an Indian child who has been adopted reaches the age of 18, he/she may petition the court that entered the final adoption decree, and the court shall inform the individual of the Tribal affiliation, if any, of the individual's biological parents and provide such information as may be necessary to protect any rights flowing from the individual's Tribal affiliation.

b. In addition, in the adoption of an Indian child, the Secretary of the Interior has on file:
   1) the name and Tribal affiliation of the child;
   2) the names and addresses of the biological parents;
   3) the names and addresses of the adoptive parents; and
   4) the identity of any agency having files or information relating to such adoptive placement.

c. Upon the request of an adopted Indian child over the age of eighteen, the adoptive parents of an Indian child, or an adopted Indian child's Tribe, the Secretary will disclose such information as may be necessary for:
   1) the enrollment of the Indian child in the Tribe in which the child may be eligible for membership;
   2) the determination of any rights or benefits associated with that membership.

d. If the Secretary's file contains an affidavit from the biological parent(s) requesting that their identity remain confidential, the Secretary must ensure that confidentiality is maintained. In those cases where an affidavit of anonymity is on file, the Secretary will certify to the Indian child's Tribe, where the information warrants, that the child's parentage and other circumstances of birth entitle the child to enrollment under the criteria established by such Tribe.

e. In addition, the Indian Child Welfare Act requires that a record of each adoptive placement be maintained documenting the efforts to comply with the placement preferences specified in the Act. This record shall be made available at any time at the request of the Secretary of the Interior or the Indian child's Tribe.

B. State Requirements

1. No information obtained by OCS in the discharge of its agency duties may be disclosed directly or indirectly to anyone without the court's permission, except as provided in 7 AAC 54, AS 47.10.092(a), AS 47.10.093.

a. Protected Information: Protective services reports (PSRs) and reports of initial assessments for children who are the subject of a CINA petition are protected and may only be disclosed for use by appropriate governmental and Tribal agencies with child protection functions, inside and outside the state, in connection with investigations or judicial proceedings involving child abuse, neglect, or custody.

This does not apply to the report that the OCS is required to furnish to the Department of Law under AS 47.17.025.

b. CINA Proceedings: If a child is the subject of a CINA proceeding, OCS must provide appropriate information to the following agencies or individuals (what is appropriate information to disclose must be decided on a case-by-case basis and depends on the purpose of the information shared and the function of the agency or individual to receive the disclosed information -- see the matrix at the end of this section for further guidance):

1) The child's guardian *ad litem*.

2) A person or agency asked by OCS or the legal custodian to provide consultation or services for a child. The information to be provided is limited to that information necessary to enable the provision of the service requested.

3) An out-of-home care provider with whom OCS has placed the child. All available information that will enable the caretakers to provide appropriate care for the child and to protect the safety of the child and the safety and property of family members and visitors to the home must be provided.

4) A school to enable the school to provide appropriate counseling and support services to the child, to protect the child, and to protect the safety of school students and staff.

5) A government/Tribal agency as necessary for OCS to obtain assistance in its initial assessment or to obtain physical custody of the child, or as required by law.

6) A law enforcement agency as necessary for the protection of any child or for the actions necessary by that agency to protect the public safety.

7) A member of a multidisciplinary CPS team to assist in the performance of their duties.

8) The state medical examiner.

9) A mandatory reporter under AS 47.17.020 to inform the reporter that the initial assessment of the PSR made by that person was completed and of action taken to protect the child.

10) The child support enforcement agency as necessary to establish and collect child support for the child.

11) A parent, guardian, or caregiver of a child or an entity responsible for ensuring the safety of children as necessary to protect the child.

12) A review panel established by the department for the purpose of reviewing the actions taken in a specific case.

13) A child placement agency licensed under AS 47.32 as necessary to provide services for a child who is the subject of the case.

14) A state or municipal agency that is responsible for delinquent minors, as may be necessary for the administration of services, protection, rehabilitation, or supervision of a child or for actions by the agency to protect the public safety. However, a court may review an objection made to a disclosure under this paragraph.

c. Disclosure of Information to Certain Officials:

1) Information concerning a child or the child's family must be disclosed to the Governor, Lieutenant Governor, and Commissioner of Health and Social Services, who are responsible for OCS, and to the ombudsman under AS 24.55. In addition, in accordance with AS 47.10.092(a), information concerning a child or the child's family must be disclosed to a legislator or staff, and to the Commissioners of the Departments of Administration and Public Safety or their staff, if a parent or legal guardian has disclosed confidential or privileged information about the child to that official. The official must have evidence that the parent or guardian has requested assistance in the case.

2) OCS must respond to a request from an official listed above within five working days of receiving the request, or by a later date specified in the request, by providing access to all or part of the information requested or by providing the specific citation to a federal or state law that prohibits disclosure of all or part of the information requested.

3) An ombudsman who is conducting an investigation may have access at all times to OCS records, except records that fall under attorney-client privilege.

d. Disclosure of Information to the Public:

1) The Commissioner of Health and Social Services or the Commissioner of Administration may disclose to the public, upon request, confidential information addressed in 2) below, when
   - the parent or guardian of a child who is the subject of one or more PSR under AS 47.17 has made a public disclosure concerning the department's involvement with the family;
   - the alleged perpetrator named in one or more protective services reports under AS 47.17 has been charged with a crime concerning the alleged abuse or neglect; or
   - abuse or neglect has resulted in the fatality or near fatality of a child who is the subject of one or more protective services reports under AS 47.17.

2) The department may publicly disclose information pertaining to a child or an alleged perpetrator named in a PSR described under 1) above, or pertaining to a household member of the child or the alleged perpetrator, if the information relates to a determination, if any, made by the department regarding the nature and validity of a protective services report under AS 47.17 or to the department's activities arising from the department's initial assessment of the report. The commissioner

- shall withhold disclosure of the child's name, picture, or other information that would readily lead to the identification of the child if the department determines that the disclosure would be contrary to the best interests of the child, the child's siblings, or other children in the child's household;
- after consultation with a prosecuting attorney, shall withhold disclosure of information that would reasonably be expected to interfere with a criminal investigation or proceeding or a criminal defendant's right to a fair trial in a criminal proceeding.

3) Upon request for information about child abuse or neglect that resulted in the fatality or near fatality of a child, the department will, subject to the confidentiality requirements of the Health Information Portability and Accountability Act and 2) above, disclose the following information:
   - the cause of and circumstances regarding the fatality or near fatality;
   - the age and gender of the child;
   - information describing any previous reports or child abuse or neglect investigations that are pertinent to the child abuse or neglect that led to the fatality or near fatality;
   - the result of any such investigations; and
   - the services provided by and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.

4) OCS records which are not confidential must be made available to the public upon request in accordance with 6 AAC 96 Public Information.

e. Disclosure of Information to Tribes:

1) Child Not in Custody: If the release of information is in the child's best interest, OCS may release child protection information about a non-custody child to a Tribe or Tribal organization:
   - to assist in an initial assessment if OCS is asking for the Tribe's assistance; or
   - to aid in providing services to, or facilitating placement of, a child if the Tribe is providing services to the child.

2) Child in Custody: In any case involving an Indian child, the Indian child's Tribe is a primary resource for consultation services for the child and family as described in (B)(1)(b)(2) below. Disclosure of information to the Tribe for these purposes is governed by the Indian Child Welfare Act (ICWA) and the Alaska Rules of Civil Procedure, AS 47.10.005 et. seq, and 7 AAC 54.010 et. seq.

   - Intervening Tribe: If the Indian child's Tribe has intervened, the Tribe is a party to the case and is entitled to the same type of information as any other party.

- Non-Intervening Tribe:
  - An Indian child's Tribe that has not intervened, joined in OCS's initial assessment, or undertaken its own investigation is not entitled to information about the child unless release of information to the Tribe is ordered by the court, except that OCS will release the child's placement history to the Tribe upon request. The non-intervening Tribe is also entitled to formal notice of certain court hearings and placement changes.

  - OCS may release child protection information to a non-intervening Tribe to aid in providing services to or facilitating placement of a child if the Tribe is providing services to the child and release of information is in the child's best interest.

f. Release of Information to Native Corporations:

1) When OCS takes custody of a child who is a member of a Native corporation, OCS may notify the corporation that the child has been taken into custody. OCS may summarize the content of a court order, but the actual court order may not be released.

2) OCS may not send lists of all children in custody to a Native corporation.

g. Child's Right to Privacy: A child's right to privacy is not compromised by becoming a client of OCS or the subject of a CINA petition. See 7 AAC 54.050(b) and 7 AAC 54.060(a)(2). In particular, a minor may give consent for diagnosis, prevention, or treatment of pregnancy, and for diagnosis and treatment of venereal disease, without notifying the parent.

h. Confidentiality of Personal Information: Personal information must be protected and may only be disclosed when authorized by state or federal law and disclosure is required in order to carry out the agency's duties and responsibilities.

i. Confidentiality of Adoption Records:

1) No information may be released from OCS adoption files without a court order, except that non-identifying information listed in (g)(2) below, which should have been given to the adoptive parents at placement, may be released from OCS adoption files without a court order, upon request by the adopted person.

2) An adopted person who is 18 years or older may request from the State Registrar an uncertified copy of the original birth certificate with any change in the biological parents name or address attached to it.
   - The State Registrar will also disclose to a biological parent, at that parent's request, the most current name and address of an adopted child that appears in the State Registrar's adoption files, if the child is 18 years of age or older and has requested in writing that the information be disclosed if ever requested by the biological parent.
   - An adopted person 18 years of age or older, or a biological parent, may submit to the State Registrar a notice of change of name or address.

The State Registrar will attach the information to the original birth certificate of the adopted person.

- The State Registrar will, at the request of an adoptive parent or of an adopted person 18 years of age or older, release the following descriptive information regarding a biological parent named on the original birth certificate of the adopted person, if available from the Registrar's adoption records (this information has been required since 1986):
  - the age of the biological parent on the day the adopted person was born;
  - the heritage of the biological parents, to include national origin, ethnic background, and Tribal membership;
  - the medical history of the biological parent and of blood relatives of the biological parent;
  - the number of years of school completed by the biological parent by the day the adopted person was born;
  - a physical description of the biological parent on the day the adopted person was born, including height, weight, and color of hair, eyes and skin;
  - the existence of other children of the biological parent;
  - whether the biological parent was alive at the time of adoption;
  - the religion of the biological parent; and
  - other information provided by the biological parent for disclosure to the child, which may include such items as photographs, letters, and a statement explaining the reasons for the adoption.

POLICY:

A. Client records are confidential under Alaska and federal law. Confidentiality is the right of parents and children who have had any involvement with OCS to have information about them safeguarded against public disclosure. Each employee has an ethical and legal responsibility to safeguard information obtained by OCS in the course of providing services to clients.

B. OCS will follow all applicable state and federal law and regulations and the NASW Code of Ethics while respecting the clients' right to privacy regarding the child's need for health and safety, the parents' rights to seek redress, and the right of schools, foster parents, and the public to have certain information appropriate to their needs.

PROCEDURE:

A. Requests for Information.

1. When a Protective Services (PS) Specialist receives a request for public information, the PS Specialist will refer the request to a PS Specialist IV, Protective Services Manager I, or to State Office unless the PS Specialist has the information readily available. Requests for data should be referred to a Research Analyst in State Office.

2. When any client or other person requests a copy of OCS records pertaining to a client, the PS Specialist must consult with a PS Specialist IV or manager. The Attorney

General's Office should be consulted only if requested by the PS Specialist IV.

3. If a request arises out of another civil or criminal case, whether made informally or by motion or court order, the PS Specialist will consult with a PS Specialist IV and the Attorney General's Office attorney. PS Specialists will refer all requests for information regarding cases involving litigation against OCS to the Department of Law Attorney General's Office for response.

4. Parent's Request to Obtain Copies of Records or Review Child's File:

   a. OCS will provide information, including copies of records, on a child acquired while the child was not the subject of a CINA petition, with the exception of names and any identifying information about persons reporting harm to a child and information referred to in subparagraph A(4)(b) below. [7 AAC 54.050(b)(2) and 7 AAC 54.060(b)]

   b. OCS will provide information, including copies of records, on a child acquired while the child was the subject of a CINA petition when the information is part of a court-ordered evaluation program, is necessary to assist the parent to participate in court-ordered treatment, or pertains to the parent's residual rights to visitation, to consent to adoption, marriage, or enlistment in the military, and to consent to major medical treatment, or when the court has ordered the disclosure. [7 AAC 54.060; AS 47.10.084]

   c. For additional information, see the matrix located at the end of this section.

   d. Request for Copies of Records:

   1) When a PS Specialist receives a request from a parent or legal guardian for copies of records from a file, the PS Specialist will follow these procedures:
      - If the parent or guardian resides in a community where there is an OCS office, the PS Specialist will ask the parent/guardian to go to the OCS office to complete the Records Request form (06-9778) and bring a state-issued ID to verify their identity.
      - If the parent or guardian resides in a community where there is no OCS office, the PS Specialist will mail the Records Request form (06-9778) to the parent/guardian with instructions to complete the form and have it notarized, and then return the completed and notarized form to the OCS office.
      - If the parent/guardian does not have a state-issued ID, the PS Specialist will route the request through the staff PS Manager I, who will determine how the parent/guardian's identity will be verified.

   2) Upon receipt of a completed and notarized Records Request form, the PS Specialist will:
      - determine which OCS office the case is assigned to. If it is assigned to another office, the PS Specialist will forward the request to that office.

- determine whether the records may be released without a court order based on subparagraphs A(4)(a) and A(4)(b) above. If it is verified that the requested records may be released without a court order, the PS Specialist will copy the records and provide them to the parent/guardian.

3) The PS Specialist will complete the response section of the Records Request form (06-9778) and file the copy in the case file.

4) If a parent/guardian resides in a community with an OCS office, but the case is assigned to another OCS office, then that office will coordinate with the office where the parent/guardian resides regarding whether the records will be sent directly to the parent/guardian or sent to the OCS office for the parent/guardian to pick up.

e. Request to Review Child's File:

1) When a PS Specialist receives a request from a parent or legal guardian to review a case file, the PS Specialist will:
   - determine whether the information may be released without a court order based on subparagraphs A(4)(a) and A(4)(b) above. If it is verified that the information may be released without a court order, the PS Specialist will review the contents of the file and remove documents that may not be released.
   - arrange for a date and time for the parent/guardian to come to the office to review the file.

5. Request for Information from a Tribe:

a. If a CINA petition has not been filed (during the initial assessment phase of a case), Tribes are entitled to information about the case including the PSR and the initial assessment information for the following purposes:

1) to assist with OCS's initial assessment; or (applies to both the child's Tribe and other Tribes);

2) to aid in providing services or placing a child if releasing the information is in the child's best interest; or (applies to both the child's Tribe and other Tribes);

3) the child's Tribe asks for information from OCS and indicates the request is for a purpose related to child protection, including investigating the allegations in the PSR.

b. Some Tribes have entered into agreements with OCS to assure that in all instances they agree to request information only for the purposes outlined above if they want to be involved in the case and they agree to maintain confidentiality of case information. PS Specialists must determine whether such an "agreement" is in place, otherwise they must verbally confirm the Tribe's intention to maintain confidentiality and the reason for wanting information about the case prior to releasing the PSR or specific case information.

Note: A list of all signed agreements will be maintained by the OCS Statewide ICWA Coordinator and posted on the OCS website.

c. When one or more of the above conditions exist and the Tribe agrees to appropriately safe guard the confidentiality of the case information, the department will share all verbal and written information in its possession regarding the child with the child's Tribe upon request, except information that may not be shared because re-disclosure is prohibited by law or is otherwise specially protected.

d. If a CINA case has been filed, the PS Specialist will handle requests for information from Tribes as follows

1) Requests for information from a Tribe that has not moved to intervene: The PS Specialist will

- document the request in ORCA; and
- decline to disclose child protection information, unless releasing the information will assist with OCS's initial assessment, or aid in providing services to or facilitating the placement of the child and releasing the information is in the child's best interests.

2) Requests for information from Tribes that have moved to intervene:

- The PS specialists will provide the Tribe with the same information as all other parties to the case;
- Once an Indian child's Tribe intervenes and becomes a party to the case, the Tribe may examine all reports or other documents filed with the court, as well as any information upon which the department will make decisions regarding the child.

6. PS Specialists will refer requests from attorneys to the Attorney General's Office for resolution.

7. When a PS Specialist receives a request from a guardian *ad litem* to review the file, the PS Specialist will honor the request at a mutually convenient time.

8. <u>Legislator's Request for Information</u>:

a. When OCS staff receive a request for information from a legislator or aide, the staff person will advise the legislator/aide that they need to furnish a letter or signed release of information from the parent or guardian which authorizes the legislator or aide to discuss the case, and a completed Legislative Request for Confidential Information form (06-9744). The legislator or aide must provide that documentation to OCS before OCS will provide information about the case. Requests made to the legislator by relatives, caretakers, or friends of the client do not allow the OCS to disclose confidential information.

b. It is advisable that a PS Specialist IV, Protective Services (PS) Manager I, or regional Protective Services (PS) Manager II take the responsibility for

responding to the request. However, a PS Manager II may request that a PS Specialist return or participate in the call if circumstances indicate that it is appropriate. The PS Specialist IV, PS Manager I, or PS Manager II must advise State Office of the inquiry before responding.

c. Once the necessary forms have been received, OCS staff will provide a response to the request within the next working day, unless there are specific circumstances which make this impossible.

d. After receiving a parent's release of information and a Legislative Request for Confidential Information in accordance with A(8)(a) above, OCS staff may generally share any information verbally that will help to answer a legislator's question or assist them in resolving the client's complaint. Exceptions include: privileged attorney-client information and information which implicates broader privacy considerations, such as drug treatment information, whether a minor has sought and received treatment for venereal disease, whether a party has been diagnosed with a mental disorder.

e. If a decision is made not to share specific information, OCS staff will notify the legislator or aide that the parent can file a grievance with OCS regarding that decision.

f. If a parent who has authorized the legislator or aide to discuss the case has their parental rights terminated subsequently, information regarding the case may still be shared, unless the parent files a notice with the Department stating they no longer need the assistance of the legislator or aide. Parents whose parental rights have not been terminated may also notice the Department that they no longer need the assistance of the legislator or aide.

g. Any OCS staff contacted by a legislator or aide is required to notify their PS Specialist IV, their PS Manager II, and State Office of the contact either by completing the "Incident Report" activity note in ORCA or by providing the following information by e-mail: date and time of contact, name of person taking the call, name and phone number of the legislator/aide who called, what information was requested, and what information was given to the legislator/aide.

9. Legislator's Request to Review Case Files:

a. When a legislator asks to view a case file, the OCS staff person receiving the request will make sure that the required letter/release of information from the parent or guardian and completed form 06-9744 has been received before making the file available to view.

b. The file must be screened to protect information that may not be disclosable, such as the name of a reporter in a PSR, information pertaining to persons outside the immediate family of the client in question, drug treatment, or medical or psychological records which may be otherwise protected.

c. When the file has been located and screened, OCS staff will make arrangements for a physical review of the record. Copies of documents will be

made available for inspection but not distributed.

10. Ombudsman's Request for Information:

    a. OCS staff must disclose information concerning a child or the child's family to the Ombudsman's office when that office who is conducting an investigation.

    b. When the Ombudsman's office requests information about a case, the PS Specialist will redact information that falls under attorney-client privilege and provide the requested information to the ombudsman within five working days of receiving the request, or by a later date specified in the request. Notify state office of request and information shared.

11. Requests for Health Information:

    a. Requests for access to health information must be submitted in writing on DHSS form Request to Inspect or Receive a Copy of Protected Health Information (06-5881).

        1) Upon receipt of the completed form, the PS Specialist and PS Specialist IV will determine whether the information should be released. If needed, the PS Specialist IV will consult the PS Manager I and/or PS Manager II. When appropriate, the service provider may be consulted regarding whether release of the information would be harmful. If further direction is needed, the PS Specialist IV will contact the OCS or DHSS HIPAA Privacy Official.

        2) Written requests for information must be responded to within 30 days of receipt, unless the requested information is not maintained on site, in which case OCS has an additional 30 days to provide the information. The request is considered to have been received on the date that a signed request is received. The response must be provided on DHSS form Notice of Access, Extension or Denial of Request for Protected Health Information (06-5883). If the request is denied, the basis for the denial must be indicated on the form. If the denial is based on the determination of a licensed health care professional and the requesting individual asks that the denial be reviewed by a different licensed health care professional, the individual will be referred to the OCS or DHSS HIPAA Privacy Official.

    b. Authorization to Release Information:

        1) The DHSS form Authorization for Release of Information (06-5870) must be used for authorizing release of physical health or mental health information. Authorization is not required for disclosure of information
            - if ordered by a court;
            - to report abuse, neglect, or domestic violence, if related to child protection or vulnerable adults;
            - for treatment, payment, or operations purposes;
            - to avert a serious threat to health and safety to a person or the public; or

- directly to the individual or the individual's legal representative (the Request to Inspect or Receive a Copy of Protected Health Information form is used for this purpose – see (10)(a) above).

2) If an individual who has signed an authorization to release information wants to revoke the authorization at a later date, the revocation section of the form must be completed.

c. Health Information about a Child:

1) Request by Parent:
- If a parent or legal guardian requests physical health or mental health information about a child who is currently in custody or has been released from custody, the information has been used to make decisions about the child, and the parent's rights have not been terminated, the requested information will be provided unless:
  - one of the reasons for denying access outlined in Background Information (A)(2)(b) and (c) exists (including information obtained in an open CPS initial assessment); or
  - the information pertains to medical or mental health services that the minor was authorized to consent to, and release of the information therefore would violate the child's right to privacy above; or
  - the child has been emancipated by the court or reached the age of majority.
- The request must be submitted in writing and considered and processed in accordance with section (11)(a) above.

2) Request by Child:
- If a child who is currently in custody or has been released from custody requests physical health or mental health information about themselves and the information has been used to make decisions about the child, the requested information will be provided unless one of the reasons for denying access outlined in Background Information (A)(2)(b) and (c) exists (including information obtained in an open CPS initial assessment).
- The request must be submitted in writing and considered and processed in accordance with section (11)(a) above.

d. Health Information about a Parent:

1) If a parent of a child in custody requests physical health or mental health information about themselves that OCS has in its possession and the information is used to make decisions about the parent, the information will be released unless the request is for psychotherapy notes or information that is compiled for, or
2) For use in, a civil, criminal, or administrative action or proceeding (including an open CPS initial assessment); or the information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

e. Retention of Authorization, Request, and Response Forms: A copy of the signed Authorization to Release Information (06-5870) and, when applicable, copies of the Request to Inspect or Receive a Copy of Protected Health Information (06-5881) and Notice of Access, Extension or Denial of Request for Protected Health Information (06-5883) will be filed in the case file.

12. Requests for Information about Children who Have Been Adopted: All requests for information about children who have been adopted will be referred to the Adoption Unit in State Office.

B. Release of Information:

1. To comply with legal mandates, PS Specialists and other OCS staff must not disclose whether a certain person is or is not an OCS client, unless such disclosure is in compliance with the provisions of section 6.1.2 Confidentiality, except as necessary to find a placement for a child or to gather collateral information.

2. Before releasing information to any person, OCS staff will confirm and document the identity, affiliation, and authority of that person to have the information.

3. The table located at the end of this section provides information about what child protection information may be released and to which persons or groups it may be released.

4. Additional Information about Release of Information:

a. OCS staff will not furnish names, either individually or in lists, to community organizations or individuals for charitable purposes, without the permission of the individuals concerned.

b. Disclosure of information for purposes of discovery in court proceedings is addressed in section 4.16 Definitions.

c. Adoptive home studies cannot be released to other parties and are not discoverable, as the adoptive parents are not parties to the CINA proceeding and do not have legal representation.

d. Licensing records are open, except for items listed under AS 47.32.180.

e. Before disclosing information to other agencies, the PS Specialist will review the file to determine what is appropriate for release.

C. Use of Disguised Examples: There may be occasions when the PS Specialist feels that it is appropriate to describe the circumstances of a particular anonymous client to illustrate a point for a person or persons outside of the office. This should be done only when there is reasonable certainty that the audience (and others to whom they may repeat the example) will not be able to discover the identity of the actual persons involved.

D. Copying Records. Records pertaining to children are protected from public inspection and copying by AS 40.25.120. In a fair hearing situation or when there is legal action pending,

the parents, their attorney, the child's attorney, Tribe if one has intervened, or a guardian ad litem may be allowed to review materials from a child's case record. OCS administrators the Attorney General's Office should make any decision about releasing client information.

1. In any case in which records will be released, it is the responsibility of the PS Specialist to call to the attention of their PS Specialist IV and/or attorney any information which they believe should be protected.

2. Redaction of Confidential Information: In situations where it has been determined that documents which include confidential information must be released to the public, the following methods should be used to properly redact the documents before releasing them to the public:

   a. Method 1:
   Photocopy pages. One the photocopied pages, using a black marker, mark out all names. Photocopy pages again and mark out all names that were marked out previously. Check a copy to see if the name is readable when held to the light. Where necessary to make sense of the document content, replace marks with "Child A, Child B," etc.

   b. Method 2:
   Photocopy pages. Place white correction tape over each of the names. Where necessary to make sense of the document content, replace marks with "Child A, Child B," etc. Photocopy again for a final document.

   c. Method 3:
   If the document is in electronic form, search and replace the names with "Child A, Child B," etc.

E. Physical Handling, Storage, and Mailing of Confidential Materials

1. OCS staff will guard against the accidental disclosure of confidential information.

2. OCS staff will:

   a. keep all confidential materials out of view, in their proper storage locations;

   b. lock these storage places whenever the immediate area is not occupied by OCS staff; and

   c. protect computer monitors from public view.

3. PS Specialists will keep case records stored in their offices in locked desks or filing cabinets, or in locked offices, and label filing cabinets and desk drawers that contain confidential material "CONFIDENTIAL."

4. When using confidential records, OCS staff will protect them from view by persons other than OCS staff members and will not place these materials in unprotected "In" and "Out" baskets or in unprotected reception or coffee areas.

5. OCS staff will store confidential materials to be discarded in locked areas until they

can be shredded and will not place confidential materials in wastebaskets. Confidential information must be destroyed by hand if shredding is not possible.

6. OCS staff will ensure that telephone conversations in which confidential information is discussed cannot be overheard by persons other than OCS staff members.

7. E-mail:

   a. When transmitting confidential information, including child protection information, protected health information, or personally identifiable information via email, OCS staff must comply with federal and state statutes and regulations, as addressed in the Background Information section.

   b. The Department of Health and Social Services currently uses a secure file transfer method called Direct Secure Messaging (DSM), which meets HIPAA requirements for secure electronic messaging. E-mailed information is secure when using DSM. Both the message body and any attachments are encrypted.

   c. E-mailing Confidential Information: OCS staff will take the following measures when e-mailing confidential information.

      1) Full client names or other identifying confidential information will not be included in the "subject" line or body text of the e-mail. Whenever possible, initials, first names, or ORCA case numbers will be used in the body text instead of full names. Social security numbers and protected health information should never be used in the body text.

      2) The procedures set forth in subparagraphs E(7)(d)–(7)(f) will be used for e-mailing different types of confidential information.

      3) E-mail pages should be set to include the following confidentiality notice below the e-mail signature:

         This email, including attachments, is intended for the use of the person or entity to which it is addressed and may contain CONFIDENTIAL or privileged information that is protected by federal and state regulation. If the reader of this email is not the intended recipient or his or her agent, the reader is notified that any dissemination, distribution or copying of this email is prohibited. If you think you have received this email in error, please advise the sender by reply email and delete this email immediately.

      4) Although not always practical, it is possible to password-protect attachments (such as Word documents and Excel spreadsheets) to provide additional protection to confidential information. (The ITS Help Desk may be contacted for more information on how to implement password protection functionality in your attachments).

   d. E-mailing Protected Health Information:

      1) DHSS staff is required to always use DSM when transmitting protected

health information by e-mail, both to State e-mail accounts and to non-State of Alaska e-mail addresses.

2) Under no circumstances may protected health information be sent:
- to or from a DHSS employee's private email account; or
- to or from a non-DSM State email account by an DHSS employee without approval from the DHSS Department Security Office; or
- to or from a DHSS employee's private or State cell-phone/smart phone without approval from the DHSS Department Security Office, whether via text, MMS photos, MMS audio/video recordings, smartphone applications, or any other method.

e. E-mailing Personally Identifiable Information: E-mails containing a person's name in combination with an identification number or account number are prohibited.

f. E-mailing Other Confidential Information:

1) OCS staff is not required to use DSM when transmitting other confidential information to State of Alaska e-mail accounts.

2) When e-mailing confidential information to e-mail addresses outside of the State of Alaska system, OCS staff is required to send the confidential information as an attachment and use DSM. See: (click here).

g. General e-mail security guidance: Employees should refer to the State of Alaska's Enterprise Technology Services for suggested security procedures related to the State of Alaska's Enterprise e-mail system. See: (click here).

8. Faxing Confidential Information: OCS staff must comply with the following standards when faxing confidential information:

a. As a general rule, confidential information should only be faxed from and to State of Alaska fax numbers.

b. But when it is necessary to transfer confidential information to non-state agencies or individuals, and transfer by regular mail or by secure e-mail as described above is not feasible, confidential information may be faxed to non-State fax numbers.

c. All faxed documents should have an OCS cover sheet with the following confidentiality notice displayed at the bottom:

> Confidentiality Notice: This facsimile, in its entirety, is for the sole use of the intended recipient(s) and may contain CONFIDENTIAL and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please notify the sender and destroy the documents.

9. Scanning Confidential Information: OCS staff must comply with the following

standards when scanning confidential information:

a. Documents will be scanned and sent to the OCS staff member's State e-mail address. The scanned documents may then be sent to non-State e-mail addresses as attachments via DSM.

b. Scanning confidential information directly to non-State email accounts is prohibited.

10. Mailing Confidential Information:

a. OCS staff will place confidential information and memos to be sent through the mail in a sealed envelope marked "confidential." When confidential material is received in the mail, it will be delivered immediately to the appropriate person or placed in a secure area until such delivery can be made.

b. OCS staff will mail case files via certified mail.

11. OCS staff will protect all confidential information stored in any electronic memory device from public access and properly destroy the information. When computers are sold or transferred, all files on the hard drive must be deleted.

12. Any breach of confidentiality of personal information must be reported to the Department security officer.

13. OCS staff will refer to the Records Retention Schedule before destroying case files.

DEFINITIONS:

"Attorney-client privilege" means that a client is entitled to refuse to disclose, and prevent any other person from disclosing, confidential communication between the client and the client's attorney made in the course of their professional relationship. In this context, a communication is confidential if it is not intended to be disclosed to third persons, including other parties who may be aligned with the client. Examples of attorney-client privilege include, but are not limited to, communications between the Attorney General's Office and OCS staff about clients, children, case plans, services, court hearings, case strategies, or any problems or issues in the case. All forms of communication are covered, whether oral, written, electronic, or physical in nature.

"Child protection information" means information contained in child protection files. *(7 AAC 54.900 (4)).*

"Child protection files" means a system that stores, electronically or on paper, information gathered by the Department in carrying out its duties under AS 47.10.005 – 47.10.142, AS 47.14.100 – 47.14.110, or AS 47.17.010 – 47.14.290. *(7 AAC 54.900 (3))*

"Personal information" means information regarding an individual in any form that is not encrypted or redacted, or is encrypted and the encryption key has been accessed or acquired, and that consists of a combination of: (A) the individual's name (in this subparagraph, "individual's name" means a combination of an individual's first name or first initial and last name); and (B) the

individual's social security number, driver's license number, or state identification card number. *(AS 45.48.090(7))*

"Protected health information" means individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Health information is any information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Education records covered by the Family Educational Rights and Privacy Act and employment records held by a covered entity in its role as employer are excluded. *(45 C.F.R. 160.103)*

"Public records" means books, papers, files, accounts, writings (including drafts and memorializations of conversations), and other items, regardless of format or physical characteristics, that are developed or received by a public agency or by a private contractor for a public agency, and that are preserved for their informational value or as evidence of the organization or operation of the public agency. Proprietary software programs or records that are required to be kept confidential by a federal law or regulation or by state law are excluded. *(AS 40.25.220)*

Entity Requesting Information	Protective Services Report	Result of Initial Assessment	Reporter Information *******	Information about the child	Information about the parents	Information about siblings	Child - Protected health information	Parent - Protected health information	Reports/evaluations from other agencies (excluding criminal history printouts)	Name and photograph of child	Placement information
Child is in custody** **											
Child's attorney	3	3	4	3	3	3	3	3	3	3	3
Intervening child's Tribe	3	3	4	3	3	3	3**	3	3	3	3
Non-intervening child's Tribe investigating or joining OCS initial assessment of PSR re: child	3	3	4	3	3	3	4	4***	3	3	3
Non-intervening child's Tribe not conducting/joining initial assessment and any Tribe that is not the Indian child's Tribe	7	7	4	7	7	7	4	4	7	7	3
Attorney for parent legal guardian/Indian custodian	3	3	4	3	3	3	3**	3	3	3	3

GAL/CASA	3	3	4	3	3	3	3	3	3	3	3
Unrepresented parent/legal guardian /Indian custodian	3	3	4	3	3	3	3**	3	3	3	3
Consultant/service provider	5	5	4	5	5	5	5	4***	5	5	5
Out-of-home care provider	5	5	4	3	5	5	5	5	3	3	5
Residential child care facility	5	5	4	5	5	5	5	4	5	5	5
School official	5	5	4	5	5	5	4	4	5	5	5
Native Corporation	4	4	4	8	4	4	4	4	4	4	4
Child is not in custody****											
Parent/legal guardian	2	2	4	2	2	2	4	4	2	2	2
Former child client (over 18 or emancipated)	2	2	4	2	4	4	4	4	4	2	2
Child's Tribe investigating or joining initial assessment of PSR re: child	3	3	4	3	3	3	4	4***	3	3	3
Child's Tribe not conducting/ joining initial assessment and any Tribe that is not the Indian child's Tribe	7	7	4	7	7	7	4	4	7	7	3
Consultant/service provider	4	4	4	4	4	4	4	4	4	4	4
School official	4	4	4	4	4	4	4	4	4	4	4
All cases											
AAG	1	1	1	1	1	1	1	1	1	1	1
Grandparent/other relative*	4	4	4	4	4	4	4	4	4	4	4
Multidisciplinary child protection team	3	3	3	3	3	3	3	3	3	3	3
Mandated reporter of child abuse/neglect	4	3	4	4	4	4	4	4	4	4	4
Private custody investigator	4	4	4	4	4	4	4	4	4	4	4
CPS agency from another state	3	3	4	3	3	3	3	3	3	3	3
Division of Juvenile Justice*****	3	3	3	3	3	3	4	4***	3	3	3
Dept. of Corrections/Adult Probation*****	3	3	3	3	3	3	3	3	3	3	3
District attorney*****	3	3	3	3	3	3	3	3	3	3	3
Law enforcement agency*****	3	3	3	3	3	3	3	3	3	3	3
Legislator (only upon request of parent)*****	3	3	3	3	3	3	3	3	3	3	3
Ombudsman*****	3	3	3	3	3	3	3	3	3	3	3
State medical examiner (as necessary for the performance of that office's duties)*****	3	3	3	3	3	3	3	3	3	3	3
The public	4	4	4	4	4	4	4	4	4	6	4

* = May be a person with legitimate interest or, in some cases, an intervening party. Contact the AAG for further clarification.
** = Check with the AAG regarding the release of mental health information on the child.
*** = Or release of information/consent by the parent.
**** = When the adoption of a child has been finalized, information obtained prior to adoption may be released only with the consent of all interested persons or if ordered by the court, except that all information may be released to the AAG without restriction.
***** = Only as necessary for child protection or public safety purposes. Provide the releasable information to the entity and notify the Attorney General's Office.

******= While special care is taken to protect reporter information, reporters *cannot* be guaranteed that their information will never be disclosed to another party.

1. All information may be released without restriction.
2. Information acquired while a child was subject of a child-in-need-of-aid petition or was a ward of the state may be released only if the court orders release. Information acquired while a child was not subject of a child-in-need-of-aid petition or was not a ward of the state may be released, with the exception of attorney-client privileged information.
3. Information may be released with the exception of attorney-client privileged information.
4. Information may be released only if ordered by the court.
5. Information may be released as necessary to acquire the provision of consultation or services for a child or to enable a caregiver to provide appropriate care for the child and protect the child's safety.
6. Information may be released after termination of parental rights for the purpose of recruiting or locating a permanent placement for a child, or if ordered by the court.
7. Information may be released to assist in an initial assessment of a protective services report or to aid in providing services to or facilitating the placement of a child, if the release of information is in the child's best interest. Otherwise information may be released only if ordered by the court.
8. Custody status, the date the child entered custody and the court order expiration date may be provided. Actual court orders may not be released.

6.1.6 VOLUNTEERS

AUTHORITY: AS 47.05.010 Duties of Department, 7 AAC 54 Confidentiality of Client Records

POLICY: Training and supervision regarding confidential information must be given to all non-employees or temporary employees spending time in division offices or with division clients.

PROCEDURE:

a. Training will be accomplished through discussion and providing manual policy and regulations to read as necessary.

b. Non-employees and temporary employees will be asked to sign statements regarding confidentiality.

c. Individuals applying to be volunteers will provide a work and educational history.

d. Three references will be checked.

e. Volunteers will be used in support to workers and will not have supervisory authority over children.

f. Protective Services Manager IIs must approve all non-employees and temporary employees.

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6.1.7 RESEARCH

AUTHORITY: 7 AAC 54.130 Disclosure For Research Purposes.

POLICY: The director shall foster and encourage research efforts which contribute to improved practices while providing for the protection of children from abuse or neglect, public safety, the development of individual competencies and enhancing juvenile accountability. The division may disclose otherwise non-disclosable information to a person or organization doing research or maintaining health statistics, if the anonymity of the client is assured, and the division recognizes the project as a bona fide research or statistical undertaking. The division will collaborate with other justice systems and human services agencies in information gathering, exchange and standardization.

PROCEDURE:

a. Approving authority and dissemination of research information will rely solely with the director or designee.

b. In order to prevent a misrepresentation of statistical or other research information written approval from the director or designee is required prior to dissemination.

c. Collaboration and promotion of research efforts:

   1. Any research conducted under the auspices of Family Services will provide for the privacy and anonymity of juveniles, their families, and victims.

   2. The division will sanction only research efforts which will ensure juveniles participating in research receive the same basic services afforded other children.

   3. The division collaborate in research projects and the sharing of information with other child protection and juvenile justice agencies, universities, and other human service contributors who share mutual program concerns.

   4. The division promotes and encourages research to improve the protection of children and the administration of justice.

   5. The director and his/her designee will periodically formulate questions for internal research, recommend the type of data to collect, and the manner of its presentation.

The Protective Services Manager II will review the preliminary findings prior to publication.

6. The division will use internal and external resources to conduct research efforts.

7. The division prohibits the use of children for medical, pharmaceutical or cosmetic experiments. This policy does not preclude individual treatment of a children based on his or her need for a specific medical procedure that is not generally available.

8. A child may participate voluntarily in a non-medical, non-cosmetic, and non-pharmaceutical research program if:

   A. The director or his/her designee reviews the research design and determines the probability that no negative effects will accrue to the children in the program.

   B. The permission of the parent, guardian, or the court should be required before the involvement of any children in research.

   C. The permission is to be indicated by a signed informed consent from the client and the parent or legal guardian for each client involved in a research activity. The participation of the client in research or follow up studies requiring individual.

6.1.8 TRAINING AND WORKLOAD STANDARDS

AUTHORITY:
AS 47.10.011 Children in Need of Aid
AS 47.14.112 Training and Workload Standards; Reports to Legislature
42 U.S.C. 622 State Plans for Child Welfare Services

BACKGROUND INFORMATION:

Federal Law: Each state plan for child welfare services shall include a description of the services and activities that the State will fund, and how the services and activities will achieve the purpose set out by federal law. The state plan shall contain a description of the child welfare services staff development and training plan of the State.

State Law:

A. The department shall implement workload standards and a training program for employees who supervise the care of children committed to the supervision or custody of the department under AS 47.10.

B. To meet best practices standards set by the department requiring the employment of mentors for employees who supervise the care of children committed to the supervision or custody of the department under AS 47.10, work with families to prevent the removal of a child from the child's home under AS 47.10, or investigate reports of harm under AS 47.17.

C. For a new employee who supervises the care of a child committed to the supervision or custody of the department under AS 47.10, works with families to prevent the removal of a child from the child's home under AS 47.10, or investigates reports of harm under AS 47.17, to:

   1. Provide a minimum of six weeks of training unless the department finds that the new employee has sufficient experience to justify a shorter training period.

   2. Limit the employee's workload as follows unless it is determined by the department that the employee has significant experience to justify a shorter training period:
      a. Employees may not supervise more than six families at a time in the first three months of work with the department.
      b. Employees may not supervise more than twelve families at a time in the first four to six months of work with the department.

   3. After seven months of employment the average statewide caseload standard is thirteen families at a time:
      a. If the employee works in a region where extensive travel is required, the employee may not supervise more than twelve families between the seven and twelfth months of work with the department.
      b. The thirteen family statewide caseload average would apply beginning the twelfth month of work with the department.

4. The department aims to meet the statewide caseload average standards. However, to ensure child safety, cases will continue to be assigned among the available staff. If the department is unable to meet the workload standards, the reasons will be outlined in a staffing report to the legislature.

POLICY:

A. OCS will employ a training program for employees. The OCS training contractor will execute the training program for the agency.

B. Protective Services (PS) Specialists will complete at minimum six weeks of training by the end of their first year of employment unless the PS Specialist IV finds that the new employee has sufficient experience to justify a shorter training period.

C. OCS will make efforts to implement and monitor the legal workload standards for PS Specialists as outlined in state law.

D. OCS will employ mentors to assist with the training of new PS Specialists for the first 6 months of employment.

E. The Competency Evaluation Rating Guide will be used by Protective Services (PS) Specialist IVs as part of the performance evaluations for all PS Specialists.

PROCEDURE:

A. Supervisors will ensure staff completes all training requirements listed in the Staff Development Plans for their positions.

B. Introduction to the Competency Evaluation Rating Guide for all PS Specialists hired by the Office of Children's Services will occur in the first three months of hire date. For existing PS Specialists, an introduction to the guide will occur before their next annual performance evaluation.

C. The PS Specialist IV and OCS Mentor will use the rating guide when developing the three-month training plan for newly hired PS Specialists.

D. PS Specialists IVs will complete the Competency Evaluation Rating Guide for each PS Specialist and attach it to the PS Specialist's performance evaluations.

E. The PS Specialist IVs may also choose to use the Competency Evaluation Rating Guide for the following activities:

1. For the PS Specialist to use when completing their self-evaluation;

2. During regular supervision to guide PS Specialist development;

3. To enhance supervisor coaching; or

4. To assist with planning for individualized training plans.

F. To ensure child safety, PSRs and cases will continue to be assigned among the available staff when it is not possible to maintain caseload averages. PS Specialist IVs will work

with the PSMs if caseloads remain over the recommended caseload standards.

6.1.9 INCIDENT REPORTS

AUTHORITY:
AS 47.05.010 Duties of the Department

PURPOSE: To provide guidance for OCS employees on situations and timeframes that require completion of incident reports, and the notification requirements once the incident report is completed.

BACKGROUND: The Department of Health and Social Services (DHSS) shall establish minimum standards for personnel employed by the department and adopt necessary regulations to maintain those standards.

POLICY:

A. OCS employees are responsible for reporting incidents where:

1. Harm and injury to a child have occurred, including but not limited to:

   a. Serious injury or self-harm;
   b. Death;
   c. Self-harm;
   d. Physical restraint to a child;
   e. Kidnapping;
   f. Sexual assault; or
   g. Serious illness of a child, new onset.

2. An employee's safety has been threatened or compromised, including but not limited to:

   a. Disruptive or intimidating behavior;
   b. Physical assault threat or action; or
   c. Verbal threat.

3. The situation may result in adverse publicity, legal liability, political inquiry, or situations that require a coordinated response by the division. This includes but is not limited to:

   a. Legislative, Governor Office, Commissioners Office, Ombudsman's, or media contact;
   b. Adverse legal action;
   c. Threat of a lawsuit; or
   d. Death of a parent.

B. Immediately following the incident, the employee involved will complete the incident report in ORCA. Initial notification of all incidents may be made to the employee's supervisor by telephone or e-mail.

PROCEDURE:

A. When an OCS employee becomes aware of the reportable situation, the employee will notify their supervisor and will complete the Incident Report in ORCA. Once the incident report is completed by the employee or supervisor ORCA will automatically notify the Community Relations Manager, Protective Services Manager I and II, Division Operations Manager, and OCS Director.

B. Non-case related incidents (i.e., employee injury at the field office, accidents in state vehicles) are not reported into ORCA, they are reported to the employee's supervisor by regional protocols as soon as possible.

C. The following incidents require immediate notification by the OCS Director to the Commissioner's office of the Department of Health and Social Services (DHSS) even after hours:

1. Death or serious injury of a child who has an open case or investigation, or is in state custody; or

2. Death of a child who has been subjecting of a report of harm under AS 47.17 or a child abuse or neglect assessment by the DHSS or by a similar child protective service in this or another state.

D. Reports of legislative contact require additional procedures. The employee contacted by a legislator or staffer is required to submit an Incident Report in ORCA and email the Community Relations Manager at the state office. The following information must be provided:

1. Date and time of contact;

2. Name of person taking the call;

3. Name and phone number of the legislator or staffer who called;

4. What information was requested and in what format (oral or written); and

5. Information was given to the legislator or staffer.

6.1.10 NEWS MEDIA

AUTHORITY: AS 47.05.010 Duties of Department, AS 47.10.090 Court Records, AS 47.10.093 Disclosure of Agency Records, 7 AAC 54 Confidentiality of Client Records.

POLICY: The Office of Children's Services will take a cooperative, proactive approach to working with news media in the interest of conveying accurate, informative and timely information that is of public interest on juvenile justice, family services, and related programs and issues. Confidential client or employee information will not be released. At no time should Division staff speak to the media without clearance from the regional supervisor.

PROCEDURES:

a. Media initiated contacts which are investigatory and relate to client-specific incidents, such as serious offenses committed by juveniles, will be referred to supervisory personnel who will decide what information can be given to the media and how it will be presented.

   1. Every effort will be made to promptly provide the information requested, yet the confidentiality provisions of AS 47.10.090, AS 47.10.093 and 7 AAC 54 will be strictly followed.

   2. The content of information and manner of presentation must be appropriate for direct broadcast or publication.

      A. Telephone interviews should be avoided if possible; however, if this is not practical, assume that the conversation is being recorded and consider remarks accordingly.

      B. If explanatory information which should not be published or broadcast is necessary, the news media representative must make a commitment to consider such information "not for the record."

b. When for program purposes Family Services actively seeks media coverage, advance prior approval from the Protective Services Manager II is required.

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6.1.11 PUBLIC SPEECHES

AUTHORITY**:** AS 39.25.178 Employee Political Rights, AS 47.10.093 Disclosure of Agency Records, AS 47.75.010 Social Services Planning.

POLICY: In order to acquaint the public with programs of the Office of Children's Services , Family Services staff are encouraged to accept speaking engagements and public appearances when requested. Such speaking engagements, however, will not be accepted when it is determined that they will interfere with other official responsibilities or be detrimental to the goals and objectives of the Division.

Compensation for participation in any public presentation related to the employee's job responsibilities shall not be accepted.

While making public speeches in one's official capacity as a representative of the Division the subject matter of speeches will be limited to topics dealing with Family Services and/or related social issues. At no time will the content of such speeches include partisan political statements or the distribution of partisan political material or confidential case information.

PROCEDURES: Prior to accepting a public speaking engagement in an official capacity, an employee will contact the Protective Services Manager II or designee and discuss:

a. content of the speech; and

b. appropriateness of the Division's participation.

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6.1.12 REVIEW OF CHILD FATALITIES OR NEAR FATALITIES

6.1.12.B CRITICAL REVIEW

AUTHORITY:

AS 1265.130	State child fatality review team duties
AS 47.10	Children in Need of Aid

PURPOSE: To provide procedures to staff in regards to critical incidents and how they will be processed. Critical incidents include child fatalities or near fatalities that have an open case in initial assessment, family services, or have a screened protective services report within the past 3 years.

BACKGROUND:

A. The state child fatality review team shall;

1. Assist the state medical examiner in determining the cause and manner of the deaths in this state of children under 18 years of age;

2. Unless the child's death is currently being investigated by a law enforcement agency, review a report of a death of a child within 48 hours of the report being received by the medical examiner if:

   a. the death is of a child under 10 years of age;

   b. the deceased child, a sibling, or a member of the deceased child's household

      1) is in the legal or physical custody of the state under AS 47 or under similar custody of another state or political subdivision of a state; or

      2) has been the subject of a report of harm under AS 47.17 or a child abuse or neglect assessment by the Department of Health and Social Services or by a similar child protective service in this or another state.

3. A protective order under AS 18.66.100 or 18.66.110 has been in effect during the previous year in which the petitioner or respondent was a member of the deceased child's immediate family or household; or

4. The child's death occurred in a mental health institution, mental health treatment facility, foster home, or other residential or child care facility, including a day care facility.

POLICY:

A. The Commissioner's office of the Department of Health and Social Services must be notified of CPS case situations of all fatalities or near fatalities (see definitions) alleged to be due to abuse or neglect where the Department has prior involvement when:

1. The child is currently the subject of a report of harm under AS 47.17, an investigation pursuant to AS 47.17 is currently pending, or the child was in the department's custody at any time during the twelve months preceding the fatality or near fatality; or

2. An initial assessment pursuant to AS 47.17 was completed in regard to the child or caretaker, regardless of the disposition of the initial assessment, within six months preceding the reported fatality or near fatality.

PROCEDURES:

A. Notification Process: When an incident that meets the criteria outlined in a.1 or 2 above occurs:

1. Any OCS staff member will immediately notify his/her immediate supervisor. With support from their PS Specialist IV the OCS staff member will complete and Incident Report Form and email a copy to the Protective Services Manager (PSM) II (or designee), this form includes:

   a. PS Specialist/PS Specialist IV assigned or last assigned;

   b. Date of most recent case opening and closure status;

   c. Brief summary of OCS history with family; and

   d. Clarification on whether a new PSR is being created on other surviving children for child fatality cases.

2. Upon receipt of the Incident Report Form, the PSM II or designee will immediately create a Child Safety Incident Event in the Management Information Tracking Tool (MITT), which is directed to the Division Operations Manager. Once notification is complete the PSM II or designee with consult with all staff involved and provide support (critical incident debriefing, Employee Assistance Program, etc.) within a reasonable timeframe.

3. The Division Operations Manager will be notified of the new Incident Event via automated message. Upon receipt, the Division Operations Manager will:

   a. Notify the Director of OCS;

   b. Assign the Incident Event to the Quality Assurance (QA) Unit Manager unless a review is not deemed necessary; and

c. Assign other necessary tasks to additional participates as necessary.

4. Upon receipt of receiving notification of any child fatality or near fatality, the Director will notify the Commissioner's Office and the Department of Law.

5. Upon receipt, the QA Manager will begin the case review process.

6. Whenever there is an open Initial Assessment (IA), every attempt will be made to complete the IA Summary as soon as reasonably possible with PS Specialist IV support, not to exceed 30 days. Once the IA is completed the PS Specialist IV for the case will notify the PSM II or designee that the IA is complete and ready for review.

7. The PSM II or designee will review the IA Summary and notify the QA Manager that the IA is complete and ready for review.

B. Case Review by OCS:

1. The QA Manager will complete the critical case review report within 10 business days of receiving the Incident Event.

a. The case review report, labeled "Attorney Client Privilege, Deliberative, and Executive Process Privilege" will include:

1) review of past involvement with family;

2) review of current OCS case activities;

3) OCS involvement with family;

4) findings/recommendations for case actions needed; and

5) findings/recommendations for system changes (when applicable).

b. Upon completion of the case review report, the QA manager will send the report to the Director and copy the Department of Law and the Division Operations Manager.

c. Mark the Incident Action "Complete" in the Incident Event.

2. Within 30 days of the Initial Incident Event, the regional PSM II will coordinate and facilitate a follow–up meeting with the necessary staff and invite the Division Operations Manager and the Child Welfare Administrator (timeline can be adjusted due to completion of IA, or extenuating circumstances).

a. As needed staff will be included from other regions.

b. The QA report will not be distributed without permission from the Director or Division Operations Manager due to confidentiality of the document. The report can be read by case participants if deemed appropriate and as long as copies are returned to the PSM II.

c. Within 30 business days of the PSR assignment, the PSM II will facilitate the critical incident debriefing.

d. The regional PSM II will email notes of the debriefing to the Division Operations Manager and the QA manager within 10 days of the meeting. The notes will include.

1) Discussion on overall strengths, challenges, training opportunities, and how the practice model was (or was not) used to determine the decision;

2) Discussion on whether there are systemic issues that need to be addressed; and

3) Additional information that would be useful for future practice.

C. The QA Manager or designee will draft a yearly report that summarizes the critical incidents, actions taken to address priority issues, and overall totality of what is learned from the critical incidents.

D. The Director or designee will determine the priority of recommendations that will be included in the development of practice needs (when applicable).

E. The Division Operations Manager or Child Welfare Administrator will be responsible for working with the Executive Steering Committee with the development of an action plan to improve practice and ensure consistent use of the Practice Model.

F. The QA Manager will draft a yearly summary report of the actions taken to improve the use of the Practice Model requirements.

G. At any time there is a need to share information with stakeholders outside of the OCS; the Director must consult with the Assistant Attorney General prior to proceeding.

Definition:

Near Fatality: means physical injury or other harm, as certified by a physician, caused by an act or omission that created a substantial risk of death (AS 47.10.990).

6.1.13 LEGAL REPRESENTATION

AUTHORITY: AS 47.10

POLICY: Legal assistance is provided to the division by the Department of Law.

PROCEDURE:

a. Social workers have access to legal guidance in all actions of carrying out their duties.

b. Local protocol determines the method of contact and representation. Workers should consult with their supervisor for local protocol.

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6.1.14 AMERICANS WITH DISABILITIES ACT COMPLIANCE

AUTHORITY: Administrative Order No. 129

POLICY:

a. No qualified individual with a disability shall be excluded, by reason of such disability, from participation in or be denied the benefits of the services, programs, or activities of the Division, or be subjected to discrimination by the Division.

b. The Division shall not discriminate against a qualified individual with a disability because of the disability of such individual in regard to job applications procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and any other term, condition, and privilege of employment.

c. The Division shall operate each of its services, programs, and activities so that a service, program, or activity, when viewed in its entirety, is readily accessible to and usable by individuals with disabilities.

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6.1.15 RESTRAINING CHILDREN

AUTHORITY: AS 47.05.060 Purpose and policy related to children

POLICY: In carrying out their duties, workers seek to secure for children the care and guidance that serves their moral, emotional, mental, and physical welfare. Workers will physically restrain children only when it is necessary in order to protect the child from harming, or causing harm to, themselves or others, and it is appropriate considering the child's age and the extent of the worker's training in physical restraint methods.

PROCEDURE:

a. Violent Children: Workers may encounter children whose anger escalates into violence.

1. In response to a physical assault against themselves or someone else, workers who complete bi-annual "Non-violent Crisis Intervention" training may use physical restraint methods. Workers may only use physical restraint methods taught in this workshop when all verbal means to de-escalate the situation fail. Untrained workers should not attempt to restrain a violent child.

2. As a last resort, physical restraint prevents a violent child from harming themselves or someone else. Workers should release the child from restraint when they no longer pose a threat. Workers acting alone should not attempt to restrain someone physically larger or stronger than themselves. Two to four workers may use team techniques taught in the crisis intervention workshop to restrain a larger person.

3. After the episode, workers must complete an incident report. An injured worker should seek medical attention and must complete worker's compensation claim forms. See manual sections 6.1.9 and 6.4.0.

b. Runaways:

1. In situations where a child tries to run away from a worker, for example when a worker is transporting a child from one placement to another, the worker will not physically restrain the child except when necessary to protect a young child from accidental injury (for example if the child is trying to run out into the street where there is traffic).

2. If the child runs away, the worker will notify law enforcement and then try to follow the child and keep the child in sight, taking action as needed to try to keep the child safe.

3. If the worker loses track of the child, the worker will immediately notify law enforcement of the location where they last saw the child and request that law enforcement locate the child. The worker will provide law enforcement with the names and addresses of relatives, foster parents, friends, or other persons to whom the child may have run, and specify where the child is to be taken, once located.

4. If the child is not located, the worker will, within 12 hours of the child's departure, notify the parent/caretaker that the child has run. See section 2.2.8 Runaway Minors in Department Custody for further information about required notification.

6.1.16 BACKGROUND CHECKS FOR DIVISION EMPLOYEES

AUTHORITY: AS 12.62.160 Release and Use of Criminal Justice Information, 13 AAC 68.315 Report of Criminal History Record Information Available to an Interested Person

POLICY:

a. The division has identified specific qualifications and standards for foster parents and licensed residential care facilities. The division has adopted these same standards for all staff having direct field contact with clients, including, but not limited to Social Services Associates I – II, Social Workers I – V, Children's Services Specialists I – III, Community Care Licensing Specialists I and II, Mental Health Clinicians, the OCS Stipend Students, and Protective Services Manager IIs.

b. In general, substantiated perpetration of child abuse and/or neglect, domestic violence, sexual offenses, or a criminal conviction of either a misdemeanor or felony may preclude permanent employment with the division, and may be grounds for dismissal for existing employees. These standards are further described in the OCS Child Protective Services Manual section 6.8.4 Criminal Record Check under Procedures d(3)(A) and are in compliance with 7AAC 50.210.

PROCEDURES:

a. New Employees.

1. Division hiring managers must complete the following steps for all interviewed applicants:

   A. Examine the Job Qualification Summary and Applicant Profile in Workplace Alaska for disclosure of a conviction(s) prior to offer of a job interview;

   B. Conduct a name check against the Public Safety Sex Offender Registry and a Prober check prior to offer of a job interview; and

   C. Have the applicant complete the Sworn Statement of Criminal and Child Protection Background form (06-9008) at the time of interview, and inform the applicant that they will need to provide a name check history from the Alaska Department of Public Safety before a job offer can be made.

2. Division hiring managers must complete the following steps once they choose to make a conditional job offer to an applicant:

A. Review the results of a name check for criminal history that has been conducted by the Alaska Department of Public Safety no more than 30 days before the first day of work, and the results of the Prober check; and

B. The proposed appointee must be fingerprinted within one week of hire and must provide two Fingerprint Cards for the purposes of a criminal background investigation conducted by the Department of Public Safety. Attaining permanent status in the job class will be contingent on passing a criminal background check. *(Fingerprint cards can be obtained from the Department of Public Safety in Anchorage by calling (907) 269-5767).*

3. Prior to Hiring: After granting a conditional offer of employment to any personnel, but prior to final hiring the following will occur.

A. The hiring manager will provide to the proposed appointee the Pre-Employment Checklist (06-9009), including information about where to obtain name check for criminal history and fingerprinting (page 2 of the form), and two fingerprint cards which are pre-printed with the appropriate OCS identification information/number.

B. After conditional job offer and prior to being hired, the proposed appointee must complete the checklist, and return the completed checklist along with the following:
   i. The completed fingerprint card*s*; and
   ii. the results of a name check of criminal conviction history. (Remind the proposed appointee that attainment of permanent status in the job class will be contingent upon passing a criminal background check).

C. <u>Costs of Fingerprinting:</u>
   i. The candidate who is conditionally offered employment is responsible for paying the cost of the name check criminal background investigation and the cost of having fingerprints taken (the "rolling" of the fingerprints).
   ii. The division will pay the cost of having the fingerprints processed by the Department of Public Safety.

4. Final Hiring Determination:

A. When the proposed appointee returns the checklist with all attached information to the hiring manager, the hiring manager will:
   i. Review the information to ensure it is complete;
   ii. Consider the content of the information;
   iii. Review name check of criminal history;
   iv. Look for any criminal convictions on the name check of criminal history,

comparing these with the Sworn Statement of Criminal Background form and the Job Qualification Summary and Applicant Profile in Workplace Alaska; and

v. Send the processed fingerprint cards to the designated person in your region (Regional Administrative Manager) who will then forward them to the Administrative Manager in State Office.

B. The State Office Administrative Manager will complete the fingerprint card with a client tracking number and forward it to Department of Public Safety (DPS). DPS will send all reports to the State Office Administrative Manager, who is responsible for the security and retention of criminal background check reports and for notifying division hiring managers when a report from DPS is received.

5. After Hiring:

A. The division will consider the attainment of permanent status in the job class contingent upon passing a criminal background check.

B. Upon receipt of the results of fingerprinting from the Department of Public Safety, the OCS State Office Administrative Manager will forward the report to the designated person in each region.

C. If a criminal history appears, the hiring manager will compare with individual's sworn statement to see if the employee disclosed the criminal background.

D. If the two do not match, indicating that an employee has failed to truthfully disclose a conviction of a felony or a misdemeanor involving a controlled substance, physical or sexual abuse (for further detail refer to CPS Manual 6.8.4(d)(3)(A)) the employee will be immediately terminated.

E. If the employee's disclosure statement includes prior convictions in the above mentioned areas and matches the results of the fingerprint and name check statements, then the prior convictions may be considered as grounds for dismissal.

6. Confidentiality: Information on the Sworn Statement of Criminal Background form, judgments, conditions of probation, a name check for criminal history, and results of fingerprinting must be kept confidential. Sworn statements and name check results will be viewed by division personnel involved in the hiring process and kept in divisional files.

b. <u>Existing Employees</u>.

1. If a report of harm is received on a division employee, staff receiving the report will

immediately notify the director's office (see section 2.1(g) Screening Referrals). A substantiated report of harm on an employee may be grounds for dismissal.

2. An employee's conviction of a crime described under policy (b) above and in section 6.8.4 under Procedures d(3)(A) during their employment with the division may be grounds for dismissal.

6.2 FINANCIAL

6.2.1 INCOMING FUNDS

6.2.1.1 BENEFITS FOR CARE AND MAINTENANCE OF CHILDREN

6.2.1.1.A SOCIAL SECURITY BENEFITS

AUTHORITY:

AS 47.14.100	Powers and Duties of Department over Care of Child
7 AAC 53.360	Unearned Income of Children in State Custody
20 CFR 416.610	When payment will be made to a representative payee (SSI)
20 CFR 416.635	What are the responsibilities of your representative payee? (SSI)
20 CFR 404.2010	When payment will be made to a representative payee (RSDI)
20 CFR 404.2035	What are the responsibilities of your representative payee? (RSDI)

PURPOSE: To ensure that application for Social Security benefits is submitted for all eligible children in OCS custody and that benefits are routed to the appropriate individual or agency that has cost of care for the child.

BACKGROUND INFORMATION – STATE AND FEDERAL LAW

A. Federal regulations require that social security benefits for children under age 18 be paid to a representative payee unless the child meets specific criteria that show the child's ability to manage the benefits.

B. State law and administrative code authorizes OCS to receive benefits for children who are in OCS custody. Out-of–home care providers who receive benefits for a child in their care must forward the benefit directly to OCS, unless otherwise provided by court order for a specific child.

C. Per state and federal law, a representative payee may use the benefits only for the care and benefit of the child.

POLICY: When a child is in a placement where the Office of Children's Services (OCS) is making cost of care payments, and that child receives or is eligible for Social Security benefits, OCS will apply to have those benefits paid to the State.

PROCEDURE

A. Initial Determination:

1. When a child is taken into custody and removed from home, the Eligibility Technician assigned to the case will determine if the child is receiving monetary benefits from the Social Security Administration, such as: Supplemental Security Income (SSI) for a child with a disability or Retirement, Survivors, Disability Insurance (RSDI) for a child whose parent(s) are disabled or deceased.

2. If the child is receiving benefits, the Eligibility Technician will:

   a. Notify:

      1) the Protective Services (PS) Specialist;

      2) the Social Security Accounting Technician in State Office; and

      3) the State Office Medical Assistance Administrator.

   b. Submit to the Social Security Accounting Technician in State Office a signed copy of the court order that awards custody of the child to OCS.

B. Child Receiving Social Security Benefit Payment:

1. When a child in custody is receiving Social Security benefits, and the child is placed in a placement where OCS is making cost of care payments, the Social Security Accounting Technician in State Office will submit a request to the Social Security Administration at the address below to become the representative payee for the child. Information provided to the Social Security office will include:

   a. the child's name, date of birth, and social security number;

   b. the physical address of the child;

   c. a statement that OCS has custody of the child;

   d. the custody or guardianship date; and

   e. the reason for custody.

   Social Security Administration
   P.O. Box 21327
   Juneau, Alaska 99802-9990
   (907) 586-7070

2. When a child in custody is receiving benefits and the child is placed with an unlicensed relative who is the representative payee for the benefits, OCS will not request to become the payee.

3. If the unlicensed relative caregiver becomes licensed and starts receiving foster care payments for the child, the PS Specialist will inform the relative that they cannot receive both foster care payments and Social Security payments for the child. In the event the relative receives both foster care and Social Security payments, the Social Security Administration may consider the SSI payment as an overpayment and require that they pay it back.

C. Child Not Receiving Social Security Benefit Payments:

1. When a child in OCS custody is not currently receiving, but may be eligible to receive Social Security (either SSI or RSDI) benefits, the PS Specialist will contact the Medical Assistance Administrator in State Office who will arrange for the Social Security contractor to review and, if appropriate, apply for benefits for the child.

2. Award and denial notices are sent to the Social Security Accounting Technician in State Office, who sends copies to the State Office Medical Assistance Administrator and to the PS Specialist. The PS Specialist files a copy in the child's case record.

D. When custody of a child who is receiving benefits is released, or when a child is placed in a living arrangement in which no cost of care payments are made by OCS:

1. the PS Specialist will:

a. immediately notify the Social Security Accounting Technician in State Office by e-mail:

1) that custody was released, the child was returned home, or the child was placed in a placement in which no cost of care payments are made by OCS; and

2) the effective date; and

3) who will be applying as the new payee, if known; and

b. ensure that ORCA is updated with the information listed in item (D)(1) above; and

c. notify the parent/new payee that they are responsible for applying for benefits and document the contact in ORCA.

2. The Social Security Accounting Technician will notify the Social Security Administration of the change in custody or placement.

E. Income received due to employment of a child receiving SSI benefits may affect SSI benefit eligibility. The PS Specialist must notify the Social Security Accounting Technician in State Office of any employment or changes to employment. The Social Security Accounting Technician will notify the Social Security Administration.

F. Upon receipt of notification from the Social Security Administration that a child's benefits will be discontinued because the child is turning 18, the Social Security Accounting Technician will contact the PS Specialist to ask if custody will be extended beyond the child's 18th birthday.

1. If custody will be released on the child's 18th birthday, a final reconciliation will be completed and the file closed by the Social Security Accounting Technician.

2. When custody extends beyond a child's 18th birthday and the child still resides in a foster home or residential facility, the "Continuation of Custody Order" must specify that OCS is to continue to be the representative payee for receipt of the child's benefits. The PS Specialist will forward a copy of the "Continuation of Custody Order" to the Social Security Accounting Technician for submission to the Social Security Administration.

G. When the benefits received exceed cost of care and accumulate a balance in excess of $500, an interest bearing savings account will be established in State Office to conserve the funds for the child. Accounts are reviewed on an annual basis for any required adjustments.

DEFINITION:

Representative payee: A representative payee is an individual or agency who receives a social security benefit on the behalf of a beneficiary who is incapable of managing or directing someone else to manage funds. The representative payee is required to ensure the physical, mental and emotional well-being of the beneficiary in a manner which both preserves dignity and protects basic rights.

6.2.1.1.B ADULT PUBLIC ASSISTANCE (APA) BENEFITS

AUTHORITY:
AS 47.14.100 Powers and Duties of Department over Care of Child
AS 47.25.430 Adult Public Assistance
AS 47.25.470 Payment When Recipient Is Incapacitated
7 AAC 40.400 To Whom Payment Is Made
7 AAC 53.360 Unearned Income of Children in State Custody

PURPOSE: To ensure that Adult Public Assistance (APA) benefits are secured for all eligible youth in OCS custody and that the benefits are routed to the appropriate individual or agency that has cost of care for the youth.

BACKGROUND INFORMATION:

A. State law and administrative code authorizes OCS to receive benefits for children who are in OCS custody.

B. Adult Public Assistance (APA) Benefits:

1. Children receiving Medicaid and Supplemental Security Income (SSI) benefits become automatically eligible for APA benefits upon reaching age 18. An application for APA benefits with the Division of Public Assistance is not necessary.

2. Payee:

a. When SSI benefits are paid to a representative payee, APA benefits are also paid to a representative payee. The representative payee for the APA benefits is usually to the same payee as for the SSI benefits unless the Division of Public Assistance determines that good cause exists not to choose the same person as the payee for the APA benefits.

b. If the Social Security Administration does not require a representative payee for SSI benefits, the APA benefits are paid to the applicant unless the applicant has requested that the benefits be paid to a third party or the court has authorized a third party to serve as guardian or conservator to conduct the financial affairs of the applicant.

3. If the resources of an individual receiving APA benefits exceed $2,000 the individual becomes ineligible for APA benefits.

POLICY: When a youth in custody is eligible for APA benefits OCS will take necessary action to ensure that the youth receives the benefits. When the youth is in a placement where Office of Children's Services (OCS) is making cost of care payments, OCS will apply to have those benefits paid to the State.

PROCEDURES:

A. When a youth in custody who is receiving SSI benefits is turning 18, the OCS Eligibility Technician assigned to the case will contact a Public Assistance Analyst (PAA) II in the Division of Public Assistance (DPA) Field Services Support Unit. The PAA II will ensure that an APA worker opens an APA case and related Medicaid for the youth.

B. If the youth remains in OCS custody past his or her 18th birthday and is placed in a placement where OCS is making cost of care payments, the Social Security Accounting Technician in OCS State Office will request that the APA benefits be paid to OCS.

1. When the combined SSI and APA benefits received exceed the cost of care, the SSI benefits will be used first.

2. When the APA benefits received exceed cost of care, an interest bearing savings account, separate from the youth's SSI account, will be established in State Office to conserve the funds for the youth.

a. The Social Security Accounting Technician in OCS State Office will maintain the youth's APA account and distribute a monthly deposit detail list for the account to the youth's assigned PS Specialist and the Regional Independent Living Specialist. If the amount of funds reaches $1,500 the Social Security Accounting Technician will notify the youth's assigned PS Specialist and the Regional Independent Living Specialist that the funds must be spent down in order for the youth to retain his or her eligibility for APA benefits.

b. Upon receipt of notification that the funds must be spent down the PS Specialist and/or the Independent Living Specialist will confer with the youth and submit a request for funds from the account.

c. If the funds are not spent down and the amount of funds exceeds $2,000 the Social Security Accounting Technician will notify the DPA Eligibility Technician assigned to the APA case.

3. A youth in a non-foster care unpaid independent living placement may request funds from his or her APA account, via a request submitted by the youth's assigned PS Specialist and the Regional Independent Living Specialist.

4. Upon receipt of a request from a youth for release of funds from the youth's APA account or notification that APA account funds must be spent down, the assigned PS Specialist and the Regional Independent Living Specialist will:

a. Discuss the request or notification with the youth to identify the youth's need for the funds and to whom the check should be issued;

b. Complete the Request for Release from Adult Public Assistance Account (06-9014), ensuring that the form is signed by the youth, the assigned PS Specialist, and the Regional Independent Living Specialist; and

c. Submit the completed form to the Social Security Accounting Technician in State Office.

5. Upon receipt of a completed request form, the Social Security Accounting Technician will:

   a. Verify that the requested amount does not exceed the funds in the account;

   b. Request that a check be issued;

   c. Mail the check; and

   d. Notify the assigned PS Specialist and the Regional Independent Living Specialist that a check has been mailed.

C. When custody of a youth who is receiving APA benefits is released, or when the youth is placed in a living arrangement in which no cost of care payments are paid by OCS, the Social Security Accounting Technician in OCS State Office will contact the Adult Public Assistance office and request that OCS be removed as the representative payee. The Accounting Technician may recommend a different representative payee or that the APA benefits be paid directly to the youth.

D. When OCS has been removed as the representative payee, OCS will release all funds that remain in the savings account to the youth.

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6.2.1.2 CHILD SUPPORT

AUTHORITY:
AS 47.10.084 Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities
AS 47.10.120 Support of Minor
AS 47.14.100 Powers and Duties of Department over Care of Child
AS 25.27.010-25.27.900 Child Support Enforcement Agency
Civil Rule 90.3 Child Support Awards

PURPOSE: To clarify the role of Office of Children's Services (OCS) in determining the parental support obligation for the parents of children in OCS custody.

BACKGROUND INFORMATION - STATE LAW:

A. When a child is committed to the department and the department places the child out-of-home, the child's parent has a residual parental responsibility to support the child unless parental rights have been terminated or the responsibility for support has been delegated to a guardian by court order.

B. When the department places a child in an out-of-home placement based on a voluntary placement agreement between the child's parent and the department, the agreement must include provisions for payment to the department of fees established by the department for the minor's care and treatment.

C. The court or the child support services agency may require that the parent pay to the department in a manner that the court or the child support services agency directs a sum to cover in full or in part the maintenance and care of the child. The support obligation shall be calculated under Rule 90.3(i) of the Alaska Rules of Civil Procedure.

POLICY:

A. OCS will facilitate the determination of parental support obligation by requesting that the court order the parents to submit information to the Child Support Services Division (CSSD).

B. The initial petition filed will initiate the process for CSSD to assess the ability of a minor's parents to pay support and for the Department of Law to obtain the necessary orders from the court.

PROCEDURE:

A. Determining parental support obligation: The AAG or the Protective Services (PS) Specialist, as applicable, will request in the initial petition that the court issue an order for the parent(s) to complete and mail or deliver the CSSD forms included in the Child Support

packet to CSSD within 30 days and for CSSD to determine the amount of the support and establish a support order. The Child Support Packet is mailed to the parent(s) by CSSD.

B. Collection of Child Support

1. CSSD is responsible for the collection of child support from the parents.

2. Via the interface between ORCA and NSTAR, CSSD's data base, CSSD is notified of initial out-of-home placements, placement changes, changes in the child's Title IV-E eligibility status, termination of parental rights, and a child's discharge from all placements.

3. CSSD will initiate a child support case after receiving the notice of an initial out-of-home placement, and will start pursuing child support after having contacted the Child Support liason in OCS State Office for verification that the child has been out of the home for 60 days and that child support should be pursued.

6.2.1.3 FEDERAL SUPPORT – TITLE IV-E AND MEDICAID

AUTHORITY:

AS 25.23.190	Adoption Assistance
AS 47.05.010	Duties of Department
AS 47.07.010	Purpose
AS 47.07.020	Eligible Persons
AS 47.07.030	Medical Services to Be Provided
AS 47.14.100	Powers and Duties of Department over Care of Child
7 AAC 43.005 – 1990	Medical Assistance
7 AAC 53.200-299	Subsidized Adoption and Subsidized Guardianship Payments
7 AAC 100.002	Medicaid Eligibility Categories Recognized in the State
7 AAC 100.256	Under-21 Individual Receiving State-Only Adoption Assistance
7 AAC 100.270	Title IV-E Adoption and Foster Care Recipients
42 U.S.C. 670 675	Title IV Part E – Federal Payments for Foster Care and Adoption Assistance

PURPOSE: To ensure that Title IV-E foster care, adoption assistance, and guardianship assistance and Medicaid benefits are received by eligible children in OCS custody and by eligible non-custody children receiving services from OCS.

BACKGROUND INFORMATION:

A. Federal Law:

1. Federal funding for foster care, adoption assistance, and guardianship assistance is provided to states under Title IV-E of the Social Security Act.

2. Title IV-E Foster Care: Federal reimbursement for foster care maintenance costs is made for children in OCS custody who are placed out-of-home and meet the following eligibility requirements:

   a. For each placement episode the following initial one-time criteria must be met to determine if a child is potentially eligible for Title IV-E Foster Care. A placement episode starts when a child is removed from home and ends when the child returns home. If these requirements are not met, the child will not be Title IV-E eligible for the entire placement episode.

      1) The child is a citizen of the United States or a qualified alien; and

      2) The child has been removed from the home of a parent or other specified relative who is the child's legal guardian. The removal can be either:
         - a physical removal from a parent or other specified relative who is the child's legal guardian; or
         - a constructive (legal) removal where

◊ the child is living with a relative or non-relative caretaker but has lived with a parent or other specified relative who is the child's legal guardian within the last six months ("living with" means that the specified relative with whom the child resides is responsible for providing maintenance, physical care, and guidance for the child); and
◊ legal custody is removed from the child's parent or other specified relative who is the child's legal guardian or the parent/guardian signs a voluntary placement agreement; and
◊ the child remains in out-of-home placement (i.e. is not placed with the parent or legal guardian from whom legal custody was removed); and

2) At the first court ruling after the removal a judicial determination was made that remaining in the home would be contrary to the child's welfare, and within 60 days of the removal a judicial determination was made that reasonable efforts were made to prevent or eliminate the need for removal; or

3) A voluntary placement agreement has been signed; and

4) The child meets Aid to Families with Dependent Children (AFDC) eligibility criteria (deprivation and financial) in the home from which removed during the month that court proceedings are initiated to remove the child from home or a voluntary placement agreement was signed, i.e. the petition month.
   - The petition month is the month the document is filed with the court which brings the removal to the attention of the court: usually a petition or - for second or subsequent removals - usually a motion.
   - For constructive removals it is required that in the month of the constructive removal, the child would have been AFDC eligible in the home of the specified relative from whom the child was constructively removed. This relative must have legal custody of the child. The date of a constructive removal is the date of the first judicial determination removing custody from the parent or other specified relative who is the child's legal guardian or the date the voluntary placement agreement is signed.

   NOTE: Although the AFDC program no longer exists, financial eligibility for Title IV-E is still linked with the AFDC program as it was in effect on 7/16/96. All AFDC eligibility determinations made for Title IV-E eligibility determination purposes are "would-be" AFDC eligibility determinations based on the AFDC rules in effect on 7/16/96. The only changes which have been made to the 1996 rules is that effective 12/14/99 the resource limit was increased from $1,000 to $10,000 and effective 10/1/02 the definition of deprivation based on unemployment was changed to correspond with the definition used for Medicaid.

b. In order to be eligible for federal reimbursement for the foster care cost, all of the following additional criteria must be met, and all the criteria must be met for the period(s) of time that Title IV-E reimbursement is claimed:

1) The child is in the legal custody of OCS; and

2) The following judicial determination has been made:
   - if the placement started with a voluntary placement agreement, in order to continue Title IV-E claiming past 180 days after the beginning of the placement, a judicial determination must be made within 180 days of the beginning of the placement that it is in the best interest of the child to be placed out-of-home; **or**
   - for a court ordered removal, a judicial determination that OCS has made reasonable efforts to finalize the permanency plan is made within 12 months of the date the child is considered to have entered foster care (see definition below) and at least once every 12 months thereafter while the child is in foster care; and

3) The child is under age 18, or is expected to graduate from high school by his 19th birthday; and

4) The child is in a Title IV-E claimable placement; and

5) Foster care payments are made for the child.

c. End of Eligibility: Potential eligibility ends when a child returns home, or when a child turns 18 unless he or she is expected to graduate from high school by his or her 19th birthday.

d. Return Home versus Trial Home Visit:

1) All placements in the child's home when OCS retains custody are considered trial home visits. During a trial home visit the child remains potentially Title IV-E eligible and if the child is placed in out-of-home care again within six months of when the trial home visit started, new judicial determinations and a new eligibility determination are not required.

2) A trial home visit cannot exceed six months or a time period ordered by a court. If a trial home visit exceeds the time limit, or if a child is placed at home and custody lapses and the child is placed in out-of-home care again, it is considered a second removal from home, and a new eligibility determination must be made based on that removal (the same time lines apply for an application, judicial determinations, etc., as for an initial removal).

e. Child's Parent in the Foster Home: If a child is placed in a foster home and a parent of the child moves into the foster home, Alaska statutes and regulations require that the foster care payments be suspended while the child's biological parent is in the foster home, even if the parent's parental rights have been terminated. According to the federal Title IV-E rules, the parent's presence in the foster home is not considered a return home, so the placement episode is not ended and potential eligibility continues.

f. Failed Adoptive Placement: For Title IV-E purposes, an adoptive home is not considered the child's home until the adoption is finalized, i.e., when a decree of adoption is issued by the court. Consequently, when a Title IV-E subsidized adoptive placement fails before finalization, the placement in the adoptive home is treated as a placement in an unlicensed foster care facility. When the child is placed back in foster care a new application and determination is not required, only a review application and determination. If an adoptive placement fails after finalization, a new application must be completed and Title IV-E eligibility must be determined based on the removal of the child from the adoptive parents.

g. Minor Parent and Baby in Placement: If a teenage Title IV-E eligible parent has a child who is residing in the same placement with the parent, different rules apply depending on whether the child and/or parent are in custody:

1) If the child and minor parent are both in custody:
   - A Title IV-E eligibility determination must be made individually for the minor parent and for the child even if they are placed together in out of home care, and separate foster care payments must be made for the minor parent and for the child, even if they are both residing in the same foster home.
   - If the minor parent and child were placed together in out of home care directly when custody was taken, then the child is considered to have been constructively removed from the minor parent. The AFDC eligibility determinations for the minor parent and for the child are based on different households:
     - ◊ If the minor parent did not live with another specified relative within six month of when the petition was filed, then the minor parent's eligibility is based on the household of her parents. Consequently, the child's income and resources are not counted for this eligibility determination.
     - ◊ If the child did not live with another specified relative within six month of when the petition was filed, then the child's eligibility is based on the minor parent's household, therefore the minor parent's and the child's income and resources are counted. If the child's AFDC eligibility is determined for a month when the child and the minor parent lived with the minor parent's parent(s), then the income of the minor parent's parent(s) must be deemed available to the minor parent and the child.
   - The same placement episode continues if the child and minor parent are placed in separate placements, therefore a new eligibility determination for the child is not required. Since the foster parent, not the minor parent, has care and responsibility of the child, the minor parent's presence in the foster home has no effect on the child's Title IV-E eligibility. From a Title IV-E perspective, the child's placement status is foster care placement, not trial home visit, and consequently the length of time that the child and minor parent are placed together has no effect on the child's eligibility.

2) If the minor parent and child are placed together in the same foster home, and the minor parent is in custody and Title IV-E eligible but the

child is not in custody,

- A Title IV-E eligibility determination is not made for the child but the child is eligible for Title IV-E Medicaid (but not Title IV-E administrative costs) based on the minor parent's Title IV-E eligibility. Federal Title IV-E reimbursement for the child's maintenance costs is provided only while the child is placed in foster care with the Title IV-E eligible minor parent.
- The maintenance cost for the child is covered by augmenting the minor parent's foster care payment with the maintenance cost for the child – separate payments for the minor parent and the child cannot be made.
- If the child is later taken into custody, an Application for Medicaid and Title IV-E Foster Care must be submitted and an eligibility determination must be made for the child.

h. Youth Re-Entering Custody:

1) A youth who is released to his or her own custody or, in some situations, released to the custody of a parent or guardian, may later re-enter custody based on AS 47.10.080(v).

2) A youth who re-enters custody is not eligible for IV-E Foster Care for the new placement episode.

i. Placements: A child's Title IV-E Foster Care eligibility might start and end several times during a period of potential eligibility, e.g. due to placement in an unlicensed home or other placement which is not Title IV-E claimable.

1) Title IV-E Claimable Placement: Title IV-E reimbursement for foster care maintenance costs may be claimed only for placement of a Title IV-E Foster Care eligible child whose placement and care in a foster home, with a parent residing in a licensed residential family-based treatment facility, or child care institution which meets the following requirements:

- A foster family home, which has been licensed or approved as meeting the State licensing standards. The term may include group homes, agency-operated boarding homes or other facilities licensed or approved for the purpose of providing foster care by the division. A foster home is Title IV-E claimable only when there is a current biennial or provisional license with nothing pending and no plan of correction and the foster parents meet the criminal background requirements described in section 3.5.5.A Background Checks for Placement Resources.
- A child who is eligible for foster care maintenance payments, or who would be eligible for the payments if the eligibility were determined without regard to AFDC eligibility requirements, shall be eligible for the payment for a period of 12 months during which the child is placed with a parent who is in a licensed residential family-based treatment facility for substance abuse, but only if the recommendation for placement is in the child's case plan, the treatment facility provides substance abuse, parenting skills training, parent education, and individualized family counseling that are

provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to all types of trauma and in accordance with recognized principles of trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing.

- A private child care institution, or a public child care institution which accommodates no more than 25 children, and is licensed by the State in which it is situated or has been approved by the agency of such State licensing authority as meeting the standards established for such licensing. A childcare institution is Title IV-E claimable only when certain safety requirements have been met, including the administrator meeting the criminal background requirement.

2) Non-Title IV-E Claimable Placements include placements in hospitals, psychiatric treatment facilities, detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent.

j. Supplemental Security Income (SSI) and Title IV-E:

1) Receipt of SSI while in OCS custody: An SSI eligible child may receive Title IV-E Foster Care payments concurrent with the SSI payments. However, in that situation the child's SSI payment is reduced dollar for dollar by the amount of the Title IV-E Foster Care payment. As a result, because the Alaska cost of care is so high, concurrent receipt of SSI and Title IV-E Foster Care is not possible for children in Alaska foster care. OCS policy is to keep the SSI payments and not claim Title IV-E Foster Care.

2) Receipt of SSI at the time of the removal from home: The rule about concurrent eligibility for SSI and Title IV-E Foster Care applies both in situations where a Title IV-E eligible child becomes eligible for SSI while in OCS custody and where the child is receiving SSI at the time of removal. If a child is receiving SSI at the time of removal and all the other IV-E eligibility requirements are met, and the determination is made that the removal home meets the AFDC eligibility requirements, then the child is potentially eligible for Title IV-E Foster Care. The child would not be fully Title IV-E eligible until the SSI payments end.

k. Redeterminations of Eligibility: Review of eligibility for Title IV-E Foster Care is required at least every twelve months.

3. Title IV-E Adoption Assistance: Federal reimbursement for adoption assistance is made for eligible children.

a. The federal adoption subsidy benefits may include:

1) A monthly payment to the adoptive parents on either a short or long-term basis, to assist the adoptive family with meeting the special needs costs for the child;

2) Medicaid coverage for the adoptive child; and

3) Reimbursement for non-recurring costs for the finalization of the adoption.

b. In order for a child to qualify for a federal adoption subsidy, the child must:

1) have a determination of special needs; and

2) have a determination of eligibility for Title IV-E adoption subsidy.

c. Both for the determination of special needs and for the eligibility determination, the requirements differ depending on whether or not the child is an "applicable child." The term "applicable child" means:

1) A child for whom an adoption assistance agreement is entered into during any federal fiscal year described below if the child attained the applicable age for that fiscal year before the end of that fiscal year. The applicable age for a fiscal year is as follows:

In the case of fiscal year:	**The applicable age is:**
2010 (10/1/09 – 9/30/10)	16
2011 (10/1/10 – 9/30/11)	14
2012 (10/1/11 – 9/30/12)	12
2013 (10/1/12 – 9/30/13)	10
2014 (10/1/13 – 9/30/14)	8
2015 (10/1/14 – 9/30/15)	6
2016 (10/1/15 – 9/30/16)	4
2017 (10/1/16 – 9/30/23)	2
2024 (10/1/23 -9/30/24)	2 (or in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)
2025 (10/1/24 or later)	Any age

Or

2) Beginning 1/1/2018 a child who
- has been in foster care under the responsibility of the State for at least 60 consecutive months; and
- meets the eligibility requirements for an applicable child outlined in (e) below; or

3) Beginning 10/1/09 a child of any age who
- is a sibling of a child who is an applicable child for the fiscal year; and
- is to be placed in the same adoption placement as an applicable child for the fiscal year who is their sibling; and
- meets the eligibility requirements for an applicable child outlined in (e) below.

d. Special Needs Determination: The following three criteria must be met for a child to be determined as a special needs child eligible for an adoption subsidy (federal or state), or for reimbursement of non-recurring adoption expenses:

1) A reasonable, but unsuccessful, effort has been made to place the child without providing a subsidy except where it would be against the best interest of the child due to such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of such parents as a foster child. By OCS policy, documentation of these efforts includes, but is not limited to:
   - A relative search;
   - Child-specific recruitment efforts;
   - If the child is Alaska Native, Tribal searches for possible adoptive/guardianship parents;
   - Listing the child on adoption exchanges (Alaska Adoption Exchange, Northwest Adoption Exchange and AdoptUsKids); and

2) The State has determined that a specific factor or condition exists with respect to the child because of which it is reasonable to conclude that the child cannot be placed for adoption without adoption assistance. Factors and conditions may include:
   - Ethnic background;
   - Age;
   - Membership in a minority or sibling group;
   - The presence of factors such as medical conditions or physical, mental, or emotional handicaps; or
   - High risk of such factors e.g. due to alcohol or cocaine being present when the child was born or mental illness of the child's parent(s); or

   For an applicable child, this requirement is also met if the child meets all medical or disability requirements for Supplemental Security Income (SSI). An "applicable child" does not have to meet the needs-based requirements for SSI; and

3) The State has determined that the child cannot or should not be returned to the home of her or his parents, which, in Alaska is determined by a court order.

e. Eligibility Requirements for an Applicable Child: An applicable child is eligible for a Title IV-E adoption subsidy if the division has determined that the child is a special needs child, as defined above, and the child is either a United States citizen or a qualified alien, and one of the following situations applies:

1) Meets All Medical or Disability Requirements for SSI Benefits:
   - The child meets the requirements at the time the adoption proceedings are initiated; and
   - prior to the finalization of the adoption, the State has determined that the child is a child with special needs; or

2) Removed under a Voluntary Placement Agreement:
   - at the time of initiation of adoption proceedings child was in the care of a public or licensed private child placement agency or Indian Tribal organization pursuant to a voluntary placement agreement; and
   - prior to the finalization of the adoption, the State has determined that the child is a child with special needs; or

3) Removed Based on Court Order:
   - at the time of initiation of adoption proceedings child was in the care of a public or licensed private child placement agency or Indian Tribal organization pursuant to an involuntary removal of the child from the home in accordance with a judicial determination to the effect that continuation in the home would be contrary to the welfare of the child; and
   - prior to the finalization of the adoption, the State has determined that the child is a child with special needs; or

4) Eligible as a Child of a Minor Parent: Child was residing in a foster family home or child care institution with the child's minor parent, and the child's minor parent was in such foster family home or child care institution pursuant to:
   - an involuntary removal of the child from the home in accordance with a judicial determination to the effect that continuation in the home would be contrary to the welfare of the child; or
   - a voluntary placement agreement or voluntary relinquishment.

     NOTE: If the child and minor parent have been separated in foster care prior to the time that the adoption petition is filed, the child's eligibility for Title IV-E adoption assistance must be determined based on the child's current and individual circumstances; or

5) Eligible Due to Prior Eligibility for a Title IV-E Adoption Subsidy:
   - The child is adopted and receives Title IV-E adoption assistance, but the adoption later dissolves or the adoptive parents die, and
   - Prior to signing the subsidy agreement for the subsequent adoption, the State determines that the child is a child with special needs.

f. Eligibility Requirements for a Child who is Not an Applicable Child: A child who is not an applicable child is eligible for a Title IV-E adoption subsidy if the division has determined that the child is a special needs child, as defined above, and the child is either a United States citizen or a qualified alien, and one of the following situations applies:

1) Eligible for Supplemental Security Income (SSI) Benefits:
   - The child is eligible for SSI at the time the adoption proceedings are initiated; and
   - Prior to the finalization of the adoption, the State has determined that the child is a child with special needs; or

2) Removed under a Voluntary Placement Agreement:
   - The child was removed from the home of a parent or other specified relative (i.e. a relative by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child) who is the child's legal guardian pursuant to a voluntary placement agreement; and
   - The child lived with the specified relative from whom removed within six months of the most recent removal from home; and
   - At least one Title IV-E foster care payment was made for the child; and
   - The child would have been eligible for AFDC (according to the AFDC rules in effect 7/16/96) in the home of the specified relative at the time of the removal; and
   - Prior to the finalization of the adoption, the State has determined that the child is a child with special needs; or

3) Relinquished to OCS:
   - The child has been placed with the State agency or another public agency (including Tribes) with whom the State has a Title IV-E agreement via a voluntary relinquishment; and
   - The child was not already in division custody at the time of the relinquishment; and
   - The child lived with the parent or other specified relative (i.e. a relative by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child) within six months of the most recent removal from home; and
   - The State petitions the court within six months of the child living with the specified relative and obtains a judicial determination to the effect that remaining in the home would be contrary to the child's welfare. (Note: If the court merely sanctions the voluntary relinquishment without making a determination that it is contrary to the child's welfare to remain in the home, the child is not eligible for Title IV-E adoption assistance); and
   - The child would have been eligible for AFDC (according to the AFDC rules in effect 7/16/96) in the home of the specified relative at the time of the petition for a judicial determination; and
   - Prior to the finalization of the adoption, the State has determined that the child is a child with special needs; or

4) Removed Based on Court Order:
   - The child was removed from the home of a parent or other specified relative (i.e. a relative by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child) who is the child's legal guardian pursuant to a judicial determination that it was contrary to the child's welfare to remain in the home (reasonable efforts findings are not included in the eligibility requirements for a Title IV-E adoption subsidy) (Note: for children who were removed from home prior to 1/23/01 the judicial determination of contrary to the welfare must be made within six months of the removal from home; and for children removed from home on or after 1/23/01 the judicial determination must be made in the first court ruling that

sanctions (even temporarily) the removal of a child from the home. If, for children removed on or after 1/23/01, the determination is not made in the first court ruling pertaining to removal from the home, the child is not eligible for Title IV-E adoption assistance); and
- The child lived with the specified relative within six months of the most recent removal from home; and
- The child would have been eligible for AFDC (according to the AFDC rules in effect 7/16/96) in the home of the specified relative in the month that court proceedings were initiated which led to the removal; and
- Prior to the finalization of the adoption, the State has determined that the child is a child with special needs; or

5) Eligible as a Child of a Minor Parent:
- The child's parent is in foster care and receiving Title IV-E foster care maintenance payments that cover both the minor parent and the child at the time the adoption petition is filed; and
- Prior to the finalization of the adoption, the child of the minor parent is determined by the State to meet the definition of a child with special needs. (Note: If the child and minor parent had been separated in foster care prior to the time that the adoption petition is filed, the child's eligibility for Title IV-E adoption assistance must be determined based on the child's current and individual circumstances); or

6) Eligible Due to Prior Eligibility for a Title IV-E Adoption Subsidy:
- The child is adopted and receives Title IV-E adoption assistance, but the adoption later dissolves or the adoptive parents die, and
- Prior to signing the subsidy agreement for the subsequent adoption, the State determines that the child is a child with special needs.

g. In determining eligibility for a Title IV-E adoption subsidy for a child in a Title IV-E subsidy guardianship placement, the placement with the relative guardian and any guardianship subsidy payments made on behalf of the child shall be considered never to have been made.

h. International Adoptions:

1) Applicable Child:
- No Title IV-E adoption assistance payments or reimbursements for non-recurring adoption expenses may be made for an applicable child who met the definition of a special needs child and is not a citizen or resident of the United States and was adopted outside of the United States or was brought into the United States for the purpose of being adopted.
- However, if the initial adoption fails and the child is placed in foster care, Title IV-E adoption assistance payments or reimbursements for non-recurring adoption expenses may be made for a subsequent adoption.

2) Not Applicable Child:
   - While a child who is not an applicable child and is adopted through an inter-country adoption is not categorically excluded from the Title IV-E adoption assistance program, it is highly improbable that the child would meet the eligibility requirements for Title IV-E adoption assistance.
   - A child who is not an applicable child and is adopted from abroad and meets the definition of a special needs child is eligible for reimbursement for non-recurring adoption expenses.

i. A child's eligibility for an adoption subsidy continues until the subsidy agreement is terminated when the child turns 18. Under certain circumstances the agreement may be terminated at an earlier date (see section 6.2.2.6 Subsidies). Annual reviews of eligibility are not required.

4. Title IV-E Guardianship Assistance: Federal reimbursement for guardianship assistance is made for eligible children.

a. The federal guardianship subsidy benefits include:

1) A monthly payment to the guardian on either a short or long-term basis, to assist the guardian with meeting the special needs costs for the child;

2) Medicaid coverage for the child; and

3) Reimbursement for non-recurring costs for the finalization of the guardianship.

b. In order for a child to qualify for a federal guardianship subsidy, the child must meet the following requirements:

1) The child has been removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home would be contrary to the welfare of the child; and

2) The child was eligible for Title IV-E foster care maintenance payments while residing for at least six consecutive months in the home of the prospective relative guardian; and

3) Being returned home or adopted are not appropriate permanency options for the child; and

4) The child demonstrates a strong attachment to the prospective relative guardian and the relative guardian has a strong commitment to caring permanently for the child; and

5) With respect to a child who has attained 14 years of age, the child has been consulted regarding the kinship guardianship arrangement; **or**

6) The child is a sibling of a child who meets the requirements under b.1) – 5)

and is placed with the same guardian; **or**

7) The child was receiving federal guardianship assistance, but the guardian dies or is no longer able to remain the guardian due to incapacity and a successor guardian named in the guardianship assistance agreement, or in an amendment to the agreement, becomes the child's legal guardian.

c. In addition, the prospective relative guardian must meet the following requirements:

1) The guardian is related to a child by blood, marriage, fictive kin, or Tribal custom; for purposes of this paragraph, "fictive kin" means an individual who is unrelated by birth or marriage, but has an emotionally significant relationship with a child that has the characteristics of a family relationship;

2) The guardian has a strong commitment to caring permanently for the child;

2) The guardian has an approved home study that includes fingerprint-based criminal records checks and CPS checks on the guardian and other adults living in the guardian's home; and

4) The guardian was fully licensed for at least six consecutive months while the child was placed in the guardian's home.

5. Eligibility for Medicaid:

a. Children in Custody: Most children who are in OCS custody and in out-of-home placement are eligible for Medicaid. A child who is eligible for Title IV-E Foster Care is automatically eligible for Medicaid, but there are also other Medicaid categories under which children in custody may be eligible for medical services. Children who are placed in a youth facility are not eligible for Medicaid during that placement.

b. Independent Living:

1) Youth Leaving Custody:
- Most youth who were in foster care, but who are now living independently or transitioning into independent living, can maintain their eligibility for Medicaid at least until they reach their 21st birthday.
- A youth who remains in custody after age 18 and meets the requirements under (b)(3) below may remain eligible for Medicaid until age 26, even after leaving custody.

2) Youth Re-Entering Custody:
- A youth who re-enters custody may be eligible for Medicaid.
- A youth who meets the requirements under (b)(3) below may remain eligible for Medicaid until age 26, even after leaving custody.

3) Former Foster Care Children: A youth who meets the following requirements may be eligible for Medicaid until age 26:

- Be at least age 18 and under the age of 26; and
- Have been in state or Tribal foster care in Alaska and enrolled in Medicaid upon reaching age 18 or any higher age at which the state or Tribe's foster care ended.

c. Children with Adoption Subsidies: Children with Title IV-E subsidy or State adoption subsidy with Medicaid benefits agreements are eligible for Medicaid based on their eligibility for a subsidy.

d. Children with Title IV-E Guardianship Subsidies: Children with Title IV-E guardianship subsidy agreements are eligible for Medicaid based on their eligibility for a Title IV-E subsidy.

6. Criminal Record Check Requirements for Foster Parents, Adoptive Parents, Guardians, and Adults Living in the Foster/Adoptive/Guardian Home:

a. Fingerprint-based criminal records checks must be completed for prospective foster parents, adoptive parents, relative guardians, and adults living in the guardian's home.

b. If a child is placed in a foster, adoptive, or guardian home where a criminal background check reveals that the foster parents, adoptive parents, guardian, or adults living in the guardian's home have been convicted of any of the crimes listed below, the child does not meet the Title IV-E placement requirements and therefore is not eligible for Title IV-E Foster Care or Title IV-E subsidy payments when placed in that home. The prohibited crimes are:

1) A felony conviction at any time for:
- child abuse or neglect;
- spousal abuse;
- a crime against children (including child pornography);
- a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery; or

2) A felony conviction within the past five years, for physical assault, battery, or a drug-related offense.

B. State Law:

1. OCS is authorized to receive federal funding for out-of-home placements of children in custody.

2. A subsidy may be provided to families who would not be able to offer an adoptive home to a hard-to-place/special needs child without continuing financial and/or medical assistance.

POLICY:

A. Federal funding for foster care, adoption assistance, and guardianship assistance is OCS'

largest source of direct support for our clients. Medicaid eligibility is important in order to meet children's medical needs.

B. For each child in custody who is placed out-of-home, a determination is made about whether the child meets the Title IV-E Foster Care and Medicaid eligibility requirements.

C. For each child who has a permanency plan of adoption and meets the definition of special needs, if it is determined that the child needs an adoption subsidy, a determination is made whether the child meets the Title IV-E Adoption Assistance eligibility requirements.

D. For each child who has a permanency plan of guardianship, if it is determined that the child needs a guardianship subsidy, a determination is made whether the child meets the Title IV-E Guardianship Assistance eligibility requirements.

E. The OCS Regional Eligibility Technicians are responsible for making determinations regarding eligibility for Title IV-E Foster Care and Medicaid for children in OCS custody, and OCS Protective Services (PS) Specialists are responsible for providing the Eligibility Technicians with the information and documentation that is needed for making eligibility determinations.

F. The Eligibility Technicians in the OCS State Office Quality Assurance Team are responsible for making determinations regarding eligibility for Title IV-E Adoption Assistance and Title IV-E Guardianship Assistance.

G. For detailed information about Title IV-E eligibility and the eligibility determination process, see the Alaska Title IV-E Manual.

PROCEDURES:

A. Application for Title IV-E Foster Care and Medicaid:

1. Child in Custody under Age 18 or Remaining in Custody after Turning 18:

a. When a child is removed from home, the child's PS Specialist is responsible for:

1) Updating ORCA with basic person information of the child, placement, and legal information; and

2) Securing a copy of the first court order that addresses the removal and assuring that the required Title IV-E eligibility language is included in the order; and

3) Assuring that the time lines are met for the judicial determinations that are required for initial Title IV-E Foster Care eligibility:

- For court ordered removals: it is contrary to the welfare of the child to remain in the home (required in the first court ruling that addresses the removal), and reasonable efforts have been made to prevent or

eliminate the need for removing the child from home (required within 60 days of when the child was removed from home); and

- For removals based on voluntary placement agreement: it is in the child's best interest to be placed out-of-home (required within 180 days of the placement); and

4) Making sure that a Parent's Self-Declaration of Income and Resources form (06-9794) is completed for the parent(s) who resided in the removal home in the month the petition was filed or a voluntary placement agreement was signed and submitting the form to the Regional Eligibility Technician, and

5) Completing the Eligibility Basic Tab in ORCA; and

6) Completing a Title IV-E/Medicaid application on line in ORCA, and referring it correctly in ORCA within 15 days of the child's placement out-of-home (if the child is on a trial home visit, the PS Specialist may have to complete the Title IV-E/Medicaid application (06-3679) outside of ORCA and submit it to the Eligibility Technician; and

7) Submitting the petition/motion and removal court order to the Regional Eligibility Technician.

b. Upon receipt of an application, the OCS Eligibility Technician:

1) Enters information from the Parent's Self-Declaration of Income and Resources form (06-9794) into ORCA;

2) Reviews the application, information in ORCA, and supporting documentation;

3) Determines whether the child is eligible for Title IV-E Foster Care and/or Medicaid;

4) Documents the Title IV-E determination in ORCA and the Medicaid determination in EIS (the Division of Public Assistance Eligibility Information System); and

5) Notifies the child's PS Specialist of the eligibility determination.

c. If additional information from the PS Specialist is needed to make an eligibility determination, the OCS Eligibility Technician requests additional information from the PS Specialist, using e-mail for Title IV-E and an EIS notice for Medicaid. The PS Specialist must provide the requested information within ten days of the request. If the PS Specialist does not respond to the request, the Eligibility Technician sends an additional request, by e-mail, to the PS Specialist with a copy to the PS Specialist IV.

d. The Eligibility Technician is required to make an eligibility decision on all Medicaid applications within 30 days of receipt.

1) If all the needed information to make a Medicaid eligibility determination is not available within that 30-day period, the Eligibility Technician makes an eligibility determination without the missing information. Most children in OCS custody and placement are eligible for some type of Medicaid coverage category, and if information required for making a determination of Title IV-E eligibility is not available, the Eligibility Technician will open other Medicaid coverage if the child is eligible.

2) If the missing information was needed to determine Title IV-E eligibility, the Title IV-E case will remain pending until the information is received.

2. Youth Re-Entering Custody:

a. When a youth has re-entered custody, the child's PS Specialist will ask the Eligibility Technician whether the youth currently is receiving Medicaid.

b. The Eligibility Technician will look up the youth in the Medicaid database to determine whether the youth currently is receiving Medicaid, and will inform the worker about the next steps:

1) If the youth is currently receiving Medicaid, a new application is not needed.
- The Eligibility Technician will request that the PS Specialist provide the Eligibility Technician with a copy of the resumption court order. If the youth's Medicaid certification period is ending and a Medicaid Review is due, the Eligibility Technician will request that the PS Specialist complete a Medicaid review form in ORCA.
- The Eligibility Technician will coordinate with Division of Public Assistance by following the procedures in the Title IV-E Manual.

2) If the youth is not currently receiving Medicaid, an IV-E/Medicaid application and a Self-Declaration of Income and Resources for Youth Who Voluntarily Re-Entered Custody (06-9675) must be completed.
- The Eligibility Technician will request that the PS Specialist:
  - ◊ ensures that the Self-Declaration form is completed by the youth; and
  - ◊ completes a Title IV-E /Medicaid application in ORCA and refers it; and
  - ◊ provides the Eligibility Technician with the completed Self-Declaration form and a copy of the custody resumption court order.
- Upon receipt of the documents, the Eligibility Technician will determine the youth's Medicaid eligibility.

B. During a child's placement in out-of-home care the child's PS Specialist is responsible for:

1. Ensuring that the information in ORCA is current and reflect changes which may effect a child's Title IV-E Foster Care or Medicaid eligibility, including change in custody

status, change of venue, change in placement, trial home visit, runaway status, and return home; and

2. Submitting copies of all petitions, motions, and court orders pertaining to the child to the Eligibility Technician; and
3. Completing a Medicaid review form in ORCA every twelve months for each child who is in OCS custody and placed out-of-home (including children in runaway status) or placed at home for a trial home visit, and submitting supporting documentation to the Eligibility Technician; and
4. Assuring that judicial determinations that reasonable efforts have been made to implement the permanency plan are made annually for each child who was removed based on a court order (this judicial determination is not required for placements that began with a voluntary placement agreement), and submitting the court order to the Eligibility Technician as soon as it is received; and
5. Ensuring that when a child is transferred to a new placement, the child's Medicaid ID card is collected and provided to the new caregiver; and
6. If a child's Medicaid ID card is lost or stolen, contact the OCS Eligibility Technician for assistance with obtaining a new card for the child.

C. When a child who has been placed at home (not on a trial home visit) re-enters out-of-home care, or a trial home visit has exceeded the time limits, or custody has been released or expired during a trial home visit, the child's PS Specialist is responsible for:

1. securing a new court order that addresses the new removal and includes the required judicial determinations; and
2. completing steps (A)(1)(a)(1) – (7) above.

D. <u>Reviews of Eligibility</u>:

1. <u>Review of Medicaid Eligibility</u>:

a. For children receiving Alaska Medicaid, Medicaid reviews are required every twelve months from the removal date. Eligibility for Medicaid is always determined prospectively.

b. The review date is based on when the review was due, not when it actually took place. Review dates are monitored automatically by DPA through the DPA Eligibility Information System (EIS). DPA does not adjust the review date for the subsequent twelve-month review period if the review is filed late.

c. When a Medicaid review is due, a review notice and a Review for Medicaid and/or Title IV-E Foster Care for a Child in DHSS Custody (GEN #06-3679A) are sent to the child's PS Specialist.

d. The PS Specialist completes the Review for Medicaid in ORCA and sends it to the Eligibility Technician (if the child is on a trial home visit, the PS Specialist may have to complete the Title IV-E/Medicaid application (06-3679) outside of ORCA and submit it to the Eligibility Technician).

e. The Eligibility Technician makes a determination about Medicaid eligibility and sends an EIS notice for the continued Medicaid review determination to the PS Specialist.

f. If additional information from the PS Specialist is needed to make an eligibility determination, the Eligibility Technician requests additional information from the PS Specialist on an EIS notice. The PS Specialist must provide the requested information within ten days of the request. If the PS Specialist does not respond to the request, the Eligibility Technician sends an additional request, by e-mail, to the PS Specialist with a copy to the PS Specialist's supervisor.

g. Medicaid coverage may be discontinued if the review is not timely.

h. Annual Certification of Medicaid for Children Receiving Title IV-E Adoption Subsidies, State Adoption Subsidies with Medicaid Benefits, or Title IV-E Guardianship Subsidies:

1) Children with Title IV-E adoption subsidy, state adoption subsidy with Medicaid benefits, or Title IV-E guardianship subsidy agreements are eligible for Medicaid as long as the subsidy agreement is in effect.

2) State Office Resource Family Section staff notifies the Eligibility Technicians annually which agreements are still in effect and the Eligibility Technicians certify Medicaid for the next year for all children with open agreements.

2. Review of Title IV-E Foster Care Eligibility:

a. Review of eligibility for Title IV-E Foster Care is required at least every twelve months.

b. OCS Eligibility Technicians receive notification in ORCA when information is entered in ORCA that may affect a child's Title IV-E eligibility, and the Eligibility Technician completes a redetermination of eligibility at that time, when applicable. If no changes that effect eligibility occurs in a year, the Eligibility Technician completes a redetermination within twelve months of the previous redetermination.

E. Child Released from Custody:

1. When a child/youth is released from OCS custody, the PS Specialist will notify the OCS Eligiblity Technician so the Eligibility Technician can coordinate with the Division of Public Assistance (DPA) to ensure that Medicaid eligible children continue to receive Medicaid benefits.

2. The PS Specialist will ensure that the child's Medicaid ID card is obtained from the child's out-of-home caregiver and provided to the child's parent/guardian or to the youth for a youth who is released to their own custody.

F. ICPC Procedures:

1. Alaska Child Placed Out-of-State: When a child in OCS custody is placed in out-of-state foster care, either when the foster parents or unlicensed relatives caring for the

child moves out-of-state and the child remains in their care, or when the child moves out-of-state to a new placement without the foster parents, the following procedures are followed which are intended to prevent interruption or delay of Medicaid services to the child.

a. When the placement takes place and the child's PS Specialist updates the child's placement in ORCA, the Eligibility Technician is notified through ORCA.

b. Upon notification that the child has been placed in the other state, the ICPC Deputy Compact Administrator in OCS State Office will:

1) Ask the ICPC office in the receiving state for the following information:
   - What is the process for applying for Medicaid?
   - Who applies for Medicaid for the child – the state agency or, for unlicensed relative caregivers, the relative?
   - Who is the Medicaid contact person in the receiving state?; and

2) Take the following action, based on the information provided by the receiving state:
   - If the state agency in the receiving state is responsible for applying for Medicaid, the OCS ICPC Deputy Compact Administrator will notify the OCS Eligibility Technician and provide the Eligibility Technician with the Medicaid contact information for the other state, and the Eligibility Technician will coordinate Medicaid opening and closure with the other state.
   - If the relative caregiver is responsible for applying for Medicaid, the OCS ICPC Deputy Compact Administrator will notify the assigned OCS PS Specialist by e-mail, with a copy to the OCS Eligibility Technician, and clarify that the PS Specialist needs to contact the relative and make sure that the relative applies for Medicaid for the child. The Eligibility Technician will check with the PS Specialist about the status of the Medicaid application to ensure that the Eligibility Technician closes the Alaska Medicaid case at the right time.

c. Information about the child's Title IV-E eligibility status is included in the ICPC referral that is sent to the receiving state.

d. <u>Reporting Changes</u>:

1) <u>All Children in Out-of-State Placement</u>: When one of the following changes occurs for a child in OCS custody who has been placed out-of-state, the PS Specialist updates ORCA, and for most of the changes the Eligibility Technician is notified of the change through ORCA. Changes that the Eligibility Technician needs to be notified of include changes in the child's:
   - Placement (e.g. changes from one placement type to another, return home, or visit to the removal home);
   - Income;

- Resources; or
- Custody (including when a child is emancipated or ages out of foster care).

2) Title IV-E Foster Care Eligible Child: For a Title IV-E Foster Care eligible child, Title IV-E reviews continue to be required during the out-of-state placement. Except in situations where the child continues to receive Alaska Medicaid, the child receives Medicaid from the other state, and Alaska Medicaid is, therefore, closed. If the child is receiving Medicaid from the other state and later returns to Alaska, the Eligibility Technician will be notified of the change at the time of the child's return to Alaska and be alerted that Alaska Medicaid needs to be reopened.

2. Child from Another State Placed in Alaska: When a Title IV-E Foster Care eligible child in the custody of another state is placed in Alaska, the following procedures apply:

a. Placement with Specified Relative:

1) If the child is placed with a specified relative and the relative is licensed for foster care and is receiving foster care payments from the other state, the Alaska PS Specialist who is providing supervision applies for Medicaid for the child.

2) The relative could choose to apply for benefits through the Alaska Temporary Assistance Program (ATAP) instead of receiving foster care payments. If the child is in the custody of a state that does not pay relatives for providing foster care, the foster parent has no other option than ATAP for getting financial assistance for caring for the child. The relative would be responsible for applying for ATAP and Medicaid for the child. The child would obviously not be Title IV-E eligible while in that placement, since the requirement of being placed in licensed foster care would not be met.

b. Placement with Non-Specified Unlicensed Relative: If the sending state's laws allow placement of a child with a non-specified relative who is not licensed for foster care, the child may receive Medicaid in Alaska. The relative must apply for Medicaid on behalf of the child. If the relative is unable to apply, the PS Specialist may apply on behalf of the child.

c. Placement in Licensed, Non-Relative Foster Care: If the child is placed in licensed, non-relative foster care, the child receives Title IV-E Medicaid in Alaska. The Alaska PS Specialist who is supervising the placement is responsible for applying for Medicaid for the child.

d. In no case is Alaska Medicaid opened for children from other states until a completed Medicaid application has been received by the OCS Eligibility Technician.

e. When the child is placed in licensed foster care, and the Alaska PS Specialist who is supervising the placement applies for Medicaid for the child, a Title IV-

E eligibility certification must be provided by the state that has custody of the child. If the state which has custody of the child has not sent a Title IV-E certification, the Eligibility Technician asks the OCS PS Specialist who is providing supervision of the placement to request a certification from the local worker in the other state. If a certification from the other state has not been received at the time that a Medicaid eligibility review is due, the OCS PS Specialist should send the review form to the worker in the other state to alert them to the need for a Title IV-E certification, and send a copy to the ICPC Deputy Administrator in OCS State Office.

f. Reporting Changes: For a Title IV-E Foster Care eligible child who is placed in Alaska by another state and receiving Medicaid from Alaska, the Alaska PS Specialist notifies the Eligibility Technician of changes in the child's placement or custody within ten days of the change with a copy to the ICPC Deputy Administrator in OCS State Office.

G Voluntary Placements:

1. If a placement begins with a voluntary placement agreement, federal rules treat it as a voluntary placement (VP) case during the whole placement episode even after the required court order is issued.

2. For voluntary placement cases, a judicial determination that continued placement is in the best interest of the child must be made within 180 days of the beginning of the placement. Please note, however, that OCS policy discourages lengthy voluntary placements and Alaska statutes limits voluntary placements to a period up to six months. If a judicial determination of best interest is not made within 180 days, the child becomes ineligible for Title IV-E Foster Care on the 181st day and is ineligible for the remainder of the placement episode.

3. The routing, review schedule and procedures for VP cases are the same as for non-VP cases.

4. At the initial eligibility determination for these cases the Eligibility Technician treats the case as any Title IV-E Foster Care case, with the exception of certifying that court language is present.

5. The Eligibility Technician monitors the case for appropriate court action within 180 days. If there is no court action within 180 days, the child's Title IV-E eligibility ends.

6. For VP cases, the Title IV-E eligibility rules do not require annual judicial determinations that reasonable efforts have been made to implement the permanency plan.

H. For detailed information about Title IV-E eligibility and the eligibility determination process, see the Alaska Title IV-E Manual.

I. Title IV-E Adoption Assistance and Guardianship Assistance: The procedures for adoption and guardianship subsidies are addressed in section 6.2.2.6 Subsidies.

J. Medicaid Benefits for Children Eligible for a Title IV-E Adoption or Guardianship Subsidy or a

State Adoption Subsidy with Medicaid Benefits:

1. Initiation of Benefits:

   a. When the adopted or guardianship child remains in Alaska and the child has been determined eligible for a Title IV-E adoption or guardianship subsidy or a state adoption subsidy with Medicaid benefits, the OCS Eligibility Technician is notified by the State Office Resource Family Section staff that subsidy payments have started.

   The OCS Eligibility Technician will process the adoption or guardianship Medicaid service request, and initiate the child's Medicaid benefits to the adoptive or guardian family.

   b. When an adopted or guardianship child from Alaska resides in another state at the time of the adoption or guardianship finalization, the OCS Resource Family Section staff will initiate Medicaid coverage for the child in the other state through the Interstate Compact on Adoption and Medical Assistance (ICAMA).

   c. The OCS will follow the procedures established by the Interstate Compact on Adoption and Medical Assistance (ICAMA) to facilitate the interstate coordination of Medicaid benefits. Those procedures are:

      1) For adoption or guardianship subsidies, where the child also receives Medicaid, the state where the child resides is responsible for providing Medicaid services to the child. When an adoptive or guardianship child receiving an adoption or guardianship subsidy moves from Alaska to another state, the adoptive parents/guardian should notify the State Office Resource Family Section. After having received notification, the Resource Family Section staff sends information about the move to the new state of residence, which issues Medicaid coupons for the child. The adoptive parents/guardian does not need to do anything other than notifying the Resource Family Section of the family's planned move.

      2) When an adoptive or guardianship child receiving an adoption or guardianship subsidy from another state moves to Alaska, the sending state notifies the State Office Resource Family Section staff, and the Resource Family Section staff notifies the OCS Eligibility Technician, using standardized ICAMA forms. The Eligibility Technician processes the Medicaid and issues Alaska Medicaid coupons.

      3) When an adoptive or guardianship child who is receiving a Title IV-E adoption or guardianship subsidy or a State with Medicaid adoption subsidy from Alaska has moved from Alaska to another state and subsequently returns to Alaska, State Office Resource Family Section staff notifies the OCS Eligibility Technician of the need to reopen Medicaid and provides the Eligibility Technician with the adoptive family's/guardian's new address, a copy of the current Title IV-E adoption subsidy agreement, and the most updated information on insurance coverage.

      4) If a child was receiving Medicaid under a Title IV-E adoption or guardianship subsidy but the Medicaid has lapsed due to:

- The adoptive parents/guardian previously requesting closure of Medicaid;
- Address changes from a family move, and the adoptive parents/guardian are requesting that Medicaid coverage for the child be reinstituted.

The State Office Resource Family Section staff will contact the OCS Eligibility Technician certifying that the child is receiving an adoption or guardianship subsidy and requesting that Medicaid be restored for the child.

5) If Medicaid was not applied for at the time that an adoption or guardianship subsidy agreement was signed, and the adoptive parents/guardian are requesting Medicaid coverage for the child, the adoptive parents/guardian complete an Alaska Medicaid application (GEN #50) or State Office Resource Family Section staff completes an Application for Medicaid and Title IV-E Foster Care for a Child in OCS Custody (06-3679), and submits it to the OCS Eligibility Technician with a copy of the Title IV-E subsidy agreement. The only information needed on the application (GEN # 50 or 06-3679) is the adoptive parents'/guardian's names and address, and information about insurance coverage for the child.

2. Annual Recertification of Medicaid: The assigned OCS Eligibility Technician certifies Medicaid annually for adoption or guardianship subsidy children receiving Alaska Medicaid based on notification from State Office Resource Family Section staff that a subsidy agreement is still in effect for the child.

DEFINITIONS:

Specified Relative: A specified relative is a person in one of the following groups:
- A person who is related to the child by full or half blood and who is within the fifth degree of kinship to the child;
- Stepfather, stepmother, stepbrother, or stepsister;
- Persons who legally adopt a child or his parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law;
- Spouses of any persons named above, even after the marriage is terminated by death or divorce.

Relative Guardian: A relative guardian or prospective relative guardian who is related to a child by blood, marriage, fictive kin, or Tribal custom; for purposes of this paragraph, "fictive kin" means an individual who is unrelated by birth or marriage, but has an emotionally significant relationship with a child that has the characteristics of a family relationship.

Date the child is considered to have entered foster care: The date of the adjudication hearing (= the first finding of child abuse or neglect). If there is no adjudication hearing (as could be the case if OCS already had custody of the child at the time of the removal) or if the adjudication hearing occurred more than 60 days after the removal, then the date the child is considered to have entered foster care is 60 days after the removal.

6.2.1.4 VERIFYING CITIZENSHIP OR IMMIGRATION STATUS

AUTHORITY: 42 U.S.C. 671(a)(27) Title IV-E – Federal Payments for Foster Care and Adoption Assistance

PURPOSE: To establish procedures for verifying citizenship or immigration status for children in custody, as required by federal law.

POLICY: OCS will verify the citizenship or immigration status of each child in the custody of the department. The information is needed to determine the child's eligibility for Title IV-E and Medicaid - the eligibility requirements for both Title IV-E and Medicaid include the requirement that the child is a U.S. citizen or meets the program's definition of "qualified alien".

a. Acceptable documentation of U.S. citizenship include:
   1. U.S. passport;
   2. Certificate of Naturalization;
   3. Certificate of U.S. Citizenship;
   4. U.S. birth certificate. However, additional verification is needed if a U.S birth certificate has been issued for a foreign-born child who has been adopted by a U.S. citizen if the birth certificate includes a statement that the birth certificate is not evidence of U.S. citizenship.

b. Acceptable documentation of immigration status include:
   1. Alien Registration Card ("green card") or other document issued by the U.S. Citizenship and Immigration Services (USCIS);
   2. Verification through the Automated Status Verification System (ASVS) operated by the U.S. Citizenship and Immigration Services.

PROCEDURE:

a. When a child who is a U.S. citizen is taken into custody and removed from home, the Protective Services (PS) Specialist documents the child's citizenship status on the Person Basic Tab in ORCA. The information is provided to the Eligibility Technician on the Application for Medicaid and Title IV-E Foster Care.

b. When a child who is not a U.S. citizen is taken into custody and removed from home, the PS Specialist obtains documentation about the child's immigration status and provides the information to the Eligibility Technician. If the PS Specialist is unable to obtain copies of USCIS documents, the PS Specialist will provide as much information as possible to the Eligibility Technician.

c. The Eligibility Technician is required to verify the immigration status of each non-U.S. citizen Medicaid applicant on the Automated Status Verification System (ASVS).

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6.2.2 OUTGOING FUNDS

6.2.2.1 THE PROVIDER PAYMENT SYSTEM

AUTHORITY:

AS 47.14.100	Powers and Duties of Department over Care of Child
7 AAC 53 Article 1	Child Foster Care Payments
7 AAC 53 Article 2	Subsidized Adoption and Subsidized Guardianship Payments
7 AAC 53 Article 3	Children in Custody or under Supervision: Needs and Income

PURPOSE: To accurately reimburse care providers and vendors for allowable goods and services associated with the care of children in the custody or under the supervision of the Office of Children's Services.

BACKGROUND INFORMATION:

State Law and Regulations:

A. Alaska statutes and regulations allow Office of Children's Services (OCS) to pay the cost of goods and services that are necessary to assure adequate care and successful outcomes of children while in custody or under the supervision of OCS.

B. Expenditures must be supported by case activity documented in ORCA, such as out-of-home placements, custody, case plans, case notes, etc.

C. Alaska statutes and regulations allow OCS to enter into subsidized adoption or guardianship agreements that provide financial assistance to families in order to facilitate permanent placement of a child who has been determined to be hard to place.

POLICY: The financial module of ORCA is used to make payments to providers and vendors and to document the cost of the care associated with the children and families served by the Office of Children's Services. There are four methods of payment through ORCA.

A. Ongoing Payments: Monthly payments for out-of-home placements, such as foster care, based on the placement dates of a child that have been verified as accurate by the Protective Services (PS) Specialist or the PS Specialist IV assigned to the case in ORCA.

B. Invoice Request: The invoice request is used to create payments for goods and services authorized through a Request for Funds and tie the associated payment to the child, case and services documented on the Request for Funds.

C. Payment Request: The payment request page is used to create one-time payments for a variety of purposes. Examples include audit exceptions, foster care payments cancelled in

error, non-recurring adoption expenses or to manually record payments processed through the state accounting system (AKSAS).

D. Episode Driven Payments: Pending payment for certain out-of-home placement types and services, such as out-of-state education payments.

E. There are two primary payment days in a month for Ongoing Payments:

1. Foster Care: Foster care is paid in a new month for services provided in the previous month and is considered a reimbursement for the costs associated with the care of a child.

2. Adoption/Guardianship Payments: Subsidy payments are pre-paid for the coming month and agreements require monthly payment to be released the first of the month. F. A monthly statement of all payments issued to each out-of-home care provider who received a foster care payment in any of the previous three months is automatically issued and sent following the second weekly payment cycle.

PROCEDURES:

A. Placement Verification for Foster Care Payment:

1. The PS Specialist, or their PS Specialist IV, must verify the accuracy of each placement from the previous month through the Placement Verification page in ORCA. Necessary corrections to a placement must be made before verifying a placement for payment. Detailed instructions regarding placement documentation and verification are available in the ORCA interactive training and How Do I Guide. For each placement the PS Specialist will ensure:

a. The correct provider is listed;

b. The provider's license is current and active;

c. The placement service type is correct;

d. The start date and end dates for services provided are correct; and

e. The custody end date is accurate and the child's legal status reflects the most current court actions documenting continued custody.

2. Placements updated and verified as accurate on or after the first day of the new month but by the close of business on the first Tuesday of the new month generate payments through an overnight financial batch process for issue on Friday. Placements not verified by the close of business on Tuesday delays reimbursement to the provider for an additional week.

3. Overpayments: Overpayments are automatically generated when a PS Specialist verifies an inaccurate placement, which generates an inaccurate payment to a provider, and then makes a correction to that placement. When a PS Specialist

determines an inaccurate placement has been verified and/or paid in error, they must immediately:

a. Ensure the placement is accurately documented in ORCA;

b. Notify the foster, adoptive or guardianship family of the incorrect payment; and

c. Notify the Provider Payments Unit (PPU) of the incorrect payment.

1) PPU will notify the provider in writing of the overpayment, details surrounding the overpayment, and the overpayment amount.

2) The provider will be provided the opportunity to:
- Have overpayment deducted from future payments;
- Repay the overpayment in installments;
- Request a first level review of the overpayment for validity as outlined in 7 AAC 54.500;
- Request an evidentiary hearing: The provider may appeal the OCS determination that an overpayment exists or that they are required to return a payment received in error, as outlined in 7 AAC 54.510.

B. Payment of Special Needs Expenditures:

1. Special Needs funding is designed to pay for pre-approved expenditures that are not covered by the foster care base rate or other resources and/or have been assessed on an as-needed basis. ORCA is used to request/receive approval for payment of ongoing direct costs, one time, or short-term costs through a Request for Funds. See Section 6.2.2.7 Requests for Special Needs Funds.

2. Payment for goods or a service received is completed by regional fiscal staff through an ORCA Invoice Request.

C. Weekly Certification of Payments:

1. All pending payments are reviewed and certified by Provider Payments Unit staff weekly. Additional review of special needs payments is completed by regional fiscal staff.

2. Prior to releasing for payment, each pending check is reviewed:

a. For accuracy:

1) Service dates of payment match placement dates in ORCA;

2) All or part of the payment is not a duplicate; and

b. To ensure it meets regulatory guidelines and OCS policy and procedures;

1) Provider licensure is current for the whole payment period;

2) Legal custody is current for the whole payment period;

3) Augmented rates have been approved by the Protective Services (PS) Manager II or PS Specialist IV and have not exceeded regulatory limits; and

4) Emergency placements do not exceed allowable time limits.

3. If a pending payment does not meet allowable payment criteria, Provider Payment Unit staff will either:

1) Reschedule the payment to allow The PS Specialist to make necessary updates to ORCA to support payment; or

2) Cancel the payment to prevent overpayments and payments outside regulatory guidelines or OCS policy.

4. Provider Payments Unit staff notifies the PS Specialist via e-mail of any payment that is rescheduled or cancelled and the appropriate action to take.

6.2.2.3 FOSTER CARE PAYMENT

AUTHORITY:

AS 47.14.100	Powers and Duties of Department over Care of Child
7 AAC 53 Article 1	Child Foster Care Payments
7 AAC 53 Article 3	Children in Custody or under Supervision: Needs and Income
42 U.S.C. 671(a)(12)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C. 675(4)(A)	Definition of Foster Care Maintenance Payments (Title IV-E)

PURPOSE: To reimburse a licensed foster family for the day-to-day costs of care associated with a child who is in the custody of the State of Alaska and who has been placed in foster care, which also includes fostering independence assistance.

BACKGROUND INFORMATION:

A. Federal Law and Regulations:

1. The IRS does not consider foster care payments as taxable income.

2. States are required to grant an opportunity for a fair hearing before the State agency to any individual whose claims for Title IV-E foster care maintenance payments is denied or is not acted upon with reasonable promptness.

B. State Law and Regulations:

1. Alaska statutes and regulations allow Office of Children's Services (OCS) to pay the costs of maintenance that are necessary to assure adequate care of children in OCS custody who have been placed out-of-home and of children who have been placed out-of-home based on a voluntary written agreement between the child's parent or legal guardian and OCS.

2. In order to be eligible for foster care payments the foster parent must be licensed to operate a foster home.

3. A foster parent who is not satisfied with OCS' decision to deny, suspend, reduce, or terminate a foster care payment may request a first-level review and/or an evidentiary hearing.

POLICY:

A. The Office of Children's Services will authorize foster care payments provided the child is in the custody of the State of Alaska and the placement and custody has been documented and verified each month as being accurate in ORCA by the Protective Services (PS)

Specialist or the PS Specialist IV. OCS will authorize foster care payment only in a licensed foster home. OCS will pay for the date of admission, but not for the date of departure.

B. Foster care payments are considered reimbursement for expenses incurred by foster parents caring for the child. Foster parents are not employees of OCS, nor are the payments considered a salary. The IRS does not consider foster care payments as taxable income. Foster parents who have questions should be referred to IRS Publication 17, their tax advisor, or to the nearest IRS office for more information. Payments that are made to stand-by foster homes under agreement (Agreement for Services Stand-By Emergency Shelter Child Foster Home 06-9381) to be on call for emergency placements are not reimbursement for care and are taxable; however, foster care payments for actual placements made to stand-by foster homes would be reimbursement and would not be taxable.

C. If a child is placed in a foster home and a parent of the child moves into the foster home, Alaska statutes and regulations require that the foster care payments be suspended while the child's biological parent is in the foster home, even if the parent's parental rights have been terminated.

D. It is the responsibility of the PS Specialist to ensure placement is accurately documented in ORCA prior to verifying for payment. Inaccurate verification of placement may create unnecessary overpayments. Recurring verification of inaccurate placements by a PS Specialist, thereby creating recurring overpayments, may lead to disciplinary action.

E. Assistance from the ORCA Help Desk is available for any questions about ORCA placement documentation.

F. The department may propose new base rates to the legislature each year. A change in the base rate becomes effective the state fiscal year following legislative approval. The base rate for care and supervision will be applied to an individual child foster care placement according to the following age ranges:

1. starting at birth and younger than six years of age;

2. at least six years of age and younger than 12 years of age;

3. at least 12 years of age and younger than 21 years of age.

PROCEDURE:

A. Foster Care Payments: When a child in OCS custody has been placed in a foster home the PS Specialist must document the child's placement(s) in ORCA. Payment is system generated based on the PS Specialist's monthly electronic verification process in ORCA that the child's placement(s) in the preceding month is accurate.

1. Emergency Foster Care:

a. Emergency foster care rates may be paid for placement in a licensed foster home or in a stand-by foster home. OCS will authorize emergency rates only during an emergency situation in which the PS Specialist gives less than 24 hours notice to

the foster home before placing a child in the home for care. In these circumstances, the foster home is paid "Emergency" rates of 125% of the standard base rate for up to the first 10 nights of placement in that home. If that same child is moved to a new foster home that has not been given 24 hours notice of the child's arrival, that foster home is also paid emergency rates for the first 10 nights of placement in that home.

b. A licensed foster home must be willing to have a child placed in their home with less than 24 hours notice. The PS Specialist will:
   - Verify the appropriate emergency service is active on the provider's license;
   - Document the emergency 0-10 day placement; and
   - Document the emergency placement ending effective on the 10th day after placement if the child remains in the same home.

2. Emergency Shelter Foster or Foster Group Home: The foster group home must be specialized as an emergency shelter home with a completed contract (Agreement for Services Emergency Shelter Availability Foster Home or Foster Group Home 06-9382). Emergency shelter care payments are augmented with $40 per day. Extension of the emergency shelter care rate after the first 10 days requires written approval by the Protective Services (PS) Manager II, and the emergency rate may not be extended past the 30th day of the placement. If a child is still in care at the end of the 30 days, the $40/day augmentation does not apply and regular foster care rates are paid to an emergency shelter home. The PS Specialist will:
   - Document the emergency 0-10 day placement; and
   - Document the emergency 0-10 day emergency group home augmentation service.

   a. For Emergency Shelter Foster Group Home needs beyond 10 days:
      - Obtain written approval from the PS Manager II to allow continued placement beyond 10 days. The request must include why the child remains in the home and the anticipated date the child will move to a more permanent placement. A copy must be on file in the Provider Payments Unit in State Office; and
      - End the emergency 0-10 day placement on day 10 and document the 11-30 day placement; and
      - End the emergency 0-10 day emergency home augmentation service and document the 11-30 day emergency home augmentation service.

   b. For Emergency Shelter Foster Group Home needs beyond 30 days:
      - End the emergency 11-30 day placement on day 30; and
      - End the emergency 11-30 day emergency home augmentation service on day 30; and
      - Document a regular foster care placement.

3. Stand-By Foster Home: The foster home must be specialized as an emergency shelter home with a completed contract (Agreement for Services Stand-By Emergency Shelter Foster Home 06-9381). Stand-by foster homes are paid a taxable stipend for being on call 24 hours a day. Keeping a child in a stand-by foster home for more than 30 days requires approval by the PS Manager II.

a. For stand-by days, the regional fiscal workers will:

1) Enter a Request for Funds in ORCA for Non Client Specific Standby Foster care; and

2) Enter and approve an Invoice Request to pay for the on call days.

b. For emergency placement, the PS Specialist will:

1) Document the emergency 0-10 day placement.; and

2) Document the placement ending the day before the child was moved to a new placement or no later than 10 days after placement if the child remains in the same home.

4. Standard Foster Care

a. For purposes of payment, the foster care base rate is paid in situations where a PS Specialist gives the foster home more than 24 hours notice before placing a child in the home. The foster care rate also reverts to the foster care base rate after the first 10 days of emergency shelter foster care have elapsed and the child remains in the same foster home.

b. Concurrent Foster Care: If a child is placed in more than one licensed foster home on a given day, both providers are due payment. Example: A child is placed in a foster home and four hours later the child is removed and placed in a new foster home. The PS Specialist will:

1) Document a Concurrent Placement service with the provider who provided care for a few hours. The placement start and end dates are the same day.

2) Document a foster care (or emergency foster care, as necessary) placement with the second provider.

5. Out-of-State Foster Care

a. Foster home care rates paid to foster parents residing in other states will be the standard foster care rate established by the city, county, and state in which the foster parents reside. (If difficulty of care augmented rates have been approved based on the completion of the augmented care worksheet in ORCA, see section 6.2.2.3.A for further information about rates and procedures). The foster family must be licensed or approved as a foster home in the state where they reside.

b. The PS Specialist will submit a copy of the foster care license and the foster care rate tables from the other state to the Provider Payments Unit in State Office.

1) Provider Payments Unit staff will:
- If necessary, enter the provider into ORCA;
- Enter the out-of-state license;

- Activate the out-of-state placement types; and
- Notify the PS Specialist of which out-of-state placement service type to use to document placement of the child.

2) The PS Specialist will document and verify placements to generate foster care payments.

c. Alaska providers who are moving out of state with a child in state custody.

1) OCS will pay the Alaska rate for up to 60 days after the date of departure from the Alaska residence if the provider is not yet licensed in the new state.

2) OCS will pay the Alaska rate an additional 60 days, for a cumulative total not to exceed 120 days, if the family is actively seeking licensure in the new state or the family is completing the adoption or guardianship process for the foster child in their care.

3) If the provider does not become licensed within the time frames described in 1) and 2) above, OCS will cease payments after the applicable number of days until the provider becomes licensed.

4) The count for allowable payment days after departure begins the day the family vacates the licensed premises or the date the child relocates to the new state, whichever comes first.

d. Foster parents approved to vacation outside Alaska with a foster child will continue to receive Alaska rates for up to 30 days. Vacations expected to last longer than 30 days require written approval by the PS Manager II (the approval process is outlined in section 6.5.10 Trips for a Child in Custody). Vacation is a temporary departure, and the foster parents must maintain their licensed residence in Alaska. If the stay in the other state is intended to last for more than 90 days, an ICPC request packet must be submitted (see section 5.10 ICPC and Temporary Relocations).

e. In all cases, the PS Specialist must be notified that the child is leaving the state. The PS Specialist must notify the licensing worker and the Provider Payments Unit when a provider is moving out of state.

f. See ICPC Chapter 5 for procedures for placement, and section 6.5.10 Trips for a Child in Custody for procedures for approval of travel.

5. Foster Care for Children Placed in Alaska by Another State (ICPC-IN): Foster care payments for children in the custody of another state is the responsibility of the other state.

6. Ongoing Difficulty of Care Augmented Rates: The foster care base rate may be augmented when it has been determined that the child has more specialized needs and the child's need for care and supervision is at a level beyond basic care. See section 6.2.2.3.A - Difficulty of Care Augmented Rates for Children in Foster Care or Fostering Independence Assistance.

B. Placement Verification for Foster Care Payments:

1. The PS Specialist or the PS Specialist IV must verify the accuracy of each placement from the previous month through the Placement Verification page in ORCA. Necessary corrections to a placement must be made before verifying a placement for payment. For each placement the PS Specialist or the PS Specialist's supervisor will ensure:

   a. The correct provider is listed;

   b. The service type is correct;

   c. The start date and end dates for services provided are correct; and

   d. The child's legal status reflects continued custody.

2. Placements updated and verified as accurate by the close of business on the first Tuesday of the new month generates payments through an overnight financial batch process for issue on Friday. Placements not verified by the close of business on Tuesday delays reimbursement to the provider for an additional week.

3. Payments Made in Error: Inaccurate payments are automatically generated when a PS Specialist verifies an inaccurate placement, which generates an inaccurate payment to a provider, and then makes a correction to a placement. When a PS Specialist determines an inaccurate placement has been verified and/or paid in error, they must immediately:

   a. Ensure the placement is accurately documented in ORCA;

   b. Notify the foster, adoptive or guardianship family of the incorrect payment; and

   c. Notify the Provider Payments Unit of the incorrect payment.

C. Audit Exceptions for Foster Care:

1. An Audit Exception is a request for payment of non compliant services that may be necessary because a provider provided services in good faith and should not be penalized because a PS Specialist committed to the expenditure of funds in error. An audit exception should not be submitted and/or will not be processed unless worker error has occurred. A deliberate decision to authorize goods or services outside division policy or regulation is considered a state procurement violation, which may result in progressive discipline up to and including dismissal.

2. Due to the PS Specialist error in committing to the funds, purchase authorization procedure does not apply, they require their own method of approval. Audit exceptions are submitted by the PS Specialist in memorandum format to the program coordinator in the Provider Payments Unit and require the signature of the PS Specialist initiating the memo, their PS Specialist IV and the regional PS Manager I and II.

3. Information to be included in Audit Exception Memorandum:

a. Provider name and ORCA ID #;

b. ORCA case and ID #;

c. Child name and ORCA ID #;

d. Child's placement setting at time of service;

e. Dates of service;

f. Cost of service provided; and

g. Complete service description / justification which includes circumstances that created the payment error situation.

h. Licensing issues:

1) Why was client placed in an unlicensed home/child care facility with promise of payment?

2) Why the home was not licensed and what safety precautions were taken if licensing did not take place. If the home could not be licensed because of criminal history, etc., this must be included.

i. Describe what actions have been/will be taken by the PS Specialist and their PS Specialist IV to prevent future errors.

D. Lost or Stolen Check: If a PS specialist is contacted by a provider because the provider did not receive a warrant, and it is suspected that the check is lost or stolen, the PS Specialist will refer the provider to the Provider Payments Unit in State Office.

E. A request for first level review or an evidentiary hearing may be requested by the foster parent when a foster care payment has been denied, suspended, reduced, or terminated. See section 1.16 for procedures.

DEFINITIONS:

Day: For purposes of foster care, a day is midnight to midnight. A provider is paid for the day of placement but not for the day of departure.

Foster Care Base Rate: The standard foster care base rate is established to meet the costs of the items listed below. Listed below are approximate percentages of the foster care base rate that is to be spent on the item:

- food, including meals and snacks (35%);
- clothing replacement (10%);
- shelter, (room and board) including utilities and use of household furnishings and equipment, but not including excessive damages or loss covered in 7 AAC 53.110; and daily supervision,

including those activities that a parent would normally carry out to assure protection, emotional support, and care of the child (14%);

- personal items and grooming care for the foster child, such as toothpaste, toothbrushes, diapers, soap, combs, haircuts, shoe polish, replacement of formula bottles and nipples, safety pins, and other essentials (2%);
- school supplies and regular school activities (5%);
- games, toys, books (5%);
- general recreation for the foster child such as picnics, swimming lessons, recreational equipment, and other items costing less than $100 per item that are appropriate to the ages of the children in care and sufficient in quantity to promote normal growth and development, community sports, and movies (12%);
- usual transportation expenses on behalf of the foster child, including the purchase of bus passes for a child old enough to take a bus, and reasonable local travel to the child's home for visitation (6%);
- other/miscellaneous items such as first aid supplies, bandages, aspirin, and cough syrup and other items considered usual in the care and supervision of a child (5%);
- an allowance for the foster child appropriate to the age of the child (2%);
- baby-sitting and pre-school expenses (4%).

Fostering Independence means providing care and services to a child that is at least 18 years old and has graduated from high school, will not graduate by the time the child turns 19, or is 19-20 years of age.

6.2.2.3.A DIFFICULTY OF CARE AUGMENTED RATES FOR CHILDREN IN FOSTER CARE OR FOSTERING INDEPENDENCE ASSISTANCE

AUTHORITY:

AS 47.14.100	Powers and Duties of Department Over Care of Child
7 AAC 53.060	Difficulty of Care Augmented Rates
7 AAC 53.061	Specialized Difficulty of Care Augmented Rates for Children with Special Circumstances
7 AAC 53.062	Child of a Minor Parent
7 AAC 54 Art. 4	Review and Evidentiary Hearing Regarding Foster Care, Adoption Subsidy, or Guardianship Subsidy Payment

PURPOSE: To provide guidance regarding when and how to assess difficulty of care augmentation rates when a child's specific needs may require more intensive care and supervision beyond those covered by the foster care base rate.

BACKGROUND INFORMATION:

A. Federal Law: States are required to grant an opportunity for a fair hearing before the State agency to any individual whose claims for Title IV-E foster care maintenance payments is denied or is not acted upon with reasonable promptness.

B. State Regulations:

1. The basic foster care rate may be augmented for children placed by the Office of Children's Services (OCS) if the level of care a child requires has been assessed and determined by OCS to exceed the basic level of care provided in a foster home licensed under 7 AAC 50.050 – 7 AAC 50.990.

2. A foster parent who is not satisfied with OCS' decision to deny, suspend, reduce, or terminate a foster care payment may request a first-level review and/or an evidentiary hearing.

POLICY:

A. Difficulty of Care augmented rates will be explored in the following situations:

1. A request for a difficulty of care rate assessment has been made in writing and submitted to the child's Protective Services (PS) Specialist by the child's:

   a. parent;
   b. current foster parent;
   c. PS Specialist;
   d. attorney; or
   e. guardian ad litem (GAL).

2. It has been determined that the child may require Specialized or Structured care:

   a. Specialized Care: Children who qualify for the specialized care rate have identified special needs that require more intensive care and supervision from the foster parent.

   b. Structured Care: Children who qualify for the structured care rate have identified severe problems that require specialized training by the care provider and a structured environment and their needs are more than can be provided through basic or specialized care, but residential care placements are not required to meet their needs.

   c. See difficulty of care definitions at the end of this section.

3. A teen parent and baby are placed together in the same foster home or the teen is pregnant and in at least her second trimester.

4. A child is medically fragile.

5. A child in an out-of-state placement has been assessed to require a higher level of care and supervision.

B. The difficulty of care augmentation rate is determined by identifying specific needs and behaviors of children by using the foster care rate setting in ORCA. Approval of difficulty of care augmentation rates will be authorized only with regional office approval, based upon documented need and funding ability of OCS. If appropriate to support the case plan, additional payments may be authorized through special needs, on an as-needed basis, for ongoing or direct costs as outlined in section 6.2.2.7 Request for Special Needs Funds.

C. Care must be taken to distinguish between difficulty of care augmented rates, which are to provide for a child's need for additional care and supervision beyond basic care, and ongoing direct costs and/or one-time or short-term expenditures which are payable through Requests for Funds. (For ongoing direct costs and one-time/short-term expenditures, see section 6.2.2.7 Request for Special Needs Funds).

D. Assistance from the ORCA Help Desk is available and should be utilized for any questions about ORCA placement documentation.

PROCEDURE:

A. If augmented rates are requested, the PS Specialist will ensure that an assessment is completed, a determination made, and a response to the foster parent is provided within 30 days of the request.

B. When a PS Specialist determines that a child may require a difficulty of care augmentation rate, the PS Specialist will complete a rate setting assessment through the ORCA rate setting page.

C. Difficulty of care augmented rates are determined on an individual basis, and pre-authorization is required. Pre-authorization is documented by the Protective Services (PS) Specialist as a financial case note in ORCA and should be supported by the case plan.

1. Specialized or Structured Care: To determine if the foster care rate for a child should be augmented based on the child's need for specialized or structured care, the PS Specialist must complete an Initial Rate Setting through the Foster Care Rate Setting page in ORCA. When it has been determined that:

   a. the child's needs do not meet the criteria for difficulty of care augmented rates the PS Specialist can approve the rate setting page; or

   b. the child's needs meet the criteria for specialized or structured care, the rate setting page in ORCA is forwarded to the PS Specialist IV for review and then to the Protective Services (PS) Manager I or II for final approval.. The augmentation for Specialized Foster Care is equal to Alaska hourly minimum wage multiplied by 1.5 per day, and for Structured Foster Care equal to Alaska hourly minimum wage multiplied by 3 per day above the base rate for foster care.

   c. Upon approval an automated notice will be generated notifying the foster parent of the outcome of the assessment and their due process rights to appeal the denial or the approved amount of the difficulty of care augmentation.

2. Teen Parent/Baby: When a teen parent and baby are placed together in the same foster home, see section 6.2.2.3.C Pregnant and Parenting Teens.

3 Medically Fragile Children: See Section 6.2.2.3.D, Intensive Rates for Medically Fragile Children.

D. The PS Specialist will determine if difficulty of care augmented rates are appropriate but make no commitment to foster parents prior to approval by the PS Manager II or their designee. The designee may not be delegated below a PS Manager I.

E. The PS Specialist will submit each request through the PS Specialist IV to the PS Manager I or II. Requests are reviewed and evaluated on a case-by-case basis, and are subject to the approval of the PS Manager I or II.

F. For specialized or structured care, upon final approval of the rate setting page, a notice will automatically be generated and sent notifying the foster parents of the outcome of the augmentation assessment. For specialized difficulty of care augmentations the Provider Payments Unit will issue the necessary approval notice because notices are not automatically generated through ORCA.

G. Review of Difficulty of Care Augmented Rate: Difficulty of care augmented rates must be reassessed by the PS Specialist every six months (at a minimum) to ensure the augmentation level is still accurate. The review must be made when a change in the child's status or placement occurs. The PS Specialist must complete a new rate setting or enter a new augmentation service in ORCA for each review before close of business of the last business day of the month following the expiration date. At that time, the PS Specialist will make any changes necessary to reflect a change in the child's need for augmented care rates.

1) Difficulty of Care augmented rates calculated through the rate setting page in ORCA will automatically generate notification to provider upon approval by the PSM I or II.
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2) The ORCA Helpdesk will end the augmentation at the six month expiration and notify the assigned PS Specialist of the need to re-assess the child's eligibility for continued augmentation.

H. The Provider Payments Unit will notify the foster parent in writing at least 30 days in advance of an augmentation's expiration date.

I. Augmentation Appeal Process: If a foster parent disagrees with the rate determined through the augmentation assessment, they have the opportunity to appeal the decision and request a first level review and/or an evidentiary hearing as outlined in section 1.16 Fair Hearings.

J. Out-of-State Difficulty of Care Augmented Rate: Difficulty of care augmented rates are paid according to what the state of residence would pay if the child was from that state or at the Alaska assessed rate, whichever will best meet the needs of the child. The foster family must be licensed or approved as a foster home in the state where they reside.

1. The PS Specialist will submit a copy of the foster care license and the foster care rate tables from the other state to the Provider Payments Unit in State Office (See 6.2.2.3 Foster Care Payments).

2. For difficulty of care augmented rates:

a. At the out-of-state rates: The PS Specialist will coordinate the rate augmentation with the worker in the other state and obtain documentation from that worker which details the need for rate augmentation. This documentation is usually a letter from the worker in the other state and a signed copy of the completed assessment tool used by the other state. The PS Specialist will submit the request through the regional approval process to the Provider Payments Unit in State Office who will document in ORCA.

b. At the Alaska rates: The PS Specialist will complete the Alaska augmentation assessment through the Foster Care Rate Setting page in ORCA to determine the appropriate level of augmentation, structured or specialized. The rate setting page in ORCA is forwarded to the PS Specialist IV for review and then to the PS Manager I or II for final approval.

3. Refer to (H) and (I) above for notification and appeals process.

DEFINITION:

Difficulty of care augmented levels - basic assessment guidelines:

A. If the answer to one or more of the following questions is yes, the child is only eligible for the basic rate.
1. Is the child on a Medicaid Waiver through the Division of Senior and Disability Services?
2. Is the child receiving extensive services outside of school?
3. Does the foster parent receive funding through other specialized programs?

B. The frequency and severity of problems are used to determine if a foster care difficulty of care augmentation is appropriate due to more intensive care and supervision required beyond those covered by the foster care base rate. Behaviors must be present within the last six months.

PROBLEM AREA	BASIC	SPECIALIZED	STRUCTURED
Court Record	• Misdemeanor • Status offenses	• Misdemeanors, 2 to 5 within the last year	• Misdemeanors, 6 or more within last year • Felony offense(s) within last year
Developmental delays **Mental retardation**	• Mild developmental delays	• Moderate to substantial difficulties with conceptual, social and practical adaptive skills	• Severe problems with conceptual, social and practical adaptive skills
Developmental delays with Communication/Affect	• Mild developmental delays	• Moderate impairment in communication, condition or expressions of affect	• Severe impairment in communication, condition or expressions of affect
School - Performance or Disciplinary Issues	Low Severity: • Monthly intervention	Moderate Severity: • Weekly intervention • FP tutors for 2 or more hours per night	Severe: • Daily intervention required
Enuresis/ Encopresis for children over 4	• Every 1-2- weeks • Bed time	• Several times a week	• Daily
Therapeutic intervention required of the foster parent		• Twice per week	• Three times per week or more
Physical Aggression	Aggressive, but low risk of injury: • Monthly • A few times a year	• Superficial injury caused to self or others every 1-2 weeks • Destructive to property • Cruelty to animals	• High risk of serious injury to self or others several days a week
Serious Medical Problems	• Monitor monthly or less	• Ambulatory with assistance • Limited daily living and self care • Monitor weekly or more	• Life threatening • Child with complicated medication regimen
Sexual Disorders	• Sex abuse victim	• Sex Perpetrator • Sexually Reactive	• Sex Perpetrator (multiple victims or predatory) • Prostitution
Substance Abuse	• Risk of substantial problems	• Actively abusing alcohol and/or drugs on a weekly basis	• Actively abusing alcohol and/or drugs on a daily basis
Suicide		• Suicidal ideation, threats	• Suicidal Attempts within the past 6 months

PROBLEM AREA	BASIC	SPECIALIZED	STRUCTURED
Behaviors	• Curfew violations • Excessive crying and feeding problems	• Chronic Runaway within 6 month • Stealing from foster home on a weekly basis	• Fire setting 2 attempts in the past year

DETERMINATION OF DIFFICULTY OF CAREAUGMENTED CARE LEVEL

Problem Areas with Specialized Severity	Problem Areas with Structured Severity	Augmentation
2 or fewer	0	Basic
0	2-3	Specialized
1	2	Specialized
2	1	Specialized
1 or fewer	1	Specialized
3 or more	0	Specialized
any	4 or more	Structured
1 or more	3	Structured
2 or more	2	Structured
3 or more	1	Structured

6.2.2.3.B PAYMENT DURING TEMPORARY ABSENCES

AUTHORITY:
AS 47.14.100 Powers and Duties of Department over Care of Child
7 AAC 53.080 Payment Conditions

PURPOSE: To provide continued payment to an out-of-home care provider while a child is absent from the home for an allowable period when the intent is for the child to return to the provider's home.

BACKGROUND INFORMATION:

State Regulations: Continued foster care or fostering independence assistance payments may be authorized during a child's absence from a foster home under the following conditions:

A. Unapproved absences: Payment may be authorized for each day of absence, not to exceed five days, if a child is absent from the placement setting due to unapproved absence (runaway status) and only if OCS is immediately notified by provider following an unapproved absence of a child in custody for more than 12 (to be consistent with licensing reporting regulations) hours.

B. Hospitalization: In case of absence of a child from the placement setting due to a medical or psychiatric placement, payment may continue for a period not to exceed 14 days, if the child is expected to return to the placement or if it has not yet been determined whether the child will return.

C. Home visits: Payment to the provider may continue for up to 14 days in cases of approved home visits if the child is expected to return to the placement or if it has not yet been determined whether the child will return.

D. Detention: Payment to the provider may continue for up to 14 days when a child is in short term detention, and the plan is that the child will continue to be with the provider.

POLICY:

A. OCS will authorize continued care payments during a child's absence as outlined in the Background Information section.

   1. If a child is absent from a home as described in A – D in the Background Information section and OCS decides not to return the absent child to the home, OCS will discontinue payment the day notice is given to the foster parent.

   2. If a child's absence extends beyond the period authorized in A-D in the Background Information section, OCS will authorize resumption of payment when the child returns to the home.

B. The following policy applies to payments/holding a bed for absences from residential child care facilities (in-state or out-of-state), when the child is on a trial home visit: When the child is placed in a residential facility funded under a grant with OCS, and a plan is developed for a trial home visit or if the child is temporarily placed in a youth facility, the bed can be held for up to 15 days per placement. Extensions may be approved by the Residential Care Program Manager on a case-by-case basis. A bed can be held for up to 15 days when a child is temporary placed outside of the residential facility for alternative treatment if approved by the Residential Care Program Manager, on a case-by-case basis.

C. Payment will be issued only when the PS Specialist has accurately updated the child's placement and documented the allowable held bed services in ORCA.

PROCEDURE:

A. The PS Specialist will determine the exact number of nights the child will be or has been away from the placement. If more than 24 hours, the PS Specialist must end the child's placement in ORCA effective the last night the child was in the placement, through the Placement/Service page. Care should be taken to select the correct placement End Reason to prevent federal reporting errors.

B. The PS Specialist will enter a Held Bed service through the Services page in ORCA effective the day the child left the placement. The Held Bed service is ended in ORCA effective the night before:
   1. The child returns to their previous placement;
   2. The maximum number of reimbursable days out of the home has been exhausted; or
   3. It is determined the child will not return to their previous placement.

   Examples:

   The child leaves a provider on October 25 and returns on October 30. The PS Specialist:
   - ends the placement in ORCA effective October 24;
   - enters a Held Bed service effective October 25 to October 29; and
   - enters a placement with the provider effective October 30.

   The child leaves a provider on October 16 and is due to return on November 15. The PS Specialist:
   - ends the placement in ORCA effective October 15;
   - enters a Held Bed service effective October 16; and
   - ends the Held Bed service effective October 29 (the allowable 14 days).

   When the child returns to the provider's home on November 15, the PS Specialist enters the child's placement in ORCA with an effective date of November 15.

6.2.2.3.C PREGNANT AND PARENTING TEENS

AUTHORITY:

AS 47.10.084	Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities
7 AAC 53.062	Child of a Minor Parent
42 U.S.C. 675(4)(B)	Definitions (Title IV-E)

PURPOSE: To provide guidance about providing assistance and services to pregnant and parenting teens in OCS custody.

BACKGROUND INFORMATION:

A. Federal Law: In cases where a child placed in a foster family home or child-care institution is the parent of a son or daughter who is in the same home or institution, and foster care payments are being made to the child, the foster care maintenance payments made with respect to the child shall also include such amounts as may be necessary to cover the cost for the son or daughter.

B. State Regulations: When a child in foster care is a minor parent, and the minor parent and the minor parent's child are placed together in the same foster home, a minor parent augmentation may be paid to the foster parent for the minor child not in the custody of the department. The rate will be equal to the base rate for the age group of the child.

POLICY:

A. The Protective Services (PS) Specialist or Regional Independent Living Specialist (RILS) will assist a pregnant or parenting teen receiving division services to obtain prenatal care, to explore all options available to them during and after their pregnancy, and to make arrangements for other available services, including foster care when appropriate.

B. The assessments addressing pregnancy and parenting that are available through the Casey Life Skills Assessment will be used to assess which services the pregnant or parenting teen needs (see section 3.14.1 Independent Living Services Delivery for additional information). The identified services will be included in the case plan or, for a youth who is age 16 or older, in the transition plan.

PROCEDURES:

A. The PS Specialist will address the following as applicable, in assessment and case planning:

1. decision making in relation to the infant;

2. preparation for delivery of the baby, including childbirth classes;

3. an assessment of the expectant father's interest in the child, including a notation of whether paternity has been legally established;

4. help to the teen mother with family, peer, and other significant relationships, including paternal involvement;

5. legal rights and obligations in relation to parenthood or relinquishment of parental rights;

6. parenting and child development education for teen mothers keeping their babies;

7. adoption counseling for teen mothers planning to relinquish their parental rights;

8. health education, prenatal care, and postnatal care (including referral to the WIC program: referral may be made before the baby is born);

9. foster care or residential care for pregnant and parenting teens including care and services to mothers and their infants after childbirth;

10. the plan for and receipt of medical care and dental care for an infant or older child accompanying the pregnant teen;

11. socialization and support opportunities for single teen mothers;

12. life skills development and preparation for independent living;

13. pregnancy prevention and family planning;

14. assistance in completion of high school or other training; and

15. assistance with child care arrangements while teen parent is in school or working.

B. In addition to items addressed in case planning in (A) of this section, a PS Specialist will take the following specific actions, as applicable, to assist a pregnant or parenting teen.

1. <u>Medicaid for the Teen</u>:

   a. If the pregnant teen is not already receiving Medicaid, the PS Specialist will assist the teen in applying for Medicaid. Once she meets the eligibility criteria she remains eligible throughout her pregnancy and for a 60-day postpartum period. Eligibility can be made retroactive for up to three months from the application, but cannot start until the beginning of the pregnancy. The PS Specialist will sign the application since an adult signature is required.

   b. If the teen is in OCS custody and is already receiving Medicaid, the PS Specialist will notify the OCS Eligibility Technician of the pregnancy to ensure that the correct Medicaid code is used.

2. <u>Medicaid for the Infant</u>:

a. Once the infant has been born, the PS Specialist will make sure that the OCS Eligibility Technician receives a verification of the birth. The birth may be verified by a statement (written or oral) from the mother, hospital, or doctor. If the mother is Medicaid eligible, the infant is also Medicaid eligible until age one, and a Medicaid application needs to be submitted for the infant only in the following circumstances:
   1) At the time that the infant turns one year old; or
   2) At any time, if the infant and the minor parent are placed in different placements.

b. If an application needs to be submitted, and if the infant is in OCS custody, the PS Specialist will complete and submit an application for Medicaid and Title IV-E Foster Care in ORCA. If the infant is not in OCS custody, the minor parent should complete and sign a Medicaid application through Department of Public Assistance. In both cases, it should be indicated on the application that both the mother and infant are in OCS placement.

3. Title IV-E: If a teenage parent has a child who is placed in the same placement as the parent, different rules apply depending on whether the child and/or parent are in custody:

   a. If the child and minor parent are both in custody, then:

      1) a IV-E eligibility determination must be made individually for the minor parent and for the child even if they are placed together in out of home care; and

      2) separate foster care payments must be made for the minor parent and for the child, even if they are both placed in the same foster home. 3) The same placement episode continues if the child and minor parent are placed in separate placements, so a new eligibility determination for the child is not required. Since the foster parent, not the minor parent, has care and responsibility of the child, the minor parent's presence in the foster home has no effect on the child's IV-E eligibility. From a IV-E perspective, the child's placement status is foster care placement, not trial home visit, so consequently the length of time that the child and minor parent are placed together has no effect on the child's eligibility.

   b. If the minor parent is in custody and IV-E eligible and the child is not in custody and the minor parent and child are placed together in the same foster home:

      1) An IV-E eligibility determination is not made for the child but the child is eligible for IV-E Medicaid based on the minor parent's IV-E eligibility. Federal IV-E reimbursement for the child's maintenance costs is provided only while the child is placed in foster care with the IV-E eligible minor parent.

      2) The maintenance cost for the child is covered by augmenting the minor parent's foster care payment with the maintenance cost for the child – separate payments for the minor parent and the child cannot be made.

      3) If the child is later taken into custody, an Application for Medicaid and Title

IV-E Foster Care must be submitted and an eligibility determination made for the child.

4. Foster Care Payment:

   a. Pregnant Teen: The foster care payment may, on a case-by-case basis, be augmented for a pregnant minor in custody, starting with the second trimester. To request augmentation, the PS Specialist, with the assistance of the ORCA Help Desk, must complete the Teen Baby Augmentation service in ORCA and forward to the PS Manager I or II for approval. The augmented rate for the teen parent's child will be the same as an daily rate based on the child's age.

   b. Teen in custody: If the teen parent is in the custody of the State of Alaska and the infant is not in custody but they are placed together in a licensed foster care home, the division will pay the provider a daily rate for the teen and an augmented rate for the infant. The augmented rate will be the same as the infant's daily rate. The PS Specialist requests augmented rates using the Teen Baby Augmentation service in ORCA, with the assistance of the ORCA Help Desk, and forwards to the PS Manager I or II for approval..

   c. Infant in custody but parent not in custody: If the teen's infant is in custody and not the teen parent and they are residing together in a licensed foster care home then the division will pay the provider a daily rate for the infant, and an augmented rate for the teen parent. The augmented rate will be the same as the teen's daily rate. EXCEPTION: If the infant is placed with the grandparents (the teen parent's biological/legal mother/father), payment can be made only for the infant and not augmented for the teen parent as it is illegal to pay a biological/legal parent to care for their own child. The PS Specialist will, with the assistance of the ORCA Help desk, enter the Teen Baby augmentation service and forward to the PS Manager I or II for approval. (Note: augmentation for a parent who is a young adult residing in the foster home may be appropriate, however if the placement is with a relative, PS Manager II approval is required.)

   d. Both teen and infant in custody:

      1) If both the teen and the infant are in State of Alaska custody and are placed together in a licensed foster care home the PS Specialist will document the placement of the teen parent in the case in which the teen is the designated child; and document the placement of the infant in the case in which the teen is the designated parent. Separate payments will be issued for each documented placement.

      2) If the teen and the infant are placed in separate licensed foster care homes the OCS will pay each provider foster care for the child in their respective home.

4. When the plan for a parenting teen and infant is foster care, the PS Specialist adds assisting the teen in gaining parenting skills to the case plan. Parent skill development is part of the case plan whether the teen or the infant is in custody or both are in custody.

5. The PS Specialist will assist a pregnant teen in obtaining prenatal care as soon as possible.

6. If the pregnant teen is interested in relinquishing her child, consult with the Regional Permanency Planning Specialist on options and procedures.

7. If the pregnant teen (in custody) requests an abortion, parental consent may be required. Seek advice from your Assistant Attorney General.

8. Alaska Temporary Assistance Program (ATAP):

   a. Temporary Assistance for Minor Parent: When a minor parent is placed in the same foster home as her infant, there is a choice between the division making foster care payments or the minor parent applying for Temporary Assistance for herself.

   b. Temporary Assistance for Infant:

      1) If the infant is in department custody, the infant is not eligible for Temporary Assistance.

      2) If Title IV-E Foster Care payments are made for the minor parent, the infant is not eligible for Temporary Assistance even if the infant is not in custody.

      3) If the minor parent is in foster care but is not eligible for Title IV-E Foster Care, and the infant is not in custody two choices exist: the PS Specialist may authorize an augmentation on mother's foster care payments for the infant, or the minor parent may apply for Temporary Assistance for the infant even if foster care payments are made for the minor parent. NOTE: It is illegal to pay foster care payments and receive ATAP at the same time.

   c. Application: The minor parent completes the Temporary Assistance application for herself and/or the infant.

   d. Payee: Temporary Assistance for a minor parent and/or a minor parent's infant is paid to a designated adult payee, not to the minor parent. It is determined on a case-by-case basis who the payee should be. For minor parents and infants placed in foster care, the payee is usually the foster parent. The payee is responsible for making sure that the money is used for the minor parent/infant, and is also responsible for teaching the minor parent about money management.

   e. If the minor parent is approaching release from custody and has not achieved an income source to support herself and her infant, the PS Specialist will assist the minor parent in applying for Temporary Assistance. Applying for Temporary Assistance should be a last alternative as the minor parent should first be assisted to finish high school or GED and obtain employment that leads to self-sufficiency.

9. Tribal TANF: Alaska Natives may be eligible for Tribal TANF. In that situation the minor parent should be encouraged to apply, either through Division of Public Assistance or the Tribe.

10. Child care for child if parenting teen is working or in school:

    a. Child care assistance may be available through the state's child care assistance program administered by Division of Public Assistance to teen parents up to age 19 who are in school working on their high school diploma or GED and maintaining school attendance, and to low income working parents.

    b. Protective services child care for children residing in their own home is not appropriate unless there are child protection issues. See section 3.2.2.d Service Delivery, and section 6.2.2.4.A Child Care for Children Residing in Their Own Home or in Order to Prevent Removal. In addition, protective services child care cannot be utilized unless the teen parent is in the teen's own home or the teen's parent home and the teen or teen's child is in custody or under supervision.

6.2.2.3.D INTENSIVE AUGMENTED RATES FOR CHILDREN WITH COMPLEX MEDICAL CONDITIONS AND/OR INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

AUTHORITY:

AS 47.14.100	Powers and Duties of Department over Care of Child
7 AAC 53.061	Specialized Difficulty of Care Augmented Rates for Children with Special Circumstances
7 AAC 54.500	First-level Review
7 AAC 54.510	Evidentiary Hearing
7 AAC 130.205, 207-217, and 219	Home and Community-Based Waiver Services; Nursing Facility and ICF/IID Level of Care

PURPOSE: To provide guidance about the procedures for requesting and approving intensive augmented rates for children with complex medical conditions and/or intellectual and developmental disabilities who are pending assessment and/or approved and waitlisted for a Home and Community Based Waiver (HCBW).

BACKGROUND INFORMATION - STATE LAW AND REGULATIONS:

A. Alaska statutes and regulations allow Office of Children's Services (OCS) to pay the costs of maintenance that are necessary to assure adequate care of children in OCS custody who have been placed out-of-home and of children who have been placed out-of-home based on a voluntary written agreement between the child's parent or legal guardian and OCS.

B. In addition to the foster care base rate, the department may pay intensive augmented rates for the additional care, supervision, and management that a foster parent provides to maintain a child with complex medical conditions and/or a child with intellectual and developmental disabilities in a home environment.

C. A foster parent, a prospective adoptive parent or guardian, or an adoptive parent or legal guardian who is not satisfied with the department's decision to deny, suspend, reduce, change, or terminate a foster care payment, an adoption subsidy payment, or a guardianship subsidy payment may request a first-level review or an evidentiary hearing. The provisions of this section do not apply to licensing-related actions.

POLICY:

A. In addition to the foster care payment addressed in section 6.2.2.3 Foster Care Payment; OCS may pay an intensive augmented rate for a child in the custody of the State of Alaska who is:

   1. Pending an assessment and approval for a Children with Complex Medical Conditions (CCMC) waiver through the Division of Senior and Disability Services (DSDS);

2. Approved but waitlisted on the Developmental Disabilities Registration and Review (DDRR) for an Intellectual and Developmental Disabilities (IDD) services waiver through DSDS; or

3. For whom the department determines that Medicaid home and community-based waiver services provided under 7 AAC 130 or services provided through other service agencies are not sufficient to cover the cost of the child's care, or if the child has needs for which approval and payment are unavailable under 7 AAC 130 or through another service agency.

B. OCS staff may not promise payment to the foster parents before final approval of the Intensive Augmented funds by the Deputy Director.

C. The intensive augmented rate may not include any services that are available and eligible for payments by other agencies or third parties.

D. For children waitlisted on the DDRR for an IDD HCBW, OCS will prioritize contracting with a HCBW agency before authorizing payment to foster parents to provide or arrange for services.

1. If OCS is unable to contract with an agency, then the foster parent would be responsible for documentation standards listed in the policy E below, as well as providing invoices.

2. In this case, payment to the foster parent would not exceed the rate that would be paid for if the child is receiving a full waiver.

E. In order to meet the needs of the child and to qualify for an intensive augmented rate for a child, the foster parent may be required to:

1. Provide specialized care to the child as documented by their primary health provider and their individualized treatment needs;

2. Participate in frequent meetings and provide access to recommended services;

3. Attend special training to address the specific care needs of a child placed in the home. The department may authorize an exception to the specialized training requirements if the foster parent;

4. Has been determined by the OCS Medical/Mental Health Unit, or Licensing Supervisor to have the skills necessary to meet the needs of the child placed in their home.

a. When requested, agrees to attend specialized training offered in the foster parent's community, or in another location if the department pays travel expenses.

5. Placement will be asked to provide some or all of the following records to the department: medications administered, daily behaviors, educational needs and challenges, visits from family and placement worker, and any other items that may be pertinent to meeting the specific needs of the child in the home;~~and~~

6. Submit monthly updates to OCS.

F. When setting intensive augmented rates, OCS will include reimbursement only for the additional care, supervision, and management that a foster parent provides to maintain a child with complex medical conditions and/or intellectual and developmental disabilities in a home environment. OCS may pay a rate up to 500% of the base rate for foster care (geographical differential is not included in the foster care base rate). A child who receives an intensive augmented rate is not eligible to receive the difficulty-of-care augmented foster care rate.

G. Intensive augmentations will be monitored by the State Office Service Array Unit or designee in effort to adjust the intensive augmentations when Medicaid waiver services are in place or the needs are being met through other resources.

H. The State Office Service Array Unit or designee will mail the foster parent the Notice of Approved Intensive Foster Care Rate Letter once the Deputy Director has approved the rate. OCS will reassess the approved intensive augmented rate prior to the end date indicated on the approval. OCS will notify foster parents in the letter about their right to request a first-level review or evidentiary hearing regarding denials, or decisions to the intensive augmented rate. See CPS manual section 1.16 Grievance, Fair Hearings, and Appeals.

I. Intensive augmentations will be approved for no more than six months from the effective date of the rate approval. If additional needs are identified during this timeframe, the PS Specialist and OCS Nurse Consultant may submit a request for a change to the intensive augmented rate.

PROCEDURE:

A. For children that do not meet the criteria in policy (A) of this manual section, the PS Specialist will explore specialized or structured rates in CPS manual section 6.2.2.3.A Difficulty of Care Augmented Rates for Children in Foster Care or Fostering Independence Assistance. If the child requires additional services the needs will be staffed through the appropriate chain of command with the PS Manager II.

B. For children who meet the criteria in policy (A) of this manual section, the PS Specialist and Medical/Mental Health Unit may request an intensive augmented rate through case consultation with the State Office Service Array Unit or designee. The consultation will include a discussion of the special needs of the child and the foster parent's needs.

1. If the case meets criteria for an intensive augmentation, the PS Specialist and OCS Medical/Mental Health Unit will collect information about the foster parent's needs, costs of the requested services, and what other resources were explored. Including, documentation of the child's needs in the child's case file. At no time will payment rates be discussed or promised with the potential providers.

2. Children waitlisted are likely eligible for SSI benefits. The PS Specialist must determine whether Social Security Income benefits are available for the child, and if not, initiate the application process when appropriate.

C. The Medical/Mental Health Unit will complete the Intensive Augmentation Funding Request form (06-9696) and return it to the State Office Service Array Unit for review. The Medical/Mental Health Unit will provide the State Office Service Array Unit or designee with a copy of the DSDS letter stating the child has been placed on the waitlist. The State Office Service Array Unit or designee will:

1. Staff with DSDS, OCS Independent Living Program (ILP) Coordinator (if applicable), OCS Provider Payments Unit (PPU) and Care Coordinator (if one has entered into the case at the time) other agencies as applicable to ensure all resources are exhausted and that the plan is agreed upon.

2. Schedule a meeting to review the finalized request with State Office staff: Service Array (Social Service Program Administrator and Social Services Program Officer) and Financial Staff (Social Services Program Coordinator for the Provider Payments Unit and/or Administrative Operations Manager II).

3. Send the Intensive Augmentation Funding Request form to the Deputy Director for final approval.

4. Distribute the approved Intensive Augmentation form to OCS Medical/Mental Health Unit via secure email.

5. If foster parent will receive funds directly, State Office Service Array Unit or designee will ask ORCA Help to set up Intensive Augmentation and route for approval.

6. If a service provider will be receiving funds directly, the Services Array Unit will contact the service provider to let them know what has been approved and to ask the provider to submit invoices directly to the OCS.

7. Mail a letter of Notice of Intensive Augmentation to the foster parent.

6.2.2.4 CHILDCARE SERVICES

6.2.2.4.A CHILDCARE FOR CHILDREN RESIDING IN THEIR OWN HOME

AUTHORITY:
7 AAC 53.340(a) Prevention of Out-of-Home Placements and Reuniting Families

PURPOSE: To provide access to childcare services for a child to remain in their own home or return a child to the child's own home following an out-of-home placement (trial home visit).

BACKGROUND INFORMATION:

State Regulations: Alaska regulations allow Office of Children's Services (OCS) to pay for childcare costs in order to maintain a child in the child's own home or to return a child to the child's own home.

POLICY:

A. Childcare for Children Residing in Their Own Home:

1. Is a support service designed to help keep families together. Its objective is to enable the child to remain with his or her family (biological or adoptive parents, guardian, or Indian custodian) or to return the child to the child's family following an out-of-home placement; and

2. May be authorized for children at risk of abuse or neglect and for who childcare during the day is part of a case plan. It may be used when a child is placed in his or her own home for a trial home visit as part of the transition to returning the child from foster care back home.

3. Childcare for children residing in their own home must take place in a licensed childcare facility or a childcare facility certified through a Tribal or military agency.

B. Childcare for Children Residing in Their Own Home May Be Authorized When:

1. A parent or guardian needs assistance to provide care for their child(ren) for all or part of the day.

2. There are a number of children in the family and a parent or guardian needs to make time for each child individually.

3. One or more children have special needs that require extra care.

4. A child has experienced abuse or neglect and the child's safety needs to be monitored on a regular basis by someone outside the home.

5. A parent or guardian needs appropriate role models to develop parenting skills and is able to spend time in the childcare setting.

6. A parent or guardian needs to take part in a medical or treatment program.

7. A parent or guardian needs time away from the child to be able to refocus on the child's care.

8. A parent or guardian has special needs or is disabled.

C. If the need for childcare is not related to child protective service/family preservation issues or exceeds 60 days, parents or guardians should be referred to the state's childcare assistance program, which provides childcare subsidies for low to moderate income parents who are working, or are in training or education. Information is available through public assistance offices in the Department of Health and Social Services, Division of Public Assistance, local childcare assistance, and childcare resource and referral offices.

D. Persons eligible to provide childcare for children residing in their own home: OCS may purchase childcare for children residing in their own home from a childcare home, childcare group home, or childcare center. The provider must have a current childcare center, childcare home, or childcare group home license or certification through a Tribal or military agency.

1. Licensed Childcare: Childcare providers must be licensed through the Childcare Program Office of the Division of Public Assistance (or one of their licensing agencies).

2. Certified Childcare: Childcare providers must be certified through an authorized Tribal or military agency.

E. Payment Criteria:

1. Licensed Providers: Business rates for licensed providers will be verified through the Division of Public Assistance Childcare Information System (ICCIS). See website at (click here).

2. Certified Providers: A copy of the provider's certification and posted rates must be on file with the Licensing Program Coordinator in State Office.

3. Childcare expenditures may be reimbursed at the childcare provider's posted business rates up to $700 per child per month for full time care, whichever is lower.

PROCEDURE:

A. The assigned PS Specialist will:

1. Assess the parents' or guardian's capacity to access childcare, including convenience

to their home, travel requirements and opportunities for parent/guardian involvement;

2. Consider the child's age, developmental level, special needs, and readiness for out-of-home childcare;

3. Include childcare on the Plan of Action in the Safety Plan and/or Case Plan, including objectives for childcare.

B. The parent or guardian and the PS Specialist select eligible provider.

C. The PS Specialist discusses with the provider:
1. the goals to be achieved;
2. brief plan of care for the child;
3. specific responsibilities of the provider;
4. amount of childcare OCS is authorizing;
5. confidentiality and mandatory reporting requirements; and
6. expectation for communication with the assigned PS Specialist.

D. A PS Specialist who determines that childcare should be provided for children residing in their own home will authorize the appropriate full or part-time services for childcare as follows:

1. The PS Specialist will verify that the selected provider has a current childcare license. If the provider is certified, the PS Specialist will obtain the following documents and submit them to the Licensing Program Coordinator in State Office:

   a. A description of services and fee schedule that a certified childcare provider is required to provide to a parent who wants to enroll a child; and

   b. A copy of the childcare provider's certification document.

2. The PS Specialist completes a Request for Funds (RFF) in ORCA. The description section of the RFF must clearly define the services to be provided and whether the services are:

   a. Part-time – up to 5 hours in a day for a whole month (not to exceed 26 days in a month) or half a month of full time days; or

   b. Full-time – 5 or more hours not to exceed more than 10 hours in a day; 17 or more full time days in a month. (days of care per month may not exceed 26 days).

3. The PS Specialist submits the RFF through ORCA for supervisory approval prior to authorizing services.

4. <u>Approval Process</u>:

   a. Supervisors or PS Specialist IV who have completed the Special Needs Purchasing Authority Training and been granted delegated authority to approve special needs requests have authority to approve up to $700 per month, for up to sixty days of full time childcare for children residing in their own home.

   b. Protective Services Manager II, and PS Manager I or PS Specialist IV have

authority to approve up to $700 per month, for up to sixty days of full time childcare for children residing in their own home.

5. The PS Specialist will print a Purchase Authorization through the approved RFF and give it to the childcare provider.

6. Childcare for children residing in their own home may be authorized up to sixty days at a time with a review of the attendance sheet. The PS Specialist will determine on a monthly basis whether the need to continue this service exists, and will submit a new RFF if a determination is made that the service should continue.

E. The childcare provider submits the Purchase Authorization and an original or certified true copy of the invoice and the attendance sheet to the regional fiscal office for processing payment.

F. OCS will pay for the full or part-time services authorized, even if the child did not attend childcare all of those days. Should the parent fail to utilize authorized services, the PS Specialist will re-evaluate the need for continued services or changes to authorized services.

6.2.2.4.B CHILDCARE FOR CHILDREN RESIDING IN OUT-OF-HOME CARE

AUTHORITY:

AS 47.14.100	Powers and Duties of Department over Care of Child
7 AAC 10	Licensing, certification, and Approvals
7 AAC 41	Childcare Assistance Program
7 AAC 53.030(a)(11)	Standard Rates and Rate Adjustments
7 AAC 53.050(b)(5)	Ongoing Direct Costs
7 AAC 53.330	One-Time Items
7 AAC 57	Childcare Facilities Licensing

PURPOSE: To ensure the continuity of care for a child in order to gain or keep a foster care placement when a foster parent or unlicensed relative caregiver is working or actively seeking employment.

BACKGROUND INFORMATION - STATE LAW AND REGULATIONS:

A. Alaska regulations allows Office of Children's Services (OCS) to authorize child care payment for a child who is in the custody and care of the OCS and in foster care or in an unlicensed relative placement.

B. Child care services may be authorized to maintain continuity of care for a child:

   1. If the foster parent(s) or unlicensed relative caregiver(s) is/are unable to provide care due to full-time employment, or is/are actively seeking employment.

   2. If the care is required for foster children remaining at home while the foster parent regularly escorts a child in the home to frequent medical or therapeutic appointments.

POLICY:

A. The Office of Children's services (OCS) may authorize child care payment for a child who is in the custody and care of OCS and is in an out-of-home placement (including licensed and unlicensed relative placement) when child care is needed to maintain continuity of care for the child and the foster parent(s) or unlicensed relative caregiver(s) is/ are unable to provide care due to full-time employment, or is/are actively seeking employment.

   1. This is child care that provides daily supervision during a foster parent's/caregiver's working hours when the child is not in school, and applies to a two-parent or one-parent foster home or unlicensed relative home where both foster parents/caregivers (in a two-person home) are employed full-time and/or actively seeking employment.

   2. The definition of employment includes employment away from the home or a business run from the home.

3. Services are authorized on a case-by-case basis when child care is included in the case plan.

B. Child care payment will not be authorized for a foster child to be cared for by the foster parent(s) or unlicensed relative provider(s) in whose care the child is placed.

C. The child must be placed in a licensed child care facility or in a child care facility certified by an authorized Tribal or military agency. If there are not any licensed child care facilities in a community, and/or all other licensed or certified child care options have been exhausted, the child may be placed with an approved or unlicensed child care provider who has passed a criminal fingerprint background check. Child care providers must not live in the home of the foster parent or relative caregiver.

1. Licensed Child Care: Child care providers must be licensed through the State of Alaska, Division of Public Assistance, Child Care Program Office or through the Municipality of Anchorage, Department of Health and Human Services, a grantee of the State.

2. Certified Child Care: Child care providers must be certified through an authorized Tribal or military agency. The State of Alaska Child Care Program Office maintains a list of authorized Tribal or military agencies.

3. Approved Child Care (approved for specific child): Child care providers must be approved by the State of Alaska, Division of Public Assistance, Child Care Program Office (or a designated grantee). Approved Providers include: Approved Providers, Approved Relative Providers, and Approved In-Home Care Providers.

4. Unlicensed Child Care:

a. The use of unlicensed providers is a time-limited provision and must be approved on a case-by-case basis by the OCS State Office Resource Family Unit. This includes situations where the unlicensed provider is not requesting payment.

b. The provider must meet the following criteria:

1) Must be at least 21 years of age; and

2) Must successfully have passed a criminal fingerprint background check; and

3) Must become licensed within 12 months in order for payments to continue.

D. Payment Criteria:

1. Licensed or Certified Child Care:

a. Licensed Providers: Business rates for licensed providers will be verified through the Division of Public Assistance, Integrated Child Care Information System (ICCIS). See website at (click here).

b. Certified Providers: A copy of the provider's certification and posted rates must be on file with the State of Alaska, Child Care Program Office.

Child care expenditures may be reimbursed at the child care provider's posted business rates up to $700 per child, per month for full time care, whichever is lower.

2. Approved or Unlicensed Child Care: Child care expenditures may be reimbursed at the Approved or In Home Care rate established by the Division of Public Assistance Child Care Program office, not to exceed $700 per child, per month for full time care. See website at: (click here).

3. The child care payments may not exceed 10 hours in any 24-hour period or 26 days in any month. The PS Specialist shall include child care in the case plan to comply with regulations for child care services.

4. The costs of child care for errands or evenings out are included in the foster care base rate and are not reimbursable.

PROCEDURES:

A. When a foster parent or unlicensed relative caregiver requests child care assistance, the PS Specialist will refer them to the Division of Public Assistance web site (click here) for listings of child care providers that are licensed or approved through the Division of Public Assistance Child Care Program, or certified through an authorized Tribal or military agency.

B. Responsibility of the Foster Parents or Unlicensed Relative Caregivers Requesting Child Care Assistance: The foster parent or unlicensed relative caregiver will provide their request in advance for child care assistance to the child's assigned PS Specialist. The request should be accompanied by supporting documentation that may include:

1. Licensed Child Care:

a. A description of services and fee schedule that a licensed child care provider is required to provide to a parent who wants to enroll a child; and

b. A copy of the child care provider's license or license number.

2. Certified Child Care:

a. A description of services and fee schedule that a certified child care provider is required to provide to a parent who wants to enroll a child; and

b. A copy of the child care provider's certification document.

3. Approved Child Care:

a. Documentation that efforts to locate a licensed or certified provider have been exhausted;

b. A description of services and fee schedule.

C. Responsibility of the PS Specialist:

1. Licensed, Certified, or Approved Provider: When the child care provider is licensed, certified, or approved the PS Specialist will verify the foster parent or unlicensed relative caregiver has provided the necessary and required documentation that meets the requirements of the type of child care assistance requested; and complete a Request for Funds (RFF), following the procedure in (D) below.

2. Unlicensed Child Care:

a. An unlicensed provider may be used if there are no licensed or certified child care facilities in the community or all other licensed or certified child care options have been exhausted, and it is determined that the child will be safe in the unlicensed provider's care. In order to ensure the child's safety, the PS Specialist will request authorization to use the provider, as described in (b) and (c) below, even if the provider is not requesting payment.

b. Upon receipt of a request from a foster parent or unlicensed relative caregiver to use an unlicensed provider, the PS Specialist will:

1) Explain to the unlicensed provider that:
- they are required to complete a fingerprint based criminal background check; and
- they will need to apply to become a licensed provider in order for payments to continue beyond 12 months; and
- unlicensed providers are paid at the approved provider rate which is consistently lower than the rate for licensed providers.

2) Complete the following background checks on the provider(s) and determine whether the results indicate that the child's safety would be compromised by the child being cared for by the provider(s):
- Local law enforcement check;
- Court record check;
- Sex Offender Registry check; and
- CPS check.

NOTE: APSIN checks may not be completed on unlicensed child care providers since checks on this provider type is not included in the APSIN agreement between OCS and the Department of Public Safety (see section 6.8.4 Inquiries to Alaska Public Safety Information Network (APSIN)).

3) Complete the Request to Use an Unlicensed Child Care Provider (06-9691) and send the completed form and required supporting documentation to the Foster Care Program Coordinator in the OCS State Office Resource Family Unit via Direct Secure Messaging (encrypted e-mail).

4) Child care payments to unlicensed providers cannot be approved for more than 12 months.

c. In situations where an unlicensed provider is unable to get fingerprinted in advance of providing services, the PS Specialist can, through the Request for Funds, request payment for one month of child care under the following circumstances:

1) The PS Specialist has verified that the provider has lived in the community for at least five years; and

2) The PS Specialist has completed the following background checks on the provider(s) and it has been determined that the results do not indicate that the child's safety would be compromised by the child being cared for by the provider(s):
- Local law enforcement check;
- Court record check;
- Sex Offender Registry check; and
- CPS check.

3) Complete the Request to Use an Unlicensed Child Care Provider (06-9691) and send the completed form and required supporting documentation to the Foster Care Program Coordinator in the OCS State Office Resource Family Unit via Direct Secure Messaging (encrypted e-mail). Confirmed approval must be received back from the Foster Care Program Coordinator before the PS Specialist can proceed with requesting funds.

4) The unlicensed provider will submit their fingerprints to the Department within 10 business days of requesting to provide child care.

5) Until fingerprint results are received, the PS Specialist may request approval for child care payments on a month-by-month basis.

d. Criminal background check records are confidential and should not be maintained in the CPS file or entered into ORCA; they are maintained by the Foster Care Program Coordinator in State Office.

D. Request for Funds: Once the PS Specialist has verified that the child care provider meets the requirements, including approval from the Foster Care Program Coordinator, the PS Specialist will complete a Request for Funds through ORCA before the services are purchased, and submit it to the PS Specialist IV for approval and prior authorization. The description section of the RFF must clearly define the services to be provided and whether the services are:

1. Part-time - up to 5 hours in a day for a whole month (not to exceed 26 days in a month) or half a month of full time days.

2. Full-time – 5 or more hours not to exceed more than 10 hours in a day; 17 or more full time days in a month (days of care per month may not exceed 26 days).

E. Approval Process:

1. PS Specialist IVs who have completed the Special Needs Purchasing Authority Training and been granted delegated authority to approve special needs requests have authority to approve up to $700 per month, for full time allowable child care, for up to six months.

2. PS Managers I and II have authority to approve up to $700 per month, for full time allowable child care, for up to six months.

F. OCS will make timely payment or reimbursement when the provider has received prior approval and submitted the required documentation.

G. Once the PS Specialist has received RFF approval for child care, payment may be made in two ways:

1. If a child care provider is to be paid directly, the PS Specialist will print an approved Purchase Authorization and provide it to the child care provider. A Purchase Authorization may cover a period up to six months as approved on the RFF. The child care provider submits the Purchase Authorization and an original or certified true copy of the invoice to the regional fiscal office for processing payment; or

2. When the foster parent or unlicensed relative caregiver pays the child care provider directly, the caregiver must provide an original or certified true copy of the invoice, and a receipt verifying that they have paid the child care provider, at which time the foster parent/caregiver will be reimbursed for the cost.

H. Requests will be reviewed at least every six months to assess the current need for child care. Requests may not overlap fiscal years.

I. Foster Homes Providing or Trading Child Care: If the number of children in the licensed foster home exceeds the allowable number, a general variance is required. See Community Care Licensing Manual Section 225, General Variances.

6.2.2.5 RESPITE CARE

AUTHORITY: AS 47.14.100(d) and (h) Powers and Duties of Department over Care of Child, 7 AAC 53.050(b)(5) Ongoing Direct Costs, 7 AAC 53.070 Respite Care

POLICY: A Protective Services (PS) Specialist may, with advance regional office approval, authorize respite care to temporarily relieve a foster parent from the demands of caring for children in accordance with AS 47.14.100(d).

PROCEDURES:

a. A PS Specialist shall determine the eligibility of a child to receive respite care. A PS Specialist may authorize respite care services for a child in foster care for the purpose of providing temporary relief from the stresses of caring for a foster child.

b. A criminal background check must be done on the individual who provides the respite care.

c. Respite Care in the Foster Home: When respite care is provided in the foster home, the foster parent becomes an employer. The division pays the foster parent who assumes responsibilities as an employer to secure respite care.

d. Respite Care in Another Out-of-Home Care Setting: Settings might include child care, another foster home with reimbursement, or another foster home that will trade for respite. When the respite care is provided outside of the home where the child is living, payment for the respite care can be provided directly to the respite care provider, at regional discretion.

   CAUTION: If another foster home is used for reimbursement or trading respite care, and the number of children in the home would exceed licensing requirements, a variance is required.

e. Procedures for securing respite care in emergency situations:

   1. Obtain supervisory approval by completing Request for Funds form (06-9710), indicating circumstances and rate of payment. In an emergency, faxed advance regional approval may be obtained with the local PS Specialist IV signing the original form for the Protective Services Manager II and attaching the faxed approval to the case file copy.

   2. State clearly the name and address of the individual to whom payment is made for respite care provided.

3. If the foster parent is to receive payment (and will pay the respite care provider himself), issue a Request for Funds (up to $8.00/hour, or otherwise negotiate a rate, e.g. a daily rate which complies with wage and hour requirements)

4. The PS Specialist IV will submit the form to the designated person in the regional office, according to regional instructions.

6.2.2.6 SUBSIDIES

AUTHORITY:

AS 13.26.062	Subsidized Guardianship Procedure
AS 25.23.190	Subsidy for Hard-to-Place Child
AS 25.23.210	Amount and Duration of Subsidy Payments
AS 25.23.240(7)	Definitions
AS 47.14.100	Powers and Duties of Department over Care of Child
7 AAC 53.200-299	Subsidized Adoption and Subsidized Guardianship Payments
7 AAC 54, Art. 4	Review and Fair Hearing Regarding Foster Care, Adoption Subsidy, or Guardianship Subsidy Payment
7 AAC 100.256	Under-21 Individual Receiving State-Only Adoption Assistance
7 AAC 100.270	Title IV-E Adoption and Foster Care Recipients
42 U.S.C. 671(a)(12)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C. 673	Title IV-E – Adoption Assistance Program
45 CFR 1356.40	Adoption Assistance Program

PURPOSE:

The purpose of the subsidy is to assist the adoptive family or guardians with defraying the costs for care in meeting the child's on-going special needs. Basic care costs are expected to be covered, in whole or in part, by the adoptive or guardian parent, including needs of food, clothing, shelter, activities, etc. for the child.

BACKGROUND INFORMATION:

A. Federal Law and Regulations:

1. Under federal law, an adoption subsidy may be provided to families who would not be able to offer an adoptive home to a special needs child without continuing financial and/or medical assistance. A guardianship subsidy may be provided to a prospective relative guardian of a related child for whom adoption or reunification are not appropriate permanency options when the prospective guardian would not be able to become a guardian without continuing financial and/or medical assistance.

   a. The federal subsidy benefits may include:

      1) A monthly payment on either a short or long-term basis, to assist the family with meeting the special needs costs for the child;

      2) Medicaid coverage for the child; and

      3) Reimbursement for non-recurring costs for the finalization of the adoption/guardianship.

   b. In order for a child to qualify for a federal adoption/guardianship subsidy, the child must have a determination of special needs, eligibility and certain

restrictions apply. See CPS Manual section 6.2.1.3 Federal Support – Title IV-E and Medicaid.

c. The State must grant an opportunity for a fair hearing before the State agency to any individual whose claim for Title IV-E adoption or guardianship benefits is denied or is not acted upon with reasonable promptness. See CPS Manual Section 1.16 Grievances, Fair Hearings and Appeals for more information.

2. Medicaid Benefits: A child who is eligible for Title IV-E Adoption Assistance or Title IV-E Guardian Assistance is automatically eligible for Medicaid regardless of the state of residence. Medicaid eligibility continues as long as the subsidy remains in effect. The adoptive family's health insurance resources are considered in the provision of Medicaid benefits. If the family moves to another state and the Medicaid plan of the new state of residence does not provide for specific medical needs of the child, which have been provided by Medicaid in Alaska and the adoptive/guardianship parent(s) insurance does not provide coverage, the services will be provided by the State of Alaska.

3. Title XX Social Services Benefits: Children who are eligible for a Title IV-E subsidy are also eligible for Title XX (Social Services), and the services are available in the state in which the child resides. Social services not provided under Title XX in the state of residence will be provided by the State of Alaska.

4. The subsidy agreements for Title IV-E payments must be signed and in effect at the time of or prior to the final decree of adoption or guardianship.

B. State Law and Regulations:

1. A hard-to-place/special needs child in OCS custody may not be denied the opportunity for a permanent home if the achievement of this depends on continued subsidy by the state. The same special needs definition is used for both Title IV-E and state adoption subsidies.

2. Types of State-Funded Adoption and Guardianship Subsidies:

a. State Subsidy: A special needs child who does not meet the eligibility requirements for a Title IV-E adoption/guardianship subsidy would be eligible for a state subsidy. State-funded subsidies do not have Medicaid benefits attached.

b. State Subsidy with Medicaid: If a special needs child who is eligible for a state adoption subsidy is also eligible for Medicaid immediately prior to the signing of the subsidy agreement, the child is eligible for a State Subsidy with Medicaid. However, there is no guarantee that the child will continue to receive Medicaid if the family moves to another state. The adoptive family's health insurance resources are considered in the provision of Medicaid benefits.

3. Monetary Subsidy Agreements: State regulations authorize OCS to provide a monetary subsidy payment to a child when the special needs of the child are documented and on-going services and resources are in place that must continue to the child after the finalization of the adoption/guardianship. A monetary subsidy

agreement may include a monthly payment to the adoptive family or guardian as well as continued Medicaid benefits to the child.

4. Non-Monetary Deferred Subsidy Agreements: per AAC 53.200- "provides Medicaid only with the option to renegotiate for a monetary subsidy based on demonstrated changes in the child's special needs "The department will determine that a child is a hard to place child with special needs if:

   a. the child cannot or should not be returned to the parental home because parental rights have been terminated, or because a determination has been made by a state court, or by a tribal court with jurisdiction of the child, that the child cannot return to that home;

   b. a specific factor or condition makes the child a hard-to-place child within the meaning of AS 25.23.240; for purposes of this paragraph, a specific factor or condition includes any of the following, if it supports a reasonable conclusion that the child cannot be placed without a subsidy:

      1) Ethnic background, age, or membership in a minority or sibling group;
      2) A physical or mental disability, or an emotional disturbance;
      3) A recognized high risk of physical or mental disease because of
         i. abandonment or neglect;
         ii. alcohol or drug abuse in the child's home;
         iii. domestic violence in the child's home;
         iv. emotional, physical, or sexual abuse;
         v. prenatal exposure to alcohol, cocaine, or another addictive drug; or
         vi. the mental illness of a parent; and

5. <u>Subsidy payment</u>:

   a. Adoption/guardianship subsidy payments are made to adoptive/guardianship parents who have an approved subsidy agreement. The subsidy agreement is a written agreement, binding on all parties, between the OCS and the prospective adoptive/guardianship parents. The agreement specifies:

      1) the duration of the agreement;
      2) the amount of subsidy payments (if any) and the nature and amount of any other payments;
      3) services and assistance to be provided, including non-recurring adoption/guardianship expenses;
      4) that the agreement remains in effect regardless of the state of residence of the adoptive/guardianship parents;
      5) that OCS is financially responsible for providing specified services if the services are not available in the state where the adoptive/guardianship parents reside; and
      6) for Title IV-E subsidy agreements, also that the child is eligible for Titles XIX (Medicaid).

   b. Subsidy payments will terminate when the child reaches age 18. Payments must also terminate if the parents cease supporting the child prior to age 18 or if the parents are no longer legally responsible for the child, and the parents must

inform the agency if they become ineligible for further payments. The only two conditions under which a subsidy agreement may be unilaterally terminated are when:

1) The State determines that the parents are no longer legally responsible for the child; or
2) The State determines that the child is no longer receiving any support from such parents.

c. If the child is placed in foster or residential care, the state may not automatically suspend or terminate the subsidy payment. However, due to the change in the child's circumstances, the state may re-negotiate the agreement and change the payment with the concurrence of the adoptive/guardianship parent, which may include the suspension or termination of the subsidy. Re-negotiation and adjustment of the payment must consider the specific needs of the adoptive/guardianship child and the circumstances of the family at the time of subsidy re-negotiation may include:

1) Termination of Title IV-E assistance; or
2) Reduction, suspension, or termination of a state subsidy.

6. Non-Recurring Expenses Reimbursement:

a. All special needs children in OCS custody are eligible for reimbursement of non-recurring adoption/guardianship expenses, up to a $2,000 limit. These expenses may include attorney's fees, court costs, adoption/guardianship home study fees, costs of pre-placement visitation and travel, and other one-time expenses directly related to the adoption/guardianship. There is a maximum of $2,000 per child.

b. Non-recurring expense reimbursements cannot be made prior to when the adoption/guardianship is finalized and the adoptive/guardianship parent must provide a copy of the decree of adoption/guardianship and bills or receipts for all claimed expenses.

c. Approval by the Director or designee prior to the adoption/guardianship finalization is required. OCS can either reimburse the adoptive family directly or pay the vendor directly on behalf of the adoptive family.

7. Factors that the department will consider in negotiating the amount of a subsidy payment include:

a. Benefits received by the child that will continue after adoption or guardianship, including any social security survivor benefits;

b. Unearned income received by the child as described in 7 AAC 53.230;

c. Cost of child care that is not covered by day care assistance under AS 47.25.001 - 47.25.095; child care costs must be for a limited time and reflect what portion of costs will be provided by the adoptive parent or guardian;

d. Cost of transportation that is extraordinary and required to meet the child's special needs, including transportation to:

1) Therapy, medical treatment, or special training; or
2) Visitations with tribal communities, relatives, or siblings;

e. Special diet, equipment, or clothing needed by the child;

f. Documented cost of ongoing medical or dental care and treatment that is not met by Medicaid or other medical or dental coverage;

g. Developmental preschool costs that are not met by other programs such as a Head Start program under 42 U.S.C. 9831 - 9852 or a school district program;

h. Infant stimulation programs;

i. Specialized training or programs for the disabled that are not otherwise paid for by the department;

j. Therapy that is not paid for by insurance or Medicaid; the therapeutic needs must be documented;

k. Medical expenses described in 7 AAC 53.240, if applicable;

l. Other needs, including the basic needs of the child; and

m. The portion of the cost of the child's care that the adoptive parent or guardian is capable of paying.

8. Post-adoption subsidies: Requests for post-adoption subsidies for non-custody children who do not meet the federal requirements will not be approved.

POLICY:

A. Individualized Subsidy Amount: The subsidy amount is individualized to each specific child being considered, and consistency between families is not a factor. All adoptive or guardianship subsidies must be individually negotiated, and agreed-upon with the OCS and the adoptive or guardianship family based on the:

1. Identified special needs of the child;

2. Costs associated with meeting these special needs; and

3. Family's existing circumstances and resources, which may assist with meeting the child's special needs.

B. The subsidy amount will be negotiated starting at $0.00 and increased based on the special needs of the child and family circumstances. The amount of the adoption or guardianship subsidy may not exceed 90% of the foster care rate for which the child would be eligible in

the state where the child resides, including augmented or specialized foster care rates, if applicable.

PROCEDURE:

A. Subsidy Packet and Adoption Referral:

1. The assigned PS Specialist will prepare the adoption or guardianship subsidy packet and complete the adoption or guardianship referral in ORCA. The referral outlines the existing special needs, current services and resources for the child, and identifies those services and resources which will continue in post-adoption or guardianship for an extended period.

2. The Assigned PS specialist will submit the complete packet to the State Office Adoption Unit at least 60 days before the adoption or guardianship hearing.

3. The State Office Adoption Unit staff will review the referral, and provide the packet to the State Office Eligibility Unit to determine if the child is eligible for a subsidy. If the child is eligible determination will be made if the subsidy will be a Title IV-E subsidy, State Subsidy with Medicaid, or State Subsidy without Medicaid.

4. The State Office Adoption Unit will notify the family of the subsidy eligibility determination with 30 days notice before the approval of the subsidy agreement. OCS must allow 30 days notice for the family to request a first-level review unless the family submits a signed waiver for this 30 day wait period.

5. Negotiation of the Subsidy

   a. The assigned worker will negotiate the subsidy payment amount directly with the adoptive parents or guardian. In most cases, the negotiation occurs over a series of meetings to give the family the opportunity to thoroughly consider the impacts of the negotiated subsidy in meeting the child's ongoing special needs.

   b. All subsidy negotiations begin at a zero dollar amount and under no circumstances can the amount of the monthly subsidy payment exceed 90% of the amount that the child would have been eligible for in an OCS foster care payment.

   c. Every effort will be made to negotiate the child's needs within the subsidy including travel for cultural continuity, child care, and other needs. The costs that are not covered by other resources may be considered in the negotiated subsidy payment. In some cases, the identified service may only be provided once or several times a year. In these cases, the worker will annualize the cost by adding up the total costs for services for the year, and then divide the total cost by twelve months, to find the monthly payment for this identified service.

   d. All subsidy amounts will be negotiated based on the costs to the family in meeting the child's special needs. Payment for the following services will not be included in the subsidy negotiation:

1) orthodontia; and
2) travel assistance for travel out-of-state.

e. In addition to the factors listed in the Background Information section of this policy, consideration will be given to the following factors:

1) Family circumstances such as a relative placement in which the subsidy parent is retired or has a disability; a relative or kinship placement in which the family may not be able to adopt or become the guardian of a child without subsidy assistance.

2) Family resources such as subsistence lifestyle; available relatives to provide a particular service to the child (such as childcare); church or other community supports that are resources that may be able to assist with meeting the child's special needs

f. The PS Specialist will outline the existing special needs, current services and resources for the child, and identify those services and resources which will continue in post-adoption or guardianship for an extended period. The PS Specialist will ensure that full disclosure was delivered to the family (see full disclosure policy 3.15.5). The PS Specialist will identify the total cost for the services every month, determine if any of the costs can be borne through other resources (Medicaid, Social Security, survivor benefits, etc.), and any existing family resources.

g. If the family does not agree with the amount of the subsidy, the subsidy negotiation process continues until the family, and the OCS have reached agreement on the monthly subsidy rate.

h. When the family agrees upon a subsidy amount, the PS Specialist will ask the family to sign the subsidy agreement. The worker will explain the terms and conditions as outlined in the subsidy agreement. The PS Specialist sends the signed agreement to the State Office Adoption Unit.

6. Approval of the Requested Subsidy: The State Office Adoption Unit will review and recommend approval of the requested subsidy, to the Director or designee for approval and signature before the finalization of the adoption or guardianship.

7. Finalize and Create Payment: The State Office Adoption Unit will:

a. Send copies of the fully signed subsidy agreement to the PS Specialist, the Regional Permanency Specialist, the adoptive parents or guardians, and the OCS Eligibility Technician.

b. Initiate the subsidy payment in ORCA: the effective date the subsidy will be:

1) Adoption – The first day of the month in which the subsidy agreement is signed.

2) Guardianship – The effective date on the signed guardianship order.

B. Changes in Subsidy Amount:

1. The adoptive parents may request a change in the subsidy amount in writing. If a change is requested, the subsidy amount will be reviewed based on the child's special needs and any required documentation that supports the request.

2. If the adoptive parents or guardians request a change in the subsidy amount before the adoption or guardianship is finalized, the PS Specialist will re-negotiate the amount. After the adoption or guardianship is finalized, the State Office Adoption Unit will re-negotiate the amount. Payment for the following services will not be included in the renegotiated subsidy:

   a. orthodontia; and
   b. travel assistance for travel out-of-state.

3. Changes in the maximum allowable subsidy payment due to increases in foster care rates, age and location, are not automatic but based on the needs of the child and the circumstances of the adoptive family or guardians.

C. Non-Recurring Adoption & Guardianship Expenses:

1. The provisions of payment of non-recurring adoption and guardianship expenses are included on the subsidy agreement. Payment can only be made if the adoption or guardianship is finalized. Payment will not be made until receipt of the Adoption decree or guardianship order by State Office.

2. If the adoptive family or guardians elect to not receive an on-going subsidy but is requesting assistance with non-recurring costs for the finalization of the adoption or guardianship, a Non-Recurring Adoption or Guardianship Expense Agreement (06-9742) must be completed and signed by the adoptive parents or guardians.

3. Payment: Once the adoption or guardianship has been finalized, the reimbursement for the non-recurring expense will be made to the family, or the family can designate in writing, a third party to be paid directly on their behalf. The family will submit any bills or receipts for non-recurring cost reimbursement to the State Office Adoption Unit, who will review, approve, and release payment for eligible covered services.

6.2.2.7 REQUEST FOR SPECIAL NEEDS FUNDS

AUTHORITY:

AS 47.05.065	Legislative Findings Related to Children
AS 47.10.020	Investigation and Petition
AS 47.10.086	Reasonable Efforts
AS 47.10.087	Placement in Secure Residential Psychiatric Treatment Centers
AS 47.14.100	Powers and Duties of Department Over Care of Child
AS 47.14.130	Payment of Costs
7 AAC 53.100	Liability Protection
7 AAC 53.110	Damages and Loss
7 AAC 53.310	Clothing
7 AAC 53.320	Medical, Dental, Diagnostic, and Therapeutic Services
7 AAC 53.330	One-Time Items
7 AAC 53.340	Prevention of Out-of-Home Placement and Reuniting Families
7 AAC 53.350	Independent Living
7 AAC 54 Art. 4	Review and Evidentiary Hearing Regarding Foster Care, Adoption Subsidy, or Guardianship Subsidy Payment
42 U.S.C. 675(4)(A)	Definitions (Title IV-E)

PURPOSE: To provide for goods and services needed for the protection and well-being of children and families served by the Office of Children's Services.

BACKGROUND INFORMATION:

A. Federal Law: Under Title IV-E, the term "foster care maintenance payment" means payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. In the case of institutional care, such term shall include the reasonable costs of administration and operation of such institution as are necessarily required to provide the items described in the preceding sentence.

B. State Law and Regulations: Alaska statutes and regulations allow the Office of Children's Services (OCS) to pay for goods and services for children in OCS custody or under the supervision of OCS.

POLICY:

A. Special Needs funding is designed to pay for pre-approved expenditures that are not covered by the foster care base rate or other resources and have been assessed on an as-needed basis.

   1. ORCA is used to request and receive approval for payment of one-time, or short-term costs.

2. Special needs funding is used to meet the special needs of a child as identified in their case plan.

B. Before approving special needs funds, OCS employees will:

1. complete the special needs purchasing authority training;

2. sign the Authority to Approve Special Needs Requests form (06-9697); and

3. have been granted delegated authority as outlined in the Delegation of Authority Memo issued by the OCS Director.

C. Authorizing the purchase of goods or services made outside Alaska statutes and regulations or above a supervisor's delegation may lead to personnel action up to and including termination of employment.

D. All staff must receive approval through the Request for Funds process before a commitment is made to pay for an expenditure.

E. Requests for Funds may not overlap fiscal years. A fiscal year is July 1 through June 30.

F. Requests may be approved as outlined in the Director's delegation of authority memo.

G. Once approved, a Request for Funds can be increased for unanticipated cost increases up to 10% within Special Needs Matrix guidelines, without additional supervisory approval, provided the amount does not exceed the cap listed in the matrix.

H. Goods and services may be approved for different types of placement. Each request must be reviewed on a case-by-case basis and assessed as necessary and must be consistent with the child's case plan documented in ORCA. Other supporting documentation must be submitted with the request. Goods and services for which funds may be requested are outlined in the Special Needs Spending Matrix which is located in the Statewide Forms Directory.

1. Definitions for placement types:

a. Licensed Foster Care: Child is placed in a licensed foster home.

b. Unlicensed Relative Care: Child is placed in the home of an unlicensed relative.

c. Placed in an Emergency Shelter: a shelter setting that is not residential care.

d. Residential Care: Child is placed in a Level II-IV residential behavioral rehabilitation services (RBRS) facility.

e. Treatment or Boarding School Care or Other: Child is placed in a Level V residential psychiatric treatment center (RPTC), boarding school/military academy or may be hospitalized.

f. Trial Home Visit: Child has been in a trial home visit for no more than 6 months or as ordered by the court. The child is still in custody with an active

case plan.

g. Initial Assessment (Investigations): Child is the subject of a CPS initial assessment and services are required to complete the assessment. The child is not in custody.

h. Open for Services (Candidate for Foster Care): Child is living in their own home (with a parent, legal guardian, or Indian custodian) or is temporarily residing with a designated adult caregiver under the provisions of an out of home safety plan and OCS has determined that the child will be placed in foster care unless preventive services are effective. Services for a child temporarily residing with a designated adult caregiver may not exceed 60 days. Candidacy for foster care is documented by a defined in-home case plan which indicates that absent effective preventive services, foster care is the planned arrangement for the child. The child may or may not be in custody.

I. The following are examples of costs that will not be paid through special needs by OCS:

1. Open for Services or trial home visit child participation in vacation with a parent, legal guardian, or Indian custodian;
2. Foster care and unlicensed relative placements;
3. Mediation services;
4. School trips for children living with parents, legal guardians, Indian custodians;
5. Shipping oil from one village to another;
6. Telephone installation/deposits (unless needed for medically fragile children);
7. Cost of social services, for example, welfare check fees by an ICWA Worker/Tribe;
8. Moving expenditures for parents, legal guardian, or Indian custodians;
9. Goods or services for out-of-home care providers;
10. Debts of out-of-home care providers, parents, legal guardians, Indian custodians;
11. Goods or services for children in pre-adoptive or guardianship placements after an Adoption or Guardianship subsidy agreement becomes effective.
12. No-show, missed appointment, or processing fees.

J. In cases where OCS is ordered by the court to provide a good or services outside the spending matrix, a copy of the court order is required before approval of payment.

PROCEDURES:

A. When a PS Specialist is aware of a need for a child, the PS Specialist will explore other resources for payment. The PS Specialist will then ensure:

1. Referrals to appropriate assistance agencies have been completed. Referrals may include:

    a. Tribal Health Organizations and Tribal providers for Alaskan Native and American Indian children;

    b. Medicaid eligible service providers for Medicaid eligible children;

    c. Grant Service providers;

    d. Providers who have signed provider agreements with the Office of Children's Services; or

    e. Division of Public Assistance (DPA) and Tribal assistance programs (i.e., DPA/Tribal fuel assistance, DPA/Tribal ATAP/Food stamp programs, DPA General Relief Program, Alaska Housing Authority, WIC, food banks, etc.) for families identified as requiring living assistance.

2. All other resources for payment have been exhausted, including the parent's ability to pay.

B. The following one-time items need to be requested in writing by the foster parent. These one-time items include:

1. Special cribs, beds, mattresses, or discretionary devices for persons with disabilities;

2. Special event costs, such as graduation costs or holiday gift money, if the child is placed less than 90 days before the event; and

3. Costs for pre-placement visitation and travel.

C. When all other resources are exhausted, the PS Specialist may submit a request for funds for one-time, or short-term costs.

D. The PS Specialist will request funds by completing a Request for Funds (RFF) in ORCA. Detailed instructions on how to complete a Request for Funds are available in the ORCA interactive training and How Do I Guide: Requests for Funds.

E. Whenever possible, an existing provider will be used.

F. The Request for Funds must be entered and approved in ORCA before purchase:

1. The PS Specialist completes a Request for Funds to the provider before supervisory approval. No purchase of goods or services may be made before approval through the RFF process, except life-endangering emergencies.

2. No verbal agreement to pay for services to the provider should be made until supervisory approval is given.

3. The PA is printed after supervisory approval and is provided to the provider before purchases or services are procured.

a. For providers: The provider then will submit the Purchase Authorization and an original or certified true copy of the invoice to the regional fiscal office for processing payment; or

b. For resource families: If the resource family will be reimbursed the resource parent will be listed as the provider in the RFF, ensuring the RFF is entered as a reimbursement. After the purchase the resource parent will:

1) Provide an original or certified true copy of the invoice to the field office which will be attached to the PA: and

2) Be reimbursed for the cost.

G. Audit Exceptions for Special Needs: Audit exceptions are required to authorize payment of prior year expenditures from current year funds, if an RFF was not approved before July 31, or an RFF was finalized in error. To facilitate the required manual payment, the Protective Services Manager I (PSM I) will email the Provider Payment Unit Manager or designee. The Provider Payment Unit (PPU) will work with the PSM I to obtain information needed to approve the audit exception. The PPU will document the audit exception status in an ORCA financial note.

H. Requests for New Providers: Approval to set up new OCS Approved RFF Provider will be considered on a case by case and as-needed basis only. Before discussions related to the specific service to be delivered, referral and the rate of pay, staff must receive official approval of the new provider via Provider Payments Unit.

1. All requests to set up a new OCS Approved RFF Provider for services must be submitted OCS Providers Resource and Maintenance Specialist.

2. Upon receipt of a request, the OCS Providers Resource and Maintenance Specialist will contact the vendor, gather specific rate, service, and W-9 information. Once documentation is received and approved by the Provider Payments Manager, the new OCS Approved RFF Provider is set-up in ORCA. Provider Payments Vendor Maintenance Specialist will contact the PS Specialist and provider advising them the process, expectations for invoicing and of their Pay Vendor Number (PVN).

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6.2.2.8 CLOTHING

AUTHORITY:

AS 47.05.60	Purpose and Policy Relating to Children
AS 47.14.100	Powers and Duties of Department Over Care of Child
AS 47.10.130	Payment of Costs
AS 47.10.080(c)	Judgments and Orders
7 AAC 50.340(e)	Discharge in Full Time Care Facilities
7 AAC 50.430(i)	Program in Foster Homes
7 AAC 53.310	Clothing

PURPOSE: To ensure a child's clothing needs are met while in out-of-home care.

BACKGROUND INFORMATION:

State Law and Regulations:

A. Alaska statutes and regulations allow the Office of Children's Services (OCS) to pay for adequate clothing at the time of the initial out-of-home placement of a child, and for extraordinary clothing needs during the child's placement in out-of-home care.

B. Once it is determined that the child has an adequate supply of clothing upon placement, routine replacement of clothing is the responsibility of the out-of-home care provider.

POLICY:

The clothing needs for children in OCS custody will be met. Routine replacement of clothing and supplementation of initial placement clothing is the responsibility of the foster parent or residential child care provider, to be purchased from the payment received for the care of the child. Approximately 10% of the foster care base rate payment per month should be used to purchase clothing for the child.

A. Clothing purchased for a child, either by OCS directly, or by out-of-home care providers (using funds from the agency), becomes the property of the child.

B. Children should participate (as appropriate to their age) in the purchase of clothing needed. Clothing purchased should be well-fitting, seasonable, and appropriate for the child's age and individual needs, comparable to that worn by other children in the community.

C. Clothing does not include accessories such as backpacks or watches.

D. The Protective Services (PS) Specialist must consult the spending matrix to review criteria and maximum amounts allowable for clothing.

E. No purchase may be made prior to approval. Whenever possible, a state vendor should be used. See 6.2.2.7 Request for Special Needs Funds policy.

PROCEDURE:

A. Clothing Inventory: The PS Specialist will ensure that the clothing inventory form (06-9741) is completed at the following timeframes and before any request for funds:

1. Before or at the time of placement: An inventory will be made by the PS Specialist and the resource family or residential care provider, of the child's clothing supply.

2. At the time of discharge from the placement: The resource family or residential child care provider will complete a Clothing Inventory form (06-9741) and submit it to the PS Specialist.

B. Emergency clothing at initial placement: If clothing is found inadequate within the first 30 days of placement, the PS Specialist will complete a Request for Funds (RFF) in ORCA requesting authorization to purchase clothing to bring the initial supply up to the minimum level. The PS Specialist will refer to the spending matrix to review criteria and maximum amounts allowable before requesting special needs funding.

C. Extraordinary clothing purchases:

1. Requests for extraordinary clothing is made when clothing attire is needed due to unusual circumstances. Examples of extraordinary matters include medically fragile, rapid weight gain or loss, seasonal clothing needs, or damaged clothing due to flood/fire.

2. If the foster parent or residential child care provider failed to obtain or maintain necessary clothing or failed to provide the child with their possessions when they left placement, the PS Specialist will assess the reason and notify the licensing worker.

D. Request for Funds: The PS Specialist will ensure the clothing inventory form (06-9741) is completed and review the spending matrix before requesting special needs funds. The Request for Funds will be processed as outlined in the 6.2.2.7 Request for Special Needs Funds policy.

6.2.2.9 DAMAGES AND LOSS – REIMBURSEMENT TO FOSTER PARENTS

AUTHORITY:
AS 47.14.100 Powers and Duties of Department Over Care of Child
7 AAC 53.110 Damages and Loss

PURPOSE: To define the circumstances under which foster parents can be reimbursed for costs for damages or loss caused by a foster child in their care.

BACKGROUND INFORMATION - STATE REGULATIONS:

A. Modest damages and loss costs are normal in the care of children, and are included in the base rate; however, the department may reimburse a foster parent for damages and loss at the amount specified in 7 AAC 53.110 if:

   3. the damage or loss is a result of a deliberate act with malicious intent of the foster child, or with gross negligence of the child;

   4. considering the child's maturity and behavioral history, the foster parents were providing adequate supervision and exercised appropriate precautions;

   5. the damage or loss does not include rental or other payment for lost time wages or use of the damaged or lost items;

   6. the damage or loss exceeds $150 for a single event or $200 cumulative each month;

   7. the damage or loss is documented by the foster parent, including filing a report with law enforcement if required by the department; and

   8. the damage or loss is not covered by any insurance protection the foster parent has.

B. OCS may arrange for restitution by the child instead of by OCS.

POLICY:

A. Modest damages and loss costs are normal in the care of children, and are included in the base rate.

B. OCS will, under certain circumstances, reimburse foster parents for extraordinary damages or loss beyond normal loss and damages. Reimbursement may be made to a foster parent for a direct financial loss resulting from physical injury to a member of the foster family's household inflicted by the foster child, or damage to or theft of property by a

division-placed foster child, and not covered by an insurance policy or restitution agreement. Payment is limited in regulation.

C. Requests for reimbursement for foster parent damage/loss will be considered under the circumstances listed in Background Section (A) above, if:

1. The loss exceeded that which a parent might encounter in caring for a child not in foster care;

2. The loss was not provoked by the actions or statements of the foster parent;

3. The incident resulting in financial loss was reported to OCS by the foster parent within 72 hours. If the loss was caused by theft, criminal mischief or other criminal conduct, it must have been reported to the law enforcement agency having jurisdiction;

4. The foster parents have submitted a completed Foster Parent Report of Stolen/Damaged Property or Personal Injury (06-9440), within a reasonable period following the damage or loss; and

5. Adequate worker action has been taken to have the child assume responsibility for his/her actions. The PS Specialist may assist in facilitating restitution to be paid by the child in lieu of payment by OCS. That facilitation may include an agreement with law enforcement, the courts, or the Division of Juvenile Justice;

D. While foster parents are not required to have insurance, it is expected that foster parents will have standard insurance coverage, such as homeowner's insurance. The reimbursement limit for damages and loss may be applied toward a foster parent's insurance deductible.

E. Special needs request procedures are used to request and receive approval for reimbursement for damages/loss. See section 6.2.2.7 Request for Special Needs Funds.

PROCEDURE:

A. In order to be reimbursed for damage/loss, the foster parent must submit a completed Foster Parent Report of Stolen/Damaged Property or Personal Injury (06-9440) to OCS. When required, a police report must be submitted with the request.

B. Upon receipt of a Foster Parent Report of Stolen/Damaged Property or Personal Injury, the PS Specialist will

1. Review the request to ensure that the circumstances of the damage/loss meet the requirements;

2. Take action to have the child assume responsibility for his/her actions. This may include facilitating restitution to be paid by the child in lieu of payment by OCS and may include an agreement with law enforcement, the courts, or Division of Juvenile Justice. If damage was caused by theft, criminal mischief or other criminal conduct,

the PS Specialist will request permission from the court to release PFD Funds. Before any action is taken under this subparagraph, the PS Specialist will ask the assigned AAG to request appointment of counsel for the child for purposes of consulting with the child about the proposed action;

3. Submit the report form and police report to the supervisor and, if the circumstance of the damage/loss meet the requirements, complete a Request for Funds (RFF) in ORCA.

C. The approval and payment process addressed in section 6.2.2.7 Request for Special Needs Funds will be used.

D. Denials: If the individual disagrees with the decision to deny the damage and loss request, OCS will inform the individual of the right to request a review of the denial within 30 days of the initial decision.

1. The review will be completed by the Special Needs Request review committee. The committee's decision will be final and a formal response will be provided to the individual in writing.

a. The Special Needs Request review committee will consist of at least three individuals including the supervisor or manager of the worker denying the request, a provider payments staff member, and a member of the Statewide Executive Team.

b. A copy of the decision letter will be scanned or copied as a provider's financial note in ORCA.

c. An individual may appeal a final decision of the agency to the superior court in accordance with the Alaska Rules of Appellate Procedure 601.

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6.2.2.11 REQUEST FOR INDEPENDENT LIVING INDIVIDUAL FUNDS FOR YOUTH IN CUSTODY AND YOUTH NO LONGER IN CUSTODY

AUTHORITY:
AS 47.18.300 Foster Care Transition Program
7AAC 53.350 Independent Living
42 U.S.C. 677 John H Chafee Foster Care Independence Program

PURPOSE: To provide goods, services, individual funds, and other supports to eligible youth to support their transition to self-sufficiency.

BACKGROUND INFORMATION:

A. Federal Law:

1. Federal funding is available to states for conducting programs that:

a. identify children who are likely to remain in foster care until 18 years of age and help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities;

b. help children who are likely to remain in foster care until 18 years of age receive the education, training, and services necessary to obtain employment;

c. help children who are likely to remain in foster care until 18 years of age prepare for and enter postsecondary training and education institutions;

d. provide personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults;

e. provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;

f. make available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care; and

g. provide the services referred to in this subsection to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

2. Educational and Training Vouchers:

   a. Vouchers may be available to youths otherwise eligible for services under a federally funded independent living program.

   b. For purposes of the voucher program, youths who, after attaining 16 years of age, are adopted from or enter kinship guardianship from foster care may be considered to be youths otherwise eligible for services under a federally funded independent living program.

   c. The State may allow youths participating in the voucher program on the date they attain 21 years of age to remain eligible until they attain 23 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.

   d. Vouchers may be available for the cost of attendance at an institution of higher education, and shall not exceed the lesser of $5,000 per year or the total cost of attendance.

   e. The total amount of educational assistance to a youth shall not exceed the total cost of attendance.

B. State Law and Regulations:

1. Alaska statutes and regulations allow Office of Children's Services (OCS) to pay for goods and services for children in OCS custody or under the supervision of OCS.

2. In order to successfully facilitate the transition of adolescents from the out-of-home care system to independent living, the following services will be authorized, if funding is available and if consistent with the child's placement plan, before the child is released from custody:

   a. counseling and referral to community support networks, where available, to assist the youth in preparation for emancipation, in areas such as self-esteem, basic living skills, and employability;

   b. financial assistance for housing up to 100 percent of the foster care or fostering independence assistance rate; and

   c. the services or goods described in 7 AAC 53.310, 7 AAC 53.320, and 7 AAC 53.330.

POLICY:

A. Two types of financial assistance are available to facilitate the transition from foster care to self-sufficiency: Independent Living Funds and Education and Training Voucher Funds:

1. Independent Living Funds: For purchase of goods and services to successfully facilitate the transition from out-of-home care to independent living. Youth must have completed a Casey Life Skills Assessment prior to the request. Eligible youth who are

no longer in custody can access funds up to age 21. These funds are not considered an entitlement and are approved only on an as needed basis.

2. Education and Training Voucher (ETV) Funds: For post-secondary or vocational training. Youth must be accepted into an institution of higher education. The maximum amount a youth can access is $5,000 per academic year. The total funds approved cannot exceed the total cost of attendance for the academic year. Youth may access funds up to age 23 if they started their post-secondary education by age 21 and have been continuously enrolled.

B. Eligibility Criteria: The following eligibility criteria have been established for Independent Living services/supports and funds.

Eligibility for Individual Independent Living Funds

Age Served	Status	Services	Eligible for Individual IL Funds
In custody age 16 to 21	Youth was in custody and out-of-home placement on or after their 16th birthday and is still in custody.	Transition plan development at age 17	Yes, IL funds can be requested from RILS on broad categories as identified in the Special Needs Matrix.
Out of custody age 16 to 21	Youth was in custody and out-of-home placement on or after their 16th birthday.	Referrals for IL services, supports	Yes, IL funds can be requested from RILS on broad categories as identified in the Special Needs Matrix.
Funds for Housing for out of custody youth Age 18+	Youth was in custody and out-of-home placement on or after their 16th birthday and aged out of foster care at age 18 or older.	Referrals for IL services	Yes. Housing supports are restricted to criteria identified in the Special Needs Matrix.

Eligibility for Education and Training Voucher Funds

Age Served	Status	Services	Eligible for ETV funds
In custody age 16 to 21	Youth was in custody and in out-of-home placement on or after their 16th birthday and is still in custody, has been accepted into an institution of higher education, and is participating in IL program.	Post-secondary education and career preparation services.	Yes, as identified in the Special Needs Matrix.
Out-of-custody age 16 to 23	Youth was in custody and out-of-home placement on or after their 16th birthday, has been accepted into an institution of higher education, and entered the program by age 21. This includes youth who were in custody and adopted or placed into guardianship after age 16, and has been accepted into an institution of higher education.	Post-secondary education and career preparation services.	Yes, as identified in the Special Needs Matrix.

C. Funding Categories Independent Living funds and Education and Training Voucher funds can be provided as identified in the Special Needs Matrix.

PROCEDURES:

A. Independent Living Funds

1. Youth in Custody

a. The youth discusses the funding need with either the Regional Independent Living Specialist (RILS) or the assigned Protective Services (PS) Specialist.

b. The RILS determines whether the request fits within the Independent Living funding categories as identified in the Special Needs Matrix, completes the request for funds (RFF) in ORCA, and routes it to their supervisor or the Independent Living Program Coordinator for approval. RFFs for Independent Living expenditures above $1,500 are submitted through the Independent Living Program Coordinator to the Division Operations Manager for approval.

c. The determination of funding will be made by availability of funds. The RILS' supervisor may approve expenditures up to their spending authority level, and the Independent Living Program Coordinator may approve expenditures up to $1,500. The RILS' supervisor/ Independent Living Program Coordinator documents the approval in ORCA.

2. Youth No Longer in Custody

a. The youth discusses the funding need with the Regional Independent Living Specialist (RILS). If necessary, the RILS will confirm the youth's information to include address, e-mail, and phone number and update ORCA accordingly.

b. The RILS initiates the RFF in ORCA and submits the request to the Independent Living Program Coordinator for approval.

c. The Independent Living Program Coordinator determines whether the request fits within the Independent Living funding categories as identified in the Special Needs Matrix. The determination of funding will be made by availability of funds. The Independent Living Program Coordinator has authority to approve requests up to $1,500 and documents the approval in ORCA.

B. Education and Training Voucher (ETV) Funds

1. Youth in Custody:

a. The RILS assists the youth in completing the ETV application and gathering the supporting documentation. The RILS submits the completed application and recommendation for funding to the Independent Living Program Coordinator for approval.

b. The application is reviewed by the Independent Living Program Coordinator who has authority to approve up to $5,000 per academic year.

2. Youth No Longer in Custody:

   a. The RILS assists the youth in completing the ETV application, gathering the supporting documentation, and submitting the completed application and recommendation for funding to the Independent Living Program Coordinator for approval. The application form and instructions can be obtained through the RILS.

   b. The application is reviewed by the Independent Living Program Coordinator who has authority to approve up to $5,000 per academic year.

C. If a PS Specialist is contacted by a youth no longer in custody who is in need of ETV, independent living services, and/or funds, the client should be referred to the RILS.

DEFINITION:

"Institution of higher education" is defined in Sections 101 and 102 of the Higher Education Act (HEA) of 1965, as amended. The term includes three different types of institutions: public and nonprofit institutions of higher education; proprietary institutions of higher education; and postsecondary vocational institutions.

A. A public or nonprofit institution of higher education must meet the following criteria (section 101(a) and (b) of HEA):
   (1) admits as regular students only persons with a high school diploma or General Equivalency Degree (GED), OR students above the age of compulsory school attendance in the State where the institution is located;
   (2) is authorized by the State to provide postsecondary education;
   (3) provides an educational program for which the institution awards a bachelors degree or at least a two-year program (e.g., an associate degree) that is acceptable for full credit toward such a degree OR provides at least a one-year training program to prepare students for gainful employment in a recognized occupation; and
   (4) is accredited by a nationally recognized accrediting agency or association, recognized by the Department of Education, or has been granted pre-accreditation status by the agency or association, and the Secretary has determined that there is a satisfactory assurance that the institution will meet the accreditation standards of the agency or association within a reasonable time.

B. A proprietary (for-profit) institution of higher education must provide a training program to prepare students for gainful employment in a recognized occupation and meet the same criteria as described in (1) and (2) above for public or nonprofit schools. In addition, the institution must: be accredited by an agency or association recognized by the Department of Education; be in existence for at least two years; and, have at least 10 percent of its funding come from sources other than title IV of HEA (section 102(a)(1)(A) and 102(b) of HEA).

C. A postsecondary vocational institution must be a public or nonprofit school in existence for at least two years, which provides a training program to prepare students for gainful employment in a recognized occupation. The school must also meet the criteria described in (1), (2) and (4) above (section 102(a)(1)(B)) and 102(c) of HEA).

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6.2.3 FINANCIAL: OTHER

6.2.3.1 INCOME AND ASSETS OF CHILDREN IN CUSTODY

6.2.3.1.A GIFTS FOR CHILDREN IN OCS CUSTODY

AUTHORITY: AS 18.05.030(3) Cooperation with Federal Government, 7 AAC 53.360 Unearned Income of Children in State Custody, 7 AAC 50.425(m) Program in Residential Child Care Facilities, 7 AAC 50.430(f) & (g) Program in Foster Homes

POLICY: A gift for a child in custody may be accepted on behalf of the child. Any gift given for tax purposes should be acknowledged in writing to the donor with an authority reference to AS 18.05.030(3).

PROCEDURE: The thank you letter should not reference that the gift is tax deductible, but should state what the gift is and the estimated value of the gift.

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6.2.3.1.B INCOME OF CHILDREN IN OCS CUSTODY

AUTHORITY: AS 47.10.084 Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities, 7 AAC 53.360 Unearned Income of Children in Custody , 7 AAC 50.425(m) Program in Residential Child Care Facilities, 7 AAC 50.430(f) & (g) Program in Foster Homes

POLICY: When a child in custody under the age of 18 has earned or unearned income, a trust fund or bank account should be set up. (Regarding receipt of benefits, e.g. Social Security, SSI, or Veteran's benefits , see Administration Chapter, section 6.2.1.1 Benefits for Care and Maintenance of Children). The division can be the custodian of clients' funds or have joint bank accounts with clients, but individual workers cannot.

PROCEDURE:

a. Trust fund or bank account: When a child in out of home placement earns money or receives a substantial amount of money e.g. as a gift, the foster parent or facility staff may assist the child in setting up a bank account in the child's name. In some situations it may be appropriate to set up the account so that both the child's and her foster parent's or guardian's signature is required for withdrawal purposes.

b. Effect on child's eligibility for Medicaid and Title IV-E: Any changes in a child's income or resources must be reported to the Division of Public Assistance on a Report of Change form (06-3679B).

c. Filing of Tax Return: When a child has income and/or resources which are liable to income tax, an income tax return must be filed. The responsibility for filing the tax return depends on the child's circumstances.

    1. When a child has been released from custody and returned to the parents, the parents are responsible for filing the tax return.

    2. When a child has been released from custody upon reaching age 18 or emancipation, the child is responsible for filing the tax return.

    3. When a child is in OCS custody and placed at home, the parents should help the child to file the tax return.

4. When a child is in division custody and in an out of home placement, and the parents do not claim the child as a dependent or the parents do not file an income tax return, the foster parent or facility or placement agency should assist the child in completing and filing the return.

5. 1-4 above applies when money is released from a PFD trust account.

6.2.3.1.C PROTECTION OF CHILDREN'S MAJOR ASSETS

AUTHORITY: AS 13.26, Article 4, Protection of Property of Persons Under Disability and Minors

POLICY: When a child in custody under the age of 18 receives any funds (i.e., prior-to-custody Permanent Fund Dividends, death benefits, money gifts), a conservatorship should be established.

PROCEDURE: In cases of any child in custody receiving death benefits or other funds mentioned above, a conservatorship should be set up by the GAL. If the GAL is unwilling or unable to do so, the Protective Services (PS) Specialist should consult with the division's attorney.

Resources may effect a child's eligibility for Medicaid and Title IV-E. Any changes in a child's resources must be reported to the Division of Public Assistance on a Report of Change form (06-3679B).

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6.2.3.2. PERMANENT FUND DIVIDEND

6.2.3.2.A APPLYING FOR THE PERMANENT FUND DIVIDEND (PFD)

AUTHORITY:

AS 47.10.080 (c)(1) or (c)(3)	Judgments and Orders
AS 47.10.084	Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities
AS 47.10.115(a)	Permanent Fund Dividend
AS 43.23.015(d) & (e)	Application and Proof of Eligibility
15 AAC 23.223(i)	Payment of Dividends
15 AAC 23.993(4)	Definitions (child)

PURPOSE: To provide guidelines for the management of Permanent Fund Dividend (PFD) for children in custody.

BACKGROUND INFORMATION – STATE LAWS AND REGULATIONS:

A. The Alaska Department of Health and Social Services (DHSS) shall annually apply for a permanent fund dividend and retain in trust under AS 43.23.015(e) for the benefit of the child the dividend and accrued interest on the dividend if the child is in the custody of the department when the application is due.

B. The application and certification of residency of an unemancipated individual under 18 years of age must be signed by the individual's parent, legal guardian, or other authorized representative.

C. An application timely filed by the DHSS for an eligible child under the provisions of 15 AAC 23.113(f) will be paid over all timely filed competing applications in accordance with 15 AAC 23.223(g). If the DHSS obtains legal custody of an eligible child before the Department of Revenue has paid an application filed by any other sponsor of the child, the Department of Revenue will pay the child's dividend in accordance with 15 AAC 23.223 (g) if the DHSS furnishes the Department of Revenue

   1. evidence of the change in legal custody; and

   2. a timely request for a change of address.

D. If a public agency claims a permanent fund dividend on behalf of an individual, the public agency shall hold the dividend in trust for the individual.

POLICY:

A. Office of Children's Services (OCS) will apply for the PFD of each child who is in the legal custody of OCS on March 31.

B. A youth age 18 or older who was in custody prior to their 18th birthday and remains in custody may choose to submit their own application.

C. OCS will not apply for the PFD for youth who have re-entered custody under AS 47.10.080(v) after having reached the age of majority.

D. OCS will advise youth under (C) above of the need to submit an adult PFD application.

E. OCS will deposit all PFDs received into an earnings generated trust account. PFD accounts for children whose name has been changed due to adoption are accessed under the child's birth name until or unless the adoptive parents submit the adoption decree to the Department of Revenue. Upon receipt of an adoption decree, the Department of Revenue will change the name on the account to the adopted name.

PROCEDURE:

A. ORCA will generate PFD applications for children who meet the criteria in policy (A) above.

B. The Protective Services (PS) Specialist will review their caseload and notify the PFD Section if a child is missing from the list.

C. Notifications:

1. Notification to Parent/Legal Guardian: If it is determined that OCS will not apply for the PFD for a child, the PS Specialist will advise the parent/guardian of OCS' determination not to file for the PFD. This is done with the form letter located in ORCA. A copy is retained in the child's case file and a copy forwarded to the PFD Section in State Office.

2. Notification to Youth under Policy (B):

   a. The assigned PS Specialist will consult with the youth about whether the youth will file for PFD. If the youth plans on filing, the PS Specialist will notify the youth that OCS will not file for the PFD for the youth. This is done with the form letter located in ORCA. A copy is retained in the youth's case file and a copy forwarded to the PFD Section in State Office.

   b. The Regional Independent Living Specialist (RILS) will notify the youth at transition planning once the youth has turned 17.

3. Notification to Youth under Policy (C):

   a. In February of each year, the Independent Living (IL) Program Coordinator will send a list of the youths who have re-entered custody to the RILS, copying the PFD Program Coordinator. The e-mail message will notify the RILS that OCS

will not file for the PFD for the youths and the Notice re: Permanent Fund Dividend Application for Youth who Have Re-Entered Custody (06-9679) will be attached to the e-mail message. The form is available in the IL Forms subdirectory of the Statewide Forms directory.

b. The assigned RILS will use the Notice re: Permanent Fund Dividend Application for Youth who Have Re-Entered Custody (06-9679) to notify the youth that OCS will not file for the PFD. A copy is filed in the youth's case file.

D. Preparation of Application:

1. For each child for whom the determination has been made to file an application the PS Specialist will complete the child specific PFD application according to instructions provided at time of filing.

a. A certified copy of the child's birth certificate must be attached for all first time PFD applicants. Prior application by parents or OCS meets this requirement. Birth certificates for children born outside of Alaska must be obtained.

b. A social security number for the child must be obtained. If a social security number is not provided, 31% of the child's dividend will be held for federal taxes. If a child does not have a social security number, the PS Specialist will apply for the child's Social Security card.

2. The PFD electronic application will be processed at State Office, and all supporting documents will be forwarded to State Office according to the mailing instructions.

3. Youth under Policy (B):

a. If the youth elects to submit their own application, the assigned PS Specialist or the RILS will assist youth with submitting an adult PFD application and will include demonstration on how to apply for PFD online or in person in the budget services component.

b. If the youth elects to not submit their own application, the assigned PS Specialist will complete an application as described in procedure (D)(1) above.

4. Youth under Policy (C): If requested, the RILS will assist the youth with submitting an adult PFD application.

E. Notification of Ineligibility:

1. If the Department of Revenue determines the child ineligible for the PFD, the designated State Office representative will determine whether appeal is warranted.

2. The State Office representative will notify the PS Specialist of the denial and, if applicable, the appeal.

3. The PS Specialist is responsible for notifying the child and the child's parents.

F. If Department of Revenue requests additional information to determine eligibility, the PFD

Program Coordinator will provide the information and, if needed, request information from the PS Specialist.

G. Change of Address: If prior to payment of a child's Permanent Fund Dividend OCS obtains legal custody of the child, the PFD Program Coordinator will:

1. complete form 04-0483 Name and Address Change or Social Security Number Addition; and

2. send the form to the Department of Revenue; and

3. request the Department of Revenue to redirect the child's PFD to the DHSS PFD trust account.

H. The OCS State Office will deposit all PFDs received into an earnings bearing trust account in the child's name and will track all deposits and withdrawals from that account. The Department reports distributions from the trust account to IRS in the year distributed.

6.2.3.2.B RELEASING PERMANENT FUND DIVIDEND (PFD) TRUST ACCOUNT FUNDS

This policy applies to the current release of PFD Trust accounts for children and youth released from custody on or after 10/24/2015.

AUTHORITY:

AS 47.10	Children in Need of Aid;
AS 47.10.115 (b) & (c)	Permanent Fund Dividend; and
AS 13.26.090	Purpose and Basis for Guardianship.

PURPOSE: To delineate the process for releasing Permanent Fund Dividend (PFD) trust accounts.

BACKGROUND INFORMATION – STATE LAWS AND REGULATIONS:

A. The department shall distribute the proceeds of a trust under this section:

   1. to the child when the child:

      a. has reached 21 years of age; or

      b. is no longer in the custody of the department and has reached at least 18 years of age or is emancipated; or

   2. when ordered to do so by the court in the best interest of the child.

B. Notwithstanding (A) above, the department may not distribute the proceeds of a trust under this section if the payment would be made to a guardian of a child who had been in the custody of the department immediately before the establishment of the guardianship, unless the guardianship was established under AS 13.26.090 - 13.26.150.

POLICY:

A. The OCS primary Protective Services (PS) Specialist is responsible for assuring release of the Permanent Fund trusts during and following custody.

B. Timelines for Releasing Funds: the Permanent Fund trust account funds for the minor child are retained by the Department until released to the child under the current statute. There is no provision for early release of Permanent Fund trust accounts for children unless ordered by the court. Releasing money from a trust account may only occur under the following circumstances:

   1. The child has reached the age of 21;

2. The child has reached age 18 and is no longer in custody; or

3. Ordered by the court.

C. Earnings from Permanent Fund dividend trust accounts for children in the custody of the Department continue to accrue until such time that the account is legally released.

D. Money released from a PFD trust account is taxable income and is subject to federal income tax laws. The responsibility for filing the tax return depends on the child's placement status at the time of the release. The Office of Children's Services will direct family members to appropriate tax information resources.

PROCEDURES:

A. For all children and youth exiting care, the following procedures apply for the Permanent Fund Dividend trust account funds.

1. The PS Specialist will inform birth parents, pre-adoptive parents, or proposed legal guardians of the statutorily required retention time of the child's Permanent Fund trust account funds.

2. The PS Specialist will inform children or youth of the statutorily required retention time of the child's Permanent Fund trust account funds.

3. The OCS PFD section in state office will track this requirement and will release the funds to the child when:

a, the child turns 21 years old;

b. the child is 18 years old and no longer in custody; or

c. ordered by the court.

4. If a motion to release the PFD trust funds is filed, the OCS staff member will discuss the request with the family or youth as described in paragraph B.

5. If an order is issued releasing the PFD trust account funds, the funds will be released when the required documentation is submitted and processed by the PFD section in the state office.

6. If a former OCS client contacts a PS Specialist, about their PFD trust fund, the PS Specialist will refer the individual to the PFD section in state office.

B. For children or youth in custody the following applies:

1. Statutory information regarding how and when the PFD trust funds are released, and that money released from a PFD trust account is taxable income and is subject to federal income tax laws, will be provided to the following individuals:

a. For reunification cases, the PS Specialist will inform the parents or legal guardians before the release of custody.

b. For adoption or guardianship cases, the Regional Permanency Specialist will inform the potential family during the full disclosure meeting.

c. For youth 14 and older exiting care, the Regional Independent Living Specialist will inform the youth as part of the exit transition planning meeting.

2. When a court has ordered PFD trust funds to be released, the PS Specialist will submit the following documents to the state office PFD section and retain a copy in the child's case record: Complete a Request for Release of Permanent Fund Dividend obtained from ORCA and email (hss.ocspfd@alaska.gov) a copy of the signed release request and the court order releasing the funds. The payee on the request will be the child unless the court orders otherwise. If unable to submit the request via email, submitting the documents via fax is acceptable.

3. If a child in OCS custody dies, see section 6.5.11 Death of a Child in Out-of-Home Care for procedures for releasing the child's Permanent Fund trust account. Contact the state office PFD section for assistance.

4. When money is released through a court order while the child is in the legal custody of the department and in an out of home placement:

a. The OCS PS Specialist is responsible for directing the foster home, residential facility, or placement agency to appropriate tax information resources.

b. The state office PFD section will notify the OCS Eligibility Technician. The money is treated as available income and may impact the child's eligibility for Medicaid.

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6.2.3.2.C FAILURE TO FILE PERMANENT FUND DIVIDEND (PFD) APPLICATIONS

AUTHORITY:
15 AAC 23.133(b), (c), (f), and (g) Application for a Prior Year Dividend

PURPOSE: To provide instructions for filing missed Permanent Fund Dividend (PFD) applications.

BACKGROUND INFORMATION – STATE LAWS AND REGULATIONS:

A. An individual who has reached majority, or who is an emancipated minor, may apply to the department for a prior year dividend if:

   1. the individual had not reached majority by the end of the application period for the dividend year for which the individual is applying;

   2. a complete application was not filed by an eligible sponsor on the individual's behalf, was not timely filed, or, solely as a result of competing applications being filed, was not paid; and

   3. the individual would have qualified for a dividend had an eligible sponsor applied on the individual's behalf during the pertinent dividend year.

B. An individual who qualifies under (A) above must file, before the individual reaches 20 years of age, an application prescribed by the department.

C. If a representative of the Alaska Department of Health and Social Services failed to apply for a dividend for a child who was in its legal custody on March 31 of the prior qualifying year, and the department does not have a timely filed application on file for the child, a representative of the Alaska Department of Health and Social Services may submit an application on the child's behalf for the prior year's dividend.

D. Except for extraordinary circumstances as determined by the department, an application for a child who qualifies under (C) above for the prior year's dividend may be filed only by a Department of Health and Social Services representative and must be filed within one year from the end of the prior year's dividend application period.

POLICY:

A. OCS may submit a late PFD application on the child's behalf if the PFD was not applied for by the original deadline.

B. Youth who have turned 18 or who become emancipated may apply on their own behalf.

OCS should advise the child and/or the child's family about this using the ORCA generated notification letter.

PROCEDURE:

A. Youth over 18 or Emancipated:

1. A youth may apply for their missed PFD directly to the Department of Revenue, PFD Division, following their 18th birthday but before their 19th birthday, or within one year of their emancipation, whichever is earlier, if they did not receive a PFD because DHSS or another sponsor neglected to apply on their behalf.

2. The Department of Revenue may ask this youth for information about their missed PFD. If the information pertains to the youth's time in DHSS custody, OCS will provide the necessary information. State Office PFD staff will contact the Protective Services (PS) Specialist for requested information.

B. Child under 18 or Unemancipated:

1. A PS Specialist who is aware that a PFD application was missed will notify the State Office PFD Section to initiate steps for a late filed application.

2. If the State Office PFD Section discovers that an application was missed, the PFD Program Coordinator will submit an application.

3. The PFD Program Coordinator will apply for missed PFDs of children who remain under age 18 or unemancipated if they missed their PFD due to OCS negligence.

C. The Department of Revenue determines eligibility for missed PFDs.

6.2.3.3 ALASKA NATIVE CORPORATION DIVIDENDS

AUTHORITY:
AS 10.06.961 Distributions by Native Corporations to Minors in the Custody of a State

PURPOSE: To ensure the protection of Alaska Native children shareholder assets while in state custody.

BACKGROUND INFORMATION – STATE LAW:

A. When a child who is in the custody of this state under AS 47.10 or a minor who is in the custody of this state under AS 47.12 or of another state under a provision similar to AS 47.10 or AS 47.12 becomes entitled to receive dividends or other distributions resulting from the ownership of stock or a membership in a corporation organized under this chapter and under 43 U.S.C. 1601 et seq. (Alaska Native Claims Settlement Act), the corporation paying the dividends or making the other distributions shall retain the dividends and other distributions in an interest bearing account for the benefit of the child or minor during the state custody.

B. Upon presentation of proof of entitlement by the person entitled to distribution, the corporation shall distribute the property remaining in an account established under (a) of this section to the

   1. minor when the minor reaches the age of 18 years, whether or not the minor is still in the state custody;

   2. legal guardian of the minor, when the state custody terminates while the minor is less than 18 years of age;

   3. minor's heirs if the minor dies before the distribution.

C. In this section, "minor" means a person under 18 years of age.

POLICY:

A. When an Alaska Native child has been taken into OCS custody OCS staff will pursue information about which Native corporation(s), including regional or village corporations, the child is a shareholder of. See (click here). for a list of corporations.

B. For Alaska Native children in OCS custody who are shareholders of a Native corporation, OCS staff will communicate with the corporation as needed to ensure that dividends or other distributions to the child from the corporation are safeguarded.

C. Confidentiality will be maintained, as addressed in (1) and (2) below:

1. When OCS takes custody of a child who is a member of a Native corporation, OCS will notify the corporation that the child has been taken into custody. OCS may summarize the content of a court order, but the actual court order may not be released unless a court has issued an order allowing OCS to provide copies of court orders to the Native corporation(s) of which the child is a shareholder.

2. OCS may not send the list of every child in OCS custody to a Native corporation, but may provide lists of children who are or may be members of a corporation to that corporation.

PROCEDURE:

A. When an Alaska Native child has been taken into OCS custody, the assigned Protective Services (PS) Specialist will:

   1. ask the parent(s)/Indian custodian about of which Native corporation(s) the child is a shareholder;

   2. enter the information on the ICWA tab in ORCA, and

   3. notify the corporation that the child has been taken into custody by completing and sending the Notice to Regional/Village Corporation (06-9750).

B. The PS Specialist IV will ensure that shareholder information is addressed at the case transfer meeting from Initial Assessment to Family Services.

C. A PS Specialist who is contacted by a corporation regarding whether a specific child is in OCS custody will respond by either replying directly to the e-mail message or by completing and e-mailing or faxing the Notice to Regional/Village Corporation (06-9750).

D. Direct Secure Messaging (DSM) must be used when e-mailing confidential information to e-mail addresses outside of the State of Alaska system (see procedure (E)(7) in section 6.1.2 Confidentiality).

E. When an Alaska Native child who is a shareholder in a corporation is released from custody, the PS Specialist will notify the corporation of the release by completing and e-mailing or faxing the Notice to Regional/Village Corporation (06-9750).

F. Post-Adoption/Guardianship Requests:

   1. Once an adoption or guardianship has been finalized OCS may not release information about the child to a corporation, but can contact the adoptive/guardian family and inform them about the corporation's request and provide them with the corporation's contact information.

   2. A PS Specialist who is contacted by a corporation about a child after the child has been adopted or entered into a legal guardianship will refer the requestor to the Adoption Unit in State Office.

6.3 MEDICAL, DENTAL, VISION, AND MENTAL HEALTH

6.3.1 MEDICAL, DENTAL, AND VISION CARE

AUTHORITY:

AS 18.16.020	Notice or Consent Required before Minor's Abortion
AS 25.20.025	Examination and Treatment of Minors
AS 47.14.100	Powers and Duties of Department over Care of Child
AS 47.10.084(a)	Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities
7 AAC 10.1070	Medications
7 AAC 50.140	Reports
7 AAC 50.300(a)	Admission
7 AAC 50.320	Admission in Residential Child Care Facilities
7 AAC 50.440	Medication
7 AAC 50.455	Health in Full Time Care Facilities
7 AAC 50.610(c)	Emergency Shelter Care in Full Time Care Facilities
7 AAC 53.320	Medical, Dental, Diagnostic, and Therapeutic Services
42 U.S.C. 675(5)(D)	Definitions (Title IV-E)

PURPOSE: Ensure that the medical health needs of all children with open cases are addressed.

BACKGROUND INFORMATION:

A. Federal Law:

1. The case plan for a child in State custody who is placed out-of-home must include the most recent information available regarding:

   a. the names and addresses of the child's health provider(s);

   b. a record of the child's immunizations;

   c. the child's known medical problems;

   d. the child's medications; and

   e. any other relevant health information concerning the child determined to be appropriate by the State agency.

2. A child's health record, i.e., the health information listed above, must be reviewed and updated, and a copy of the record:

   a. supplied to the foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care; and

b. supplied to the child at no cost at the time the child leaves foster care if the child is leaving foster care by reason of having attained the age of majority under State law.

B. State Law:

1. When a child is placed in the custody of the department, and parental rights have not been terminated, the parents' residual parental rights include the right to consent to major medical treatment, which includes the administration of medication used to treat a mental health disorder.

2. The parent's right to consent does not apply in cases of an emergency or the following situations:

a. A minor who is the parent of a child may give consent to medical or dental services for the minor or the child.

b. A minor may give consent for diagnosis, prevention or treatment of pregnancy and diagnosis and treatment of venereal disease.

c. A physician may not perform an abortion on a pregnant, unmarried, unemancipated woman under 18 years of age, unless:
   1) the minor's parents, legal guardian, or custodian has been given notice of the abortion; or
   2) the court has authorized the minor to consent to the abortion without notice to the minor's parents, legal guardian, or custodian and the minor consents to the abortion; or
   3) the minor is a victim of physical abuse, sexual abuse, or a pattern of emotional abuse committed by one or both of the minor's parents or by the legal guardian or custodian and the abuse is documented by a declaration of the abuse in a signed and notarized statement by the minor and another person who has personal knowledge of the abuse who is:
      - the sibling of the minor who is 21 years of age or older; or
      - a law enforcement officer; or
      - a representative of the Department of Health and Social Services who has investigated the abuse; or
      - a grandparent or a stepparent of the minor.

C. State Regulations:

1. For each child in out-of-home care, the foster parent/caregiver is responsible for the following:

a. Either obtaining evidence of immunizations as specified in 7 AAC 50.455(a) or initiating immunizations no later than 30 days after the child is in care.

b. Obtaining the following health information when a child is accepted for care:
   1) information about a child's drug or other allergies;
   2) information about any medication the child is taking or medical treatment the child requires; and

3) the date of the child's last physical examination and the name of the medical provider who conducted it; report of any health problems of the child; and the child's immunization history.

c. Ensuring that each child in care three years of age or older is given a dental examination by a licensed dentist at least once a year and provided dental treatment as needed.

2. The foster parent is responsible for maintaining medical, dental, immunization, and treatment records, and documenting any medical or dental care or treatment for which documentation was not provided by the medical or dental provider of services.

3. A foster parent may not administer:

a. prescription medication without first receiving written permission from the child's parent or the department; and

b. commonly used nonprescription medication without authorization by the department.

POLICY:

A. Children who receive case management services through OCS will receive appropriate medical, dental, and vision health care. Unless parental rights have been terminated, parents should be involved in the decisions about the medical care of their children, and included in appointments and scheduled care.

B. Screening of children in OCS custody through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program will occur within 30 days of being placed out-of-home.

C. Children in OCS custody will receive recommended treatment identified by the EPSDT (well-child) screening whether or not Medicaid covers the treatment.

D. OCS staff will make every effort to ensure continuity of health care services for children in out-of-home care by using the child's existing providers as before the child's removal from the home. If this is not possible due to the child's placement location:

1. If the child is eligible for Tribal Health Organization services, then prioritize Tribal Health Organization providers for the child;

2. Prioritize Medicaid providers for Medicaid eligible children; and

3. Protective Services Specialists should consult with the PSS IV, ICWA Specialists, or Regional Psych Nurse when encountering any barriers for accessing Medicaid or Tribal Health Organization providers.

E. OCS will collaborate with the local Short Term Assistance & Referral Programs (STAR) or Care Coordinators to ensure that children who are or may be eligible for Medicaid Home and Community-Based Waiver services receive the services or assessment for services.

F. OCS will collaborate with the Alaska Medicaid Coordinated Care Initiative (AMCCI). OCS workers will be the primary contact for MedExpert and AMCCI unless a release of information is signed naming another primary contact for children participating in the AMCCI program.

G. Authorization of Emergency and Routine Medical Care: Parental consent for emergency and routine medical care is not required since custody court orders authorize the department to consent to minor or emergency treatment.

H. Authorization of Major Medical Care: Informed parental consent is required for major medical care unless parental rights have been terminated or there is a court order authorizing the specific medication or treatment. OCS will ensure that the provider obtained informed parental consent, and a copy of the consent is placed in the file.

I. Authorization of Diagnosis, Prevention, or Treatment of Pregnancy:

1. Minors have the authority to give consent for diagnosis, prevention, or treatment of pregnancy. Consequently, for a child in state custody consent by the child's parents, the department, or the foster parent/caregiver is not required for the child to obtain birth control prescriptions or intrauterine devices (IUD's) or for having an abortion. However, prior to performing an abortion on a minor, the physician is required to notify the parents, legal guardian, or custodian unless the court has ordered that notification is not required or the minor has been abused by one or both parents as described in the Background Information section (B)(2)(c) above,

2. If a pregnant minor in OCS custody notifies OCS that she is planning on having an abortion and does not want the parents to be notified, the Protective Services (PS) Specialist will consult with the AAG to ensure the appropriate legal steps are taken.

J. Medical and mental health records are confidential as outlined in section 6.1.2 Confidentiality.

PROCEDURES:

A. If a child is a subject of an initial assessment and in need of medical care, an appointment will be requested by the PS Specialist within 24 hours. Where there is an immediate threat to the child's health, the PS Specialist should consider the necessity of an emergency room visit.

B. Parental consent is required unless OCS has reasonable cause to suspect that the child has suffered physical harm as a result of abuse or neglect and a medical or radiological exam, therefore, is indicated, or OCS has taken emergency custody of the child or the court has granted custody to OCS.

C. When filing a petition after the initial assessment, the PS Specialist will make arrangements for a medical exam at the earliest possible date.

D. Responsibilities of the Assigned Protective Services Specialist:

1. At the time of a child's removal from the home, the assigned PS Specialist will ask the child's parent/guardian/custodian for information about the child's health condition and needs, including:

    a. allergies;

    b. medication child is taking or has taken in the past year;

    c. dates and results of recent exams and assessments;

    d. medical condition and prior surgery;

    e. whether the child is receiving Medicaid Home and Community-Based Waiver services; and

    f. primary care provider information.

2. If a PS Specialist learns that a child is on psychotropic medication at the time custody is assumed, or recommendation of psychotropic medication at a later date, the PS Specialist, will inform the RegionalPsychiatric Nurse.

3. The assigned PS Specialist will assess and document the child's medical, dental, vision, and mental health needs in the case plan, and ensure that referrals to services are made to meet the child's assessed needs. If the PS Specialist suspects that the child has a developmental disability or a complex medical condition, the PS Specialist will collaborate with the OCS Psych Nurse to apply for Medicaid Home and Community-Based Waiver services, by 9(b)(1) below.

4. Parental consent for emergency and routine medical care is not required. However, unless it is determined to be contrary to the child's welfare, the assigned PS Specialist will ensure that the parents are consulted about and informed of all medical and mental health care proposed for their children within two working days and, as appropriate, encouraged to attend.

5. The assigned PS Specialist will provide the foster parent/caregiver with the child's Medicaid card and a completed Consent for Emergency and Routine Medical Care Form (06-9716), at the time of placement. If law enforcement makes the placement, the assigned PS Specialist will provide the foster parent/caregiver with the completed form by the end of the next business day.

    a. The assigned PS Specialist must sign the form, and give the most recent information available regarding the child's medical and mental health history to the foster parent/caregiver, including:

        1) names and addresses of the child's health providers;
        2) record of the child's immunizations;
        3) child's known medical problems, including allergies;
        4) child's medications; and
        5) other relevant health information about the child.

    b. The Medicaid card will follow the child throughout their placements. If the child

does not have a Medicaid number see CPS Manual 6.2.1.3 for information on applying for Medicaid for children entering custody.

c. If the Medicaid card is lost or has not arrived, provide the foster parent with the Medicaid number informing them a replacement card will arrive within 5-7 business days after issuance. The regional Eligibility Technician can print a Medicaid coupon for the foster parent.

d. The assigned PS Specialist will make sure that the foster parent/caregiver understands that:

1) OCS must be notified immediately when emergency medical care has been provided so the parent(s) can be notified; and

2) Every effort will be made to have the child see their current provider. If this is not possible due to the child's placement location, Medicaid eligible children will be seen by Medicaid providers. If the child is Alaskan Native or Native American, Tribal Health Organization providers will be prioritized.

6. The assigned PS Specialist, in partnership with the foster parent/caregiver, is responsible for ensuring that all children in OCS custody receive an EPSDT also referred to as a well-child or well-baby screening within 30 days of being placed out-of-home.

a. The EPSDT (well-child) screening will, at a minimum, include:

1) a comprehensive developmental history;
2) an unclothed physical examination;
3) immunizations;
4) laboratory tests (if appropriate); and
5) health education.

b. The child's primary provider will do the screening, but if that is not possible, an alternative identified community provider may do the screening. If no health personnel in the community who are qualified to perform an EPSDT (well-child) exam, Medicaid will pay for the child and an escort to travel to the closest community where an EPSDT (well-child) exam can be conducted:

1) If there is a health aide in the community where the child resides, the assigned PS Specialist will ask the health aide to make a referral and call Medicaid Travel (1-800-514-7123) for authorization.

2) If there is no health aide, the assigned PS Specialist will ask the medical provider who will be doing the exam to call Medicaid travel.

c. The foster parent/caregiver is responsible for giving a copy of the EPSDT (well-child) exam results and recommendations to the assigned PS Specialist, and upon receipt of these documents the PS Specialist will enter the results into ORCA and place the hard copy in section one of the case file.

d. The assigned PS Specialist will follow up on recommendations for treatment

and further assessment. Follow-up includes arranging for recommended treatment identified by the EPSDT (well-child) screening whether or not Medicaid covers the treatment.

7. The assigned PS Specialist will ensure scheduling for preventative medical, dental, and vision care according to the EPSDT periodicity schedule.

8. Medicaid Home and Community-Based Waiver services:

   a. If a child is on a waiver when custody is assumed:

      1) The PS Specialist will:

         - contact the child's Care Coordinator to request the level of care and Plan of Care;
         - notify Regional Psychiatric Nurse of custody of a child receiving SDS services;
         - not approve specialized or structured augmented care rates for a child receiving waiver services; and
         - review care coordinator, services, and service providers to ensure appropriateness.

      2) The Regional Psychiatric Nurse will maintain a list and track waiver service recipients.

   b. When OCS determines to apply for a waiver for a child in custody:

      1) Applying for services: When the PS Specialist suspects a child has a developmental disability or significant medical condition, the PS Specialist collaborates with the Psychiatric Nurse to complete an application for determination.

      2) Registering the child on the waitlist for supports: The PS Specialist and Psych Nurse will work with the STAR coordinator in completing the Developmental Disability Registration and Review Form (DDRR).

      3) Choosing a Care Coordinator:
         - When a child is placed on the waiver waitlist after completing the DDRR, the PS Specialist and Psych Nurse will work with the care coordinator to ensure submittal of the necessary documents and ROIs for assessment of the level of care.
         - The Regional Psychiatric Nurse will work with the PS Specialist to ensure the chosen care coordinator will meet the child's needs.

      4) Plan of Care: The care coordinator will work with OCS to develop a plan of care for the child's waiver services and identify service providers for the child. Once SDS approves the plan of care, the child is eligible to receive waiver services (services can take up to 6 months before beginning).

      5) The PS Specialist will ensure that the care coordinator is invited to participate in all meetings regarding the child. If the care coordinator is not

able to join in attending the meetings, the PS Specialist will work with the Regional Psychiatric Nurse to evaluate coordination services, and another care coordinator may be chosen for the child.

c. Preparing for child's release from custody:

1) Reunification: The PS Specialist will:

- provide waiver services information to the parents to ensure they are aware of the services available;
- notify the care coordinator of the change in custody and provide correct contact information for the parents; and
- notify the care coordinator of the results of Team Decision Making meetings and placement decisions, to ensure continuity of services at the time of reunification.

2) Adoption:
- If a family agrees to an adoption, a meeting and a follow-up letter must be provided that explains the fiscal and service issues or changes that will occur upon adoption. The prospective parents must be made aware that the child may continue to be eligible for the services, but that adoptive parents are not eligible to be paid to provide SDS waiver services. The meeting should include the Care Coordinator, a representative from SDS, and OCS state office adoption unit. The care coordinator and SDS representative will explain the potential impact of adoption on waiver services.
- Children eligible for a waiver do not qualify for augmented care rates.
- Prospective adoptive parent and OCS field or regional staff must notify the care coordinator and agency providing services before the finalization of the adoption hearing.
- Adoption Social Service Program Coordinator will notify the care coordinator when the packet is received.

3) Guardianship:
- The PS Specialist and Regional Permanency Specialist will meet with the permanent family and explain the following:
  - That the permanent family may continue to be a community-based provider but will need specific language in the court order allowing payment to the guardians as the community-based provider. See AS 13.26.070.
  - Children eligible for a waiver do not qualify for augmented care rates.

- Notification of decision to finalize the guardianship:
  - Prospective guardian and OCS field or regional staff must notify the care coordinator and agency providing waiver services before the finalization of the guardianship hearing.
  - Adoption Social Service Program Coordinator will notify the Care Coordinator when the packet is received.

9. Consent for Non-Emergency Major Medical Care:

   a. Parental consent is required before providing non-emergency major medical care if parental rights have not been terminated and the child is under 18.

      1) When there is a recommendation for non-emergency major medical care, the assigned PS Specialist will make reasonable efforts to contact the parents or legal guardians to notify them that their consent is needed to ensure their child receives appropriate medical care and will assist the parents in contacting the medical provider so the parent can make an informed decision.

      2) If parents are unwilling or unavailable to consent to treatment, the assigned PS Specialist will consult with the AAG about obtaining a court order to consent to treatment.

   b. If parental rights have been terminated or there is a court order authorizing the specific medication or treatment, OCS has authority to consent.

      1) Before providing consent by signing the Authorization form, the assigned OCS representative will obtain information about the recommended medication or treatment from the medical provider. The PS Specialist will consult with the Protective Services Specialist IV and Regional Psych Nurse to determine the necessity of the medication or treatment.

      2) The assigned OCS representative will provide consent by signing an authorization for non-emergency care form (if the provider does not have a form the Authorization for Non-Emergency Major Medical Care (06-9783) form will be completed and sent to the medical provider). The PS Specialist will document it in a Medical/Mental Health Activity Note in ORCA.

      3) The Informed Consent: Information about Recommended Prescription Medication (06-9784) form or other equivalent information from the medical provider must be stapled to the copy of the signed Authorization for Non-Emergency Major Medical Care (06-9783) form that is filed in the case file.

      4) A signed Authorization or Informed Consent form is required for each medical procedure and each new medication.

      5) When a medical provider recommends a change in the dosage of a medication that already has been authorized, a new authorization form is not required. The OCS representative must still authorize a changed dosage and will consult with their supervisor and OCS Psych Nurse, and the PS Specialist will document the authorization and dosage change in a Medical/Mental Health Activity Note in ORCA.

   c. When admitting a child in a residential, hospital, or agency placement, the legal guardian of the child will consent to have the child continue to take any current medications prescribed to the child.

10. Consent for Emergency Medical Care:

    a. The assigned PS Specialist or the foster parent/caregiver may give consent for emergency medical, dental, or surgical care.

    b. When a child receives emergency major medical care, and the parent(s) were unavailable to give consent, the assigned PS Specialist will, within two working days:

        1) Inform the parents by telephone or email (or in a mailed letter if necessary) of the medical procedure and the surrounding circumstances, and consult with the AAG regarding the most expedient and prudent way to inform the court of the emergency medical care.

        2) Document that they have informed the parent in ORCA.

    c. The assigned PS Specialist will ensure all parties to the case receive copies of the medical report.

11. Medical Records:

    a. File the child's medical records in the case file. The assigned PS Specialist will ensure that the child's records in the case file are kept up-to-date, including that updated records provided by the care provider and OCS are filed in the case file.

    b. The assigned PS Specialist will ensure that at a minimum the following information is entered on the child's Medical Profile page in ORCA:

        1) Document the type, service date, and provider of EPSDT or any other medical, dental, hearing, or vision evaluation/screening;

        2) Summarize ongoing conditions identified in screenings/evaluations are under Health Problems;

        3) Summarize recommendations in the Details/Recommendations field;

        4) Document ongoing treatment sessions as a single entry on the Medical History tab using an end date in the future. Include any ongoing treatment in the child's case plan: and

        5) Document any medications prescribed to the child.

    c. When there is a change in placement, the assigned PS Specialist will obtain the medical records and the child's Medicaid card from the foster parent/caregiver, and give them to the new foster parent/caregiver or, if the child is returning home, to the child's parent(s).

    d. The assigned PS Specialist will ensure that the child receives their medical record when leaving foster care due to reaching the age of majority or being

emancipated, at no cost at the time custody is released.

E. Responsibilities of Foster Parents/Caregivers:

1. Initial Health Examination:

a. Foster parents/caregivers will arrange for an initial EPSDT (well-child) screening to be completed within thirty days of the placement. At the time of the screening, the foster parent/caregiver will provide the medical provider with an EPSDT Guidelines and Periodicity Schedule (D-090). For children or youth in residential care, the PS Specialist is responsible for ensuring that the treatment program is meeting the yearly criteria for medical screening, dental, and vision care.

b. The medical provider will give EPSDT (well-child) exam results, and recommendations to the foster parent/caregiver and the foster parent/caregiver will ensure that the assigned PS Specialist receives a copy of the results and recommendations.

c. The foster parent/caregiver will file the results with their copy of the child's medical records and follow up on any recommendations for treatment and further assessment.

2. On-Going Care:

a. Foster parents/caregivers are expected to obtain routine medical, dental, and vision care for a child by licensing regulations and good care standards, and ensure that the child makes their appointments for services. For children or youth in residential care, the PS Specialist is responsible for ensuring that the treatment program is meeting the yearly criteria for medical screening, dental, and vision care.

b. The foster parent can approve required immunizations for school or daycare attendance, except when a parent has a medical or religious exemption (in this case the parent must approve before immunizing). The parent must approve elective immunizations (i.e., flu shot).

c. The assigned PS Specialist shall arrange for timely payment of ongoing medical care. There is no requirement for prior PS Specialist approval for routine medical care.

3. Medical and Mental Health Emergencies:

a. Foster parents/caregivers are authorized to arrange for emergency medical care (Consent for Emergency and Routine Medical Care form 06-9716).

b. Foster parents/caregivers must notify the assigned PS Specialist within the following timeframes:

1) Before admission for placements in acute/secure psychiatric care facilities

2) 24-hours for all other medical or mental health care emergencies, including incidents that are life-threatening or require hospitalization.

3) The next business day for the pregnancy of a child in care, and severe distress or depression of a child in care.

4. Records (Foster parents/Caregivers):

Foster parent/caregivers must:

a. Maintain Consent for Emergency and Routine Medical Care Form (06-9716), signed by the assigned PS Specialist and received at the time of placement.

b. Maintain all medical, dental, vision, and immunization records the foster parent/caregiver has received from the child's placement worker and medical or dental providers. Include only those notes that indicate appropriate care of the child by the medical provider, not notes the care provider would keep in the medical file for internal use.

*note; foster parents/caregivers will not receive any protected health information other than notes required for providing care to the child.

c. Bring medical documentation, including dates of the most recent medical, dental, and vision appointments and any information regarding the outcome of those appointments, to the first meeting or case conference following the medical care.

d. Send all of the child's medical, dental, vision and immunization records and the child's Medicaid card to the child's PS Specialist when the child leaves the placement.

F. Resources for Medical Care:

1. The assigned PS Specialist will:

a. Discuss with the parent(s) their ability to pay for medical care, including self-pay, insurance coverage, eligibility for Tribal Health Organizations, Medicaid, or other medical care services.

b. Include the child's needs, resources available, and services offered, in the case plan.

c. Provide the instructions for securing medical care to the foster parent/caregiver if arrangements have been made for parents to pay for medical care (directly or through their health plan).

d. Complete the application in ORCA for Medicaid for any child who is placed out of home (see Administration Chapter, section 6.2.1.3 Federal Support - IV-E and Medicaid). OCS cannot apply for Medicaid for a child in custody who has not been removed from the home.

e. If the child is in an out-of-home placement and has no other resources to meet medical needs, payment for medical and dental care may be made under the Medicaid program.

2. If no other resources are available after all Medicaid and Tribal Health Organization providers have been sought for children in out-of-home placement, OCS may cover expenditures through Request for Funds.

3. If OCS has legal custody but not physical custody of a child placed in their own home, OCS will generally not cover any expenses for medical services for the child, although expenditures for the initial assessment or other critical needs may be requested.

4. In all cases where a child is in custody and placed in his or her own home, parent responsibility to provide and pay for medical care shall be identified in the case plan.

DEFINITIONS:

"Care Coordinator" Care coordinators are chosen through the Senior and Disability Services Department to assist individuals to gain access to waiver and other state plan services, as well as medical, social, educational, and other services with funding sources other than Medicaid. For recipients, care coordinators manage the process of planning for services, developing a plan of care, on-going monitoring of services, and renewing the plan of care annually.

"Emergency medical care" includes emergency medical, surgical, dental, and optical care. Examples of emergency care include infections requiring antibiotics, broken limb, allergic reaction (i.e., breathing), bleeding profusely.

"Routine/minor medical care" is routine medical, dental, or optical care, including:

- check-ups;
- immunizations, including vaccinations that are required by the school district or daycare providers (elective immunizations including, flu shots, will be approved by the child's parent, or guardian if parental rights are terminated). If the child has a religious or medical exemption, all immunizations must be approved by the parent; and
- to receive emergency medical, surgical, dental, or optical care or routine medical, dental, or optical care for minor illnesses and accidents, including administration of non-prescription and commonly used over-the-counter medication by the manufacturer's label.

"Major medical care": The following are guidelines for defining major medical care:

- planned hospitalizations;
- any procedure involving anesthesia or sedation (may include dental procedures); NOTE: for very young children, general anesthesia may be used when tubes are being put in their ears;
- administration of psychotropic medication, or any drugs prescribed for mental illness or behavioral problems; or
- elective immunizations not required for school or daycare attendance, or all immunizations when a parent has a religious or medical exemption.

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6.3.2 MENTAL HEALTH CARE/ADMINISTRATION AND OVERSIGHT OF PSYCHOTROPIC MEDICATION

AUTHORITY:

AS 25.20.025	Examination and Treatment of Minors
AS 47.14.100	Powers and Duties of Department over Care of Child
AS 47.10.084(a)	Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities
AS 47.17.064	Photographs and X-Rays
AS 47.30.837	Informed Consent
AS 47.30.838	Psychotropic Medication in Emergencies
7 AAC 10.1070	Medications
7 AAC 50.140	Reports
7 AAC 50.300(a)	Admission
7 AAC 50.320	Admission in Residential Child Care Facilities
7 AAC 50.440	Medication
7 AAC 50.455	Health in Full Time Care Facilities
7 AAC 50.610(c)	Emergency Shelter Care in Full Time Care Facilities
7 AAC 53.320	Medical, Dental, Diagnostic, and Therapeutic Services
42 U.S.C. 675(5)(D)	Definitions (Title IV-E)

PURPOSE: Ensure that the mental health needs of all children with open cases are addressed and that psychotropic medications are prescribed and administered to children in custody only when medically necessary and in a manner that minimizes the risks of short and long term side effects.

BACKGROUND INFORMATION:

A. Federal Law:

1. The case plan for a child in State custody who is placed out-of-home must include the most recent information available regarding:

   a. the names and addresses of the child's health provider(s);
   b. a record of the child's immunizations;
   c. the child's known medical problems;
   d. the child's medications; and
   e. any other relevant health information concerning the child determined to be appropriate by the State agency.

2. A child's health record, i.e. the health information listed above, must be reviewed and updated, and a copy of the record:

   a. supplied to the foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care; and
   b. supplied to the child at no cost at the time the child leaves foster care if the

child is leaving foster care by reason of having attained the age of majority under State law.

B. State Law:

1. When a child is placed in the custody of the department and parental rights have not been terminated, the parents' residual parental rights include the right to consent to major medical treatment, which includes the administration of medication used to treat a mental health disorder. The parent's right to consent does not apply in cases of an emergency.

2. Administration of psychotropic medication:
   a. An evaluation facility or designated treatment provider may not administer psychotropic medication unless the patient gives informed consent, or in the case of a minor, where the child's parent, Indian custodian, or guardian gives informed consent or the court orders administration of the medication. "Informed" consent means that the patient has received all information, including information about alternative treatments that is material to the patient's decision to give or withhold consent.

   b. In a crisis situation where a physician or nurse determines that immediate use of psychotropic medication is required to preserve the life of, or prevent significant physical harm to, the patient or another person, such medication may be administered without parental permission or a court order.

3. Placement in secure residential psychiatric treatment centers: The court may authorize the department to place a child who is in the custody of the department in a secure residential psychiatric treatment center if the court finds, based on the testimony of a mental health professional, that
   a. the child is gravely disabled or is suffering from mental illness and, as a result, is likely to cause serious harm to the child or to another person;
   b. there is no reasonably available, appropriate, and less restrictive alternative for the child's treatment or that less restrictive alternatives have been tried and have failed; and
   c. there is reason to believe that the child's mental condition could be improved by the course of treatment or would deteriorate if untreated.

C. State Regulations:

1. For each child in out-of-home care, the foster parent/caregiver is responsible for obtaining the following health information when a child is accepted for care:

   a. information about a child's drug or other allergies;
   b. information about any medication the child is taking or medical treatment the child requires; and
   c. the date of the child's last physical examination and the name of the medical provider who conducted it; report of any health problems of the child; and the child's immunization history.

2. The foster parent is responsible for maintaining medical, dental, immunization, and treatment records, and documenting any medical or dental care or treatment for

which documentation was not provided by the medical or dental provider of services.

3. A foster parent may not administer prescription medication without first receiving written permission from the child's parent or the department.

POLICY:

A. Children who receive case management services through the Office of Children's Services (OCS) will receive appropriate mental health care. Unless parental rights have been terminated or revoked, parents should be involved in decisions about the mental health care of their children and included in appointments and scheduled care.

B. To ensure continuity of mental health care services for children in out-of-home care who were receiving mental health care services at the time of the child's removal from home, every effort will be made to ensure that services continue to be provided by the same mental health providers as before the child's removal from home.

C. Upon referral for any service (without an existing provider for the child), priority should be given to Tribal Health Organizations and Tribal providers for eligible children. OCS staff will also prioritize referrals to Medicaid providers for Medicaid eligible children.

D. Authorization of Major Medical Care:

1. Informed parental consent is required for major medical care, including administration of psychotropic medication or any drugs prescribed for mental illness or behavioral problems, unless parental rights have been terminated or there is a court order authorizing the specific medication or treatment. Informed consent includes information regarding alternative therapies or treatment. OCS will confirm that the medical provider obtained informed parental consent.

2. Informed Consent to Psychotropic Medication:

a. Parents or legal guardians have a right to be involved in the treatment decision-making process including choosing to defer treatment with a psychotropic medication when the perceived risks associated with the medication outweigh the intended benefits or when alternative approaches exist.

b. For psychotropic medication, meaningful informed consent provided by the prescriber includes:
   1) Information about the medication, including intended benefits;
   2) Long-term and short-term risks and side effects associated with the medication; and
   3) Alternative therapies.

E. Monitoring of Psychotropic Medications for Children in OCS Custody:

1. OCS will request that those medical providers who are prescribing psychotropic

medications to children in OCS custody monitor for adverse drug reactions on an ongoing basis.

2. Medical providers will be asked to provide to the Regional Psychiatric Nurse a copy of the chart of any child in OCS custody who has a current prescription of at least one psychotropic medication.

3. The Regional Psychiatric Nurses are required to review the medical records on a quarterly basis. Additional review is required for the following categories:

   a. Children age five or younger receiving psychotropic medications:

   b. Children of any age receiving four or more psychotropic medications used to treat a psychiatric diagnosis:

   c. Children of any age receiving two or more atypical antipsychotic medications:

4. The additional review of the categories listed in (E,3) of this policy section includes:

   a. The Regional Psychiatric Nurse will automatically send the child's chart for a second opinion review.

   b. When contacted by Regional Psychiatric Nurse, the contractor's physician consultant will review the child's chart and provide consultation about the safety, efficacy, and appropriateness of the medication regimen. The consultation will also include recommendations concerning decreasing the number of psychotropic medications and monitoring for adverse effects of the medication regimen.

   c. The OCS Psychiatric Nurses are responsible for ensuring that the current prescribing provider receives a copy of the second opinion review.

F. OCS will ensure that children in custody receive residential psychiatric treatment when needed.

G. Mental health records are confidential as outlined in section 6.1.2 Confidentiality.

PROCEDURES:

A. The Protective Services (PS) Specialist will request an appointment within 24 hours if a child is the subject of an initial assessment and in need of mental health care. Where there is an immediate threat to the child's health, the PS Specialist should consider the necessity of an emergency room visit.

B. Parental consent is required unless OCS has taken emergency custody of the child or the court has granted custody to OCS, or OCS has reasonable cause to suspect that the child has suffered physical harm as a result of abuse or neglect and a medical or radiological exam, therefore, is indicated.

C. Responsibilities of the Assigned PS Specialist:

1. At the time of a child's removal from the home, the assigned PS Specialist will ask the child's parent/guardian/custodian for information about the child's health condition and needs, including:

    a. medication child is taking or has taken in the past year;

    b. dates and results of recent mental health exams and assessments; and

    c. mental health care provider information.

2. If a PS Specialist learns that a child is on psychotropic medication at the time custody is assumed or that a recommendation for psychotropic medication occurs at a later date, the PS Specialist will inform the Regional Psychiatric Nurse.

3. When a child enters custody who is on psychotropic medication, OCS will contact the child's caregiver, and provide them with "Guidelines for Psychotropic Medications for Children in State Custody." These guidelines include instructions to the medical provider regarding expectations for monitoring for adverse drug reactions. The PS Specialist will ask the caregiver to provide the medical provider with the guidelines.

4. If the child has unused psychotropic, controlled substance, or other medications (i.e., no longer necessary due to change in medications, no longer prescribed) the OCS Psychiatric Nurse or assigned staff member will dispose of medications at the community's drop off location. Drop off locations vary by area and may include the police department, clinics, pharmacies, or other designated area. If unsure where your local drop off location is, contact local law enforcement or clinic to find out.

    a. PS Specialist will bring the medications to the local drop off location. Two OCS staff members will document in writing the type, amount, location and date of the medication disposed of, and places a hard copy in the child's file.

    b. If the community does not have a drop off location, two OCS staff members will crush the medications in a ziplock type bag. Mix the crushed medication with coffee grounds, dirt or other substance (to make the ground medication less desirable) and dispose of the baggy in the trash. Blackout or remove any identifying information about the medication or the child on the bottle. Both staff members will sign in writing the type, amount and date that the medication(s) were disposed and place in the child's file.

5. The assigned PS Specialist will document the child(ren)'s mental health needs in the case plan, and work with the regional mental health unit to ensure that referrals to services are made to meet the child's mental health needs.

6. Parental consent for emergency and routine mental health care is not required. However, unless it is determined to be contrary to the child's welfare, the assigned PS Specialist will ensure that the parents are consulted about and informed of all mental health care proposed for their children (before the services being provided if possible) and, as appropriate, encouraged to attend. The assigned PS Specialist will document in a Medical/Mental Health Activity Note in ORCA the contact, or attempted contact, with the parents. If notification is impossible due to emergency conditions, contact the

parents at the earliest possible time after the care has been provided.

7. The PS Specialist will ask the foster parent/caregiver to encourage the EPSDT medical provider to identify any mental health care services the child may need.

8. The assigned PS Specialist will follow up on mental health recommendations for treatment or further assessment. Follow-up includes discussing with the mental health unit to see if the child meets SSI or may be eligible for a Medicaid Home and Community-Based Waiver.

9. Consent for Non-Emergency Mental Health Care:

   a. Working together with the child's foster parent or medical/mental health provider or Regional Psychiatric Nurse, the PS Specialist must ensure education occurs to the child (when age appropriate) regarding the recommended treatment, including psychiatric medications.

   b. If parental rights have not been terminated, parental consent is required before prescribing non-emergency psychotropic medications.

      1) When receiving a recommendation for non-emergency mental health care the assigned PS Specialist will make reasonable efforts to:
         - Assist the prescribing provider in contacting the parents or guardians to obtain informed consent for any recommended psychotropic medications.
         - Document that the parents received informed consent from the medical provider in a medical/medication activity note in ORCA. Or, document all attempts made to assist the prescribing provider in contacting the parents or guardian to receive informed consent.
         - Follow up with the parents or prescribing provider confirming parental consent to the medication.

      2) If parents are unwilling or unavailable to consent to psychotropic medication, the assigned PS Specialist will consult with the AAG about obtaining an expedited court order to consent to treatment.

      3) When a recommendation psychotropic medication occurs, the PS Specialist will consult with the Regional Psychiatric Nurse as described in (c) below.
         - If there are concerns about the recommendation, the Nurse will facilitate the next steps, which may include meeting with the parent and suggesting the child obtains a second opinion.
         - When a Nurse meets with a parent, the Nurse will ensure that the parent receives information about the benefits and side effects of the medication.
         - If the second opinion psychiatrist or other professional providing a second opinion renders medical advice against the recommended medication, and the parent plans to consent to the medication, the PS Specialist will consult with an AAG.

   c. If parental rights have been terminated or there is a court order authorizing the

specific medication, OCS has the authority to consent.

1) Before providing consent by signing the Authorization for Non-Emergency Major Medical Care (06-9783) form, the assigned OCS representative (either the PS Specialist or Regional Psychiatric Nurse) will obtain information about the recommended medication from the prescribing provider. The required information should preferably be provided on the Informed Consent: Information about Recommended Prescription Medication and Major Medical Care (06-9784) form, but may be provided on a different document if the medical provider already has an information sheet about the medication that meets the informed consent requirements.

2) The PS Specialist will authorize or decline to authorize the recommended psychotropic medication after consulting with the Regional Psychiatric Nurse for recommendations. The PS Specialist should ensure that their supervisor is aware of their plans to authorize or decline the recommended medication. If possible, the PS Specialist should seek input from the GAL before the resulting decision. The PS Specialist will document the consultation and decision in a Medical/Mental Health Activity Note in ORCA.

3) The assigned OCS representative will provide consent by submitting a signed Authorization for Non-Emergency Major Medical Care (06-9783) form to the medical provider.

4) The Informed Consent: Information about Recommended Prescription Medication and Major Medical Care (06-9784) form or other equivalent information from the medical provider must be stapled to the copy of the signed Authorization for Non-Emergency Major Medical Care (06-9783) form that is filed in the case file.

5) A signed Authorization form is required for each new psychotropic medication.

6) When a medical provider recommends a change in the dosage of a medication that already has been authorized, a new authorization form is not required. The assigned OCS representative who authorizes a changed dosage will consult with their supervisor and OCS Psychiatric Nurse and document the authorization and dosage change in a Medical/Mental Health Activity Note in ORCA. For psychotropic medication, the assigned PS Specialist will consult with the Regional Psychiatric Nurse who will then offer recommendations on the dosage change, and the PS Specialist will document the decision on the dosage change and consultation with the Psychiatric Nurse in a Medical/Mental Health Activity Note in ORCA.

10. <u>Consent for Acute Mental Health Care Admissions</u>:

a. The assigned OCS representative will give consent for emergency mental health care admissions after consultation with the Regional Psychiatric Nurse or

clinician during business hours.

* Note: foster parents may not consent to admission to acute mental health care.

b. When a child receives emergency mental health care to include the admission or assessment to an emergency room or acute mental health hospital, the assigned PS Specialist or on-call worker will:

1) Within 24 hours of placement:
   - Inform the parents by telephone or email (or in a mailed letter if necessary) of the admission; and
   - Inform the Regional Psychiatric Nurse of the admission to consult with the AAG regarding the most expedient and prudent way to inform the court of the emergency mental health care; and

2) Within two business days after placement, the PS Specialist will document that they have informed the parent in ORCA.

c. The assigned PS Specialist will ensure that all parties to the case receive copies of the medical report.

d. The Regional Psychiatric Nurse or clinician will notify the AAG of any admissions to acute mental health care within 24 hours or the first business day. The PS Specialist will ensure that a hearing under AS 47.10.087 (087 hearing) is scheduled within 30 days of admission into acute mental health care. If a 087 hearing is not timely, the PS Specialist will consult with their supervisor and AAG to determine the next steps.

*Note: if 087 Hearing does not occur within 30 days of admission to North Star Behavioral Health the youth will need to be discharged per the Supreme Court order.

11. Residential Treatment Care (RTC) Admissions: A child must receive a recommendation from a licensed medical provider before admission to an RTC.

12. <u>Quarterly Monitoring for Children on Psychotropic Medications, Duties for the OCS Psychiatric Nurse</u>:

a. Regional Psychiatric Nurses will request and review the medical records for children in custody who have a current prescription for at least one psychotropic medication (see Definitions Sections), including children placed in their own homes, on a quarterly basis. The quarterly review includes ensuring that there is:
   - Current (issued within the last six months) justification for the prescription;
   - Plan for a follow-up evaluation by the prescribing provider;
   - Informed consent given by the medical provider;
   - Documentation regarding whether the child is receiving mental health counseling;
   - Appropriate diagnostic monitoring per DHSS policy.

b. The OCS Psychiatric Nurse will document the results of the quarterly psychotropic medication review in ORCA under a Medical/Mental Health activity note. Note should include the provider's name, documents received or sent, and in the body of the note if records were submitted for second opinion review. The OCS Psychiatric Nurse will copy and paste the review into a medical/mental health note in ORCA.

c. The following additional monitoring is also required:

- Children age five or younger who are receiving psychotropic medication;
- children of any age receiv*ing four or more psychotropic medi*cations:
  - The OCS psychiatric nurse will provide a copy of the child's most current mental health records and the Quarterly Psychotropic Medication Review form to the contractor's physician consultant;
  - The contractor's physician consultant will review the child's chart and provide the OCS Psychiatric Nurse with a copy of the review; and
  - The OCS Psychiatric Nurse with the assigned PS Specialist will collaborate with the GAL and the Tribal worker, to ensure close monitoring of these children and that they receive the support and referral services necessary that may assist in a reduction of the psychotropic medications.
- Children of any age receiving two or more <u>atypical</u> antipsychotics:
  - The OCS psychiatric nurse will provide a copy of the child's most current mental health records to the contractor's physician consultant.
  - The medical/mental health provider is required to conduct additional monitoring that includes the following:
    - BMI (Body Mass Index) at least once a month to identify excessive or inappropriate weight gain or loss. The Department recognizes "excessive or inappropriate weight gain" as >10% increase in body weight within a three-month timeframe or less.
    - Laboratory monitoring performed biannually including:
      - Fasting glucose levels
      - Fasting lipid levels
  - If a side effect from a psychotropic is suspected, the OCS Psychiatric Nurse will discuss with the mental health provider to determine how to address the identified problem. Provide documentation of the discussion in an ORCA note. If any parties to the case have concerns regarding the side effects, a referral will occur to the contractor's physician consultant.
  - The contractor's physician consultant will review the child's chart and, provide consultation on ways of decreasing the number of psychotropic medications and address any medical abnormality or adverse drug reaction caused by the medication; and
  - The contractor's physician consultant will provide OCS with consultation results via the Quarterly Psychotropic Medication Review form.
  - The OCS Psychiatric Nurse and the assigned PS Specialist will actively work, along with the GAL and the Tribal worker, together to ensure these children are closely monitored and receive the support and referral services necessary to have a reduction of medication as soon as it is safe to do so.

d. When psychotropic medication is prescribed for a child in out-of-home care, the PS Specialist or Regional Psychiatric Nurse will provide the caregiver with information about the medication and side effects upon request.

13. Mental Health Records:

a. Keep the child's mental health records in the case file. The assigned PS Specialist will ensure that the child's records in the case file are up-to-date, including that updated records provided by the care provider are filed in the case file.

b. When there is a change in placement, after the GAL grants permission, the assigned PS Specialist will provide an opportunity for the new foster parent/caregiver to review the mental health records of the child. Copies of the mental health records will not be given to the foster parent/caregiver.

c. If the child is returning home, refer to Alaska Court Rule 9b before releasing mental health records to the parent(s) of children in OCS custody.

d. The assigned PS Specialist will ensure to provide the mental health record to a child who leaves foster care due to reaching the age of majority (18) or being emancipated, at no cost at the time custody is released.

D. Responsibilities of Foster Parents/Caregivers:

1. Mental Health Emergencies: Foster parents/caregivers are authorized to arrange for emergency medical care, which includes emergency mental health care. Foster parents may not authorize placements in secure residential psychiatric treatment centers. (Consent for Emergency and Routine Medical Care form 06-9716).

2. Records (Foster parents/Caregivers): Foster parent/caregivers will not keep mental health records or treatment records in the home. Any mental health records will be turned into the child's PS Specialist:

3. Psychotropic Medications:

a. If a child placed in their home is on psychotropic medication, the foster parent/caregivers must provide the medical or mental health provider the "*Guidelines for Psychotropic Medications for Children in State Custody*."

b. If psychotropic medication is recommended for a foster child, the foster parent will notify the PS Specialist so the PS Specialist can take action to obtain consent.

c. Foster parents may be able to provide contact information for the parent (when parental rights have not been terminated) to obtain consent for the medication.

DEFINITIONS:

"Emergency medical care" includes emergency mental health hospitalization. An example of an acute mental health emergency is when a child is a danger to self or others.
"Psychotropic Medications": According to the Physician's Desk Reference (PDR), Psychotropic Medications include the following:

- antipsychotics (typical and atypical);
- antidepressants;
- Central Nervous System (CNS) Stimulants and non-stimulant therapies for hyperactivity disorders or sleep disorders;
- mood stabilizers (including lithium and anticonvulsants);
- barbiturates, benzodiazepines, and other miscellaneous central nervous system depressants; and
- any off label medication used to treat a mental health diagnosis.

"Routine/minor mental health care" includes:

- mental health assessments;
- mental health counseling.

"Major medical/mental health care": The following are guidelines for defining major medical/mental health care:

- planned hospitalizations;
- administration of psychotropic medication, or any drugs prescribed for mental illness or behavioral problems.

AS 47.10.990(29) "secure residential psychiatric treatment center" has the meaning given "residential psychiatric treatment center" in AS 47.32.900.

AS 47.32.900(19) "residential psychiatric treatment center" means a secure or semi-secure facility, or an inpatient program in another facility, that provides, under the direction of a physician, psychiatric diagnostic, evaluation, and treatment services on a 24-hour-a-day basis to children with severe emotional or behavioral disorders.

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6.3.3 MEDICAID TRAVEL

AUTHORITY:

AS 47.07.030(b)	Medical Services to Be Provided
7 AAC 120.410	Prior Authorization for Nonemergency Transportation Services
7 AAC 120.430	Authorized Escort

PURPOSE: To ensure that Medicaid travel is authorized in compliance with the Medicaid rules and in a timely manner to prevent delays in medical services for children in custody.

BACKGROUND INFORMATION – STATE LAW AND REGULATIONS:

A. Under the Medicaid program, the department may provide reasonable transportation to and from the point of medical care for Medicaid eligible children.

B. The health care provider shall request prior authorization for medically necessary transportation and accommodations on behalf of the recipient by submitting the request to the department. If an escort is required, the health care provider must request authorization for an escort at the same time as transportation and accommodation services are requested for the recipient.

POLICY:

A. Medicaid travel will be arranged for currently Medicaid eligible children in custody who need medical care that can only be received in another location.

B. A Health Aide, doctor, or dentist must pre-determine that the treatment is a medical necessity and the child must have a confirmed appointment (except in emergencies). OCS Eligibility Technicians only determine whether children are Medicaid eligible; they are not responsible for authorizing Medicaid travel.

C. A Medicaid coupon is required for this travel.

D. Authorization as outlined in section 6.5.10 Trips for a Child in Custody is also required.

E. Therapeutic visits by a parent/guardian to a child who is placed in a treatment facility may be paid by Medicaid. The facility is responsible for setting up the visits and obtaining Medicaid approval.

PROCEDURE:

A. The Protective Services (PS) Specialist will request pre-authorization for Medicaid travel, except in situations addressed in (C) below.

   1. Prior to calling for pre-authorization, the PS Specialist will:

a. Schedule an appointment unless an appointment already has been scheduled; and

b. Fill out as much of the Transportation Authorization Invoice (form # AK-04) as possible. A supply of these forms is available in every field office and can also be obtained at most airline offices and at any Indian Health Service facility or from any community Health Aide in villages. To secure a supply of forms, contact Xerox Alaska Medical Assistance 1-800-770-5650 (select option 1 from the first menu and option 2 from the second menu) and request to be transferred to the mail room.

2. When calling for preauthorization, the PS Specialist will have the information regarding child's Medicaid eligibility number, the doctor's name, location and date of the child's appointment, and the escort's name and date of birth. The PS Specialist will:

a. Call Xerox Alaska Medical Assistance toll free number for pre-authorization: 1-800-770-5650 (option 1 option 2). This number is in service 8:00 a.m. - 5:00 p.m., Monday through Saturday and 12:00 p.m. through 4:00 p.m. on Sunday.

b. Give the control number that is printed on the T/A form and other information asked for.

3. In return, Xerox Alaska Medical Assistance will give information and codes to put on the form and further instructions for the process.

4. The forms are three part, with the top part being for airlines, and the other two for taxis and lodging.

B. When a currently Medicaid eligible child in OCS custody needs medical care and the care is available only in another location, the assigned PS Specialist is responsible for assuring that Medicaid travel is arranged.

C. In the case of an emergency, after hours, or on holidays, it may be necessary to proceed without the pre-authorization phone call. The PS Specialist will fill out as much of the form as possible, and call Xerox Alaska Medical Assistance as soon as possible.

D. The PS Specialist will provide the completed form to the escort.

E. The following additional requirements apply when a child is escorted by a non-OCS employee:

1. The PS Specialist will ensure that approval for the travel is obtained and will provide the signed Authority to Transport a Minor form (06-9717) to the escort prior to the travel, as outlined in section 6.5.10 Trips for a Child in Custody.

2. When travel for a non-OCS employee escort is not paid by Medicaid but through Request for Funds, the PS Specialist will ensure the completion of a Travel Memorandum of Agreement (06-9682) and a Travel Authorization for the escort. The

levels for approval for utilizing Special Needs Funds for escort travel are outlined in section 6.5.10.

6.4 SAFETY

AUTHORITY: AS 18.60.075, Safe Employment

POLICY: It is the division's policy to regard the safety of children at the highest level. Of equal concern is the safety of staff who, at times, must deal with very difficult interactions.

PROCEDURE:

a. Safety Plans:

1. A Department of Health and Social Services Safety Plan serves as the foundation of the department's safety policy. The Plan should be used for reference and guidance relating to accident reporting, bloodborne pathogens, accident investigation, hazard material management, safety training requirements, safety inspections, tuberculosis exposure, combative client protocol, and extreme weather travel. Copies of required reporting forms can be found in the back of the Plan. All employees have access to the Plan which is kept at every OCS worksite. Supervisors are responsible for making sure that new workers are aware of the plans within 60 days of employment.

2. In addition, each location is required to have site specific Emergency Evacuation Plan, Bomb Threat Plan and Combative Client Protocol Plan.

b. Safety Officers:

1. The department Safety and Risk Officer has responsibility for the overall department safety program.

2. The division Safety Officer ensures that all locations are in compliance with applicable state and federal OSHA regulations and department safety policies. This individual also represents the division as a member of the DHSS Central Safety Committee.

3. Each worksite must have a Safety Officer Designee who ensures compliance with safety policies and regulations at the local level. It is the responsibility of the Safety Officer Designee to ensure that all employees know where the DHSS Safety Plan is at their site as well as the site specific plans for evacuation, bomb threats and combative client protocols.

c. Procedures for Employees:

1. The division expects its employees to comply with all federal, state, and departmental safety policies.

2. Employees should familiarize themselves with the contents of the DHSS safety plan and local emergency plans, and should follow this guidance when they carry out their duties. Employees should participate in drills to evacuate their building, and should become familiar with the location and use of their office's safety-related equipment. Such equipment may include devices that enhance office security, cell phones and other portable communication devices for use in the field, and survival gear kept in state-owned vehicles. Employees should report broken equipment to their office's safety officer designee, who should arrange for its repair or replacement.

3. If an employee recognizes an unsafe situation in the office, the employee should notify their safety officer designee.

4. Employees who come into regular face-to-face contact with the public should participate in DHSS-sponsored crisis training on a bi-annual basis, and prepare themselves to respond appropriately to a disruptive or assaultive person.

5. Assessment of Risk:

   A. Employees should perform risk assessments of all work environments that involve face-to-face contact with the public, including office interactions and home visits. Employees may ask someone to participate in an office visit or accompany them on a home visit if their assessment warrants it.

   B. As a means to assess the risk for violence, workers should request, receive, and review an APSIN background report prior to contact with potentially dangerous individuals unless the worker determines that circumstances will prevent them from receiving a timely reply. (See section 6.8.4 Criminal Record Check for procedures for requesting APSIN reports)

   C. If the assessment indicates a demonstrable risk of violence and the need for law enforcement or other backup, the worker should seek supervisory approval to delay their initial assessment until they can arrange for such protection. The supervisor should approve such requests even if they cause the division to exceed the priority level response time limits.

6. Safety Measures for Out-of-Office Visits: Before leaving the office, make sure a supervisor or co-worker knows the following:

   A. where you are going;

   B. how you plan to get there, including if you are using your own care or a state car; and

   C. when to expect your return.

7. Threats:

   A. Employees may receive threats directed toward them, other employees, third parties, or against their office. Employees should take the threat seriously and report it verbally to the person threatened and to a supervisor. The employee should also complete the Threat of Violence section of the Field Incident Report form (06-9502) and give it to the supervisor.

   B. After receiving a verbal report of a threat, the supervisor should confer with the social worker V and determine whether or not to report it to law enforcement. The supervisor then completes their portion of the Field Incident Report and distributes it to parties listed on the form.

8. Violent Individuals:

   A, If an individual comes into a division office or is a nuisance such that the person is disrupting the office and the employees' ability to do their jobs, the supervisor, or his or her designee, may ask the person to leave. If the person refuses to leave, the supervisor, or his or her designee, may call the police and ask for assistance to help remove the person from the office.

   B. If an individual has been told to leave the premises, but continues to be a nuisance, or a threat to the safety of the employees in the office such that the supervisor, or his or her designee does not want the individual to return to the office at anytime in the future, the supervisor, or his or her designee, may send the person a no-trespass letter informing them that they may not return to the office and that any violation of the letter may result in the supervisor, or his or her designee seeking appropriate legal action. If the person violates the letter, the supervisor, or his or her designee, may call the police and request assistance, explaining that there is a person in the office who has violated a no-trespass letter. If a formal no-trespass letter is sent, it is preferable to send it certified, return receipt, to assure that the person has actual notice of the order to stay away from the premises.

   C. Alaska Statutes allows for issuance of restraining orders/protective orders only against a member of a "household" as defined in AS 18.66.990 so it is not possible for a division employee to obtain a restraining order against a violent client. However, if a client who has a protective order against a member of its household is in a division office and that person shows up in the office in violation of the protective order, the supervisor may call the police for assistance.

9. Employees must report all job-related injuries or illnesses to their supervisor and complete worker's compensation forms.

10. Supervisors should report safety-related complaints made by a union or contact by OSHA regarding a safety issue to the social worker V and to the division's worker safety officer.

11. Debriefing:

    A. Employees who have been exposed to a traumatic event will be offered individual or group debriefing. Employee participation in debriefing is strongly encouraged but is not mandatory.

    B. The Protective Services (PS) Specialist IV or PS Manager I, will arrange for the debriefing which will be provided by one of the Crisis Incident Stress Debriefing (CISD) teams which have been established in most urban and rural areas of the state by the Emergency Services Unit of the Division of Public Health.

d. Rural Safety: The following procedures reduce the risk of injury and protect the safety of employees who work in or travel to rural communities:

1. Before leaving on a trip to a rural community, make sure a family member or another reliable person knows "where, how, when, and who":

    A. where you are going,

    B. how you plan to get there,

    C. when to expect your return, and

    D. who to call if you fail to return as planned.

2. Call them if you delay your return. Check-in when you get back home.

3. Before travelling by road during the winter, make sure your vehicle is equipped with survival gear and know how to use it before an emergency occurs. Make sure it has enough gas and oil, the lights work, and the tires are properly inflated and have enough tread for traction. Dress appropriately for winter conditions in case it breaks down.

4. Most OCS offices are equipped with cell phones or other personal communication devices. Before taking this equipment along, make sure it is charged and know who to call in an emergency.

5. The recommended way of travelling to bush villages is by air, but workers may travel by boat or snowmobile at their discretion. Workers who elect to travel by these means must dress for the weather and bring personal safety gear. Workers should not travel alone by boat or snowmobile unless they are

experienced with the outdoors and familiar with the route to their destination.

6. When travelling by propeller-driven aircraft, always wear hearing protection. After arriving at the airstrip, catch a ride to town with the airline agent or with another reliable individual. Never ride in the bed of a pick-up truck or on a three-wheeler. Make advance arrangements with the agent to catch your return flight.

7. When travelling on foot in a rural community, stay on commonly traveled roadways or footpaths. Never take shortcuts on infrequently traveled paths and never walk through a dog lot. If you encounter a belligerent person, keep walking away from them.

8. After arriving in a rural community, check-in with local law enforcement or other authorities. Make home visits with them when your assessment of the risk indicates the need for a "buddy" to accompany you.

9. Bring a sleeping bag even if you don't plan to spend the night. Weather or other unforeseen delays may prevent your return home. Arrange for lodging before nightfall. When staying alone in a small building, make sure all the doors and windows lock from the inside. Know the phone number of the police or VPSO and call them if people harass you from outside.

6.4.1 COVID-19 OCS EMPLOYEE HEALTH SAFETY

Purpose: To decrease the risk to families served by and staff of the Office of Children's Services (OCS) of being exposed to COVID-19 related illness.

POLICY: OCS strives to maintain a safe, healthy environment by minimizing exposure to COVID-19. Screening will occur for all current OCS employees, new OCS employees, and contract employees who work in the field or regional OCS offices as well as individuals entering OCS offices and vehicles. The term "employee" refers to OCS employees, new OCS employees, and individuals employed by OCS contractors when physically in an OCS regional or field office.

PROCEDURE:

A. Screening for COVID-19 symptoms:

1. At the start of each workday, all employees are required to:

a. Be screened using the screening questions below, either by the supervisor or self-screened.

b. If self-screened, an employee must sign a verification statement attesting they are free from symptoms.

c. Have their temperature taken by designated personnel when they arrive at an OCS office at the start of the workday. If this is not possible in their local office, they must sign a verification statement attesting that their body temperature is not over 100 degrees.

d. If an employee cannot pass the screening questions or temperature check, they should not enter an OCS facility until they have consulted with their supervisor and developed a plan for the workday. Supervisors may need to consult with OCS Safety to assist in risk management.

B. Screening Questions:

1. In the past 2-14 days have you:

a. Experienced any of the following symptoms that are new to you and have not been evaluated by a healthcare provider?

1) Cough

2) Shortness of Breath

3) Fever

4) Chills

5) Muscle Pain

6) Sore Throat

7) Headache

8) Fatigue

9) New loss of taste or smell

10) Congestion or runny nose

11) Diarrhea

12) Vomiting or nausea

b. Traveled outside the State of Alaska?

c. Been contacted by a contact tracer with a local or state health department due to possible exposure to COVID-19?

d. Been within 6 feet of someone for longer than 15 minutes who tested positive or is presumed positive by a healthcare provider for COVID-19?

C. Personal Protective Equipment (PPE) use. Employees will:

1. Wear an approved PPE facemask when in contact with the public and clients where social distance is not possible.

2. Wear PPE, at minimum a medical-grade face mask, at all times while on travel status except when consuming food or beverages. OCS staff will only be permitted to remove PPE when they are in their living space for the travel status.

3. Wear PPE or cloth face covering when inside an OCS office and unable to maintain 6 feet distance from others such as break rooms, congregate areas, and public lobbies.

4. Wash hands before and after meeting with clients with soap and water. If soap and water are not available, use an alcohol-based hand sanitizer. Wash hands frequently throughout the day.

5. Immediately self-isolate, if in an OCS facility, and notify their supervisor if any symptoms listed on the screening questionnaire develop during the workday.

D. Training:

1. Infection control procedures and PPE use will be taught to all employees annually. Additional training will be provided as needed.

a. Contractors will be responsible for providing COVID-19 education for their employees and ensure that they are following infection control procedures.

b. Provide relevant information about infection control and screening that will be required to enter to family members, volunteers, and visitors.

E. Testing

1. Frequency of testing:

a. Every employee that interacts with the public for casework outside of the office (home visits or transports), and resides in a community where an OCS testing contractor exists, must receive COVID-19 testing monthly.

b. If an OCS employee travels more than once a month (such as a Letter of Agreement position) and resides in a community where an OCS testing contractor exists, an additional COVID-19 test is required for a total of twice per month.

c. Additional tests may be required based on possible exposures, symptoms, travel, or community spread of disease, but will not exceed one time per week.

d. Less testing may be required based on community spread.

e. Employees will be responsible for scheduling their testing through the OCS contractor.

2. Testing requirements:

a. Specimens for testing may come from an oral, nasal, mid-turbinate, or nasopharyngeal sample.

b. Follow appropriate testing practices.

c. Testing of the sample will be run on a machine determined to have adequate sensitivity and specificity to meet recommendations of Public Health.

d. No other health-related data or information will be obtained from the testing.

3. Employees are not required to obtain their test results before returning to work. Test results will be sent to the designated staff member in the services array unit at the state office.

4. Employees will be placed on a risk mitigation plan by supervisors with input from OCS Safety Team if there is any concern about testing not being performed on time or if test results are positive.

a. Contractors are responsible for ensuring that contract employees are tested monthly, and a negative test result has been received.

b. The Division may request any documents related to COVID-19 from OCS employees, to include screening and testing results, at any time it is determined to be necessary based on valid business reasons.

c. If a test result is positive, the OCS employee will be required to provide a negative test result before returning to the workplace. The OCS supervisor will assist the employee in coordinating a time and place for the additional test.

d. Normal personnel processes will be followed if obtaining testing and testing results becomes a performance issue.

5. Costs of mandatory monthly employee testing will be paid for by the Division. OCS will make efforts for testing to be performed during an employee's working hours; however, this may not be possible in all circumstances due to staffing levels and work

assignments.

6. If an employee is offered testing during regularly scheduled work hours and declines, they may not be paid for time spent obtaining a test at another location. Unable to Test or Wear PPE Face Mask or Face Covering

   a. Any employee who is unable to be tested or to wear a PPE Face Mask or Face Covering will be looked at on a case by case basis.

   b. Supervisory staff will discuss any refusal of testing or wearing of PPE Face Mask or Face Covering with the OCS employee and:.

      1) Determine the reason for refusal and provide any necessary education and develop an acceptable plan for the employee compliance with testing and PPE/Face coverings.

      2) If refusal continues, evaluation of the risks to families and staff will occur and a plan will be developed by the employee's supervisor to decrease the risks. This may include Human Resource involvement.

7. Test results of employees will be kept secure and confidential.

   a. OCS employees will be notified of their test results by a designated State Office staff member.

   b. Results may be reviewed by the supervisory chain-of-command of Safety Team only.

   c. Results may also be shared with the Division of Public Health, Epidemiology.

   d. Individual test results are stored with the testing contractor. Summary test results obtained by designated the State Office staff member will be shredded monthly.

8. If test results are positive, employees may be contacted by the Division of Public Health, Epidemiology, or a health care provider.

   a. The employee will immediately notify their supervisor of the test result.

   b. If positive results are received by OCS directly, the designated staff member in the services array unit at the state office will contact Epidemiology and employee.

   c. If the employee is working at the time results are received, the employee will telephonically work with their supervisor or designee to determine the safest way to exit their work site, self-isolate, and be sent home.

   d. Leave duration and payment will be determined by DHSS COVID-19 leave policy and in conjunction with the Department of Health and Social Services (DHSS) Human Resources section.

F. Testing of New Hires

1. Upon receiving hire approval from DHSS Recruitment, all new hires working in the field will be required to undergo a COVID-19 testing procedure with a negative test result

before beginning work in the field.

2. The hiring manager for the position will advise the supervisor once conditional hire approval has been granted.

3. The designated OCS contractor will conduct testing.

4. Results are to be received by the designated staff member in the services array unit at the state office before the established start date.

5. The designated staff member in the services array unit at the state office will advise the hiring manager once the negative test result is received, within two days of receipt, so that the Hiring Manager can begin scheduling the new hire.

6. Upon starting in their position, new hires are required to follow the testing procedures for "current employees."

G. In the event, a new hire refuses COVID-19 testing; their hire will be rescinded in consultation with DHSS Human Resources. Their hire is considered "conditional" until a negative COVID-19 test result is received.

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6.4.1.1 COVID-19 EMPLOYEE HEALTH AND SAFETY AMENDMENT RELATED TO PERSONAL PROTECTIVE EQUIPMENT AND TESTING

Purpose: To revise POLICY 6.4.1 issued 8/25/2020 specific to personal protective equipment and testing only. This policy replaces section C (Personal Protective Equipment) and section E.2. (Testing Requirements) in the original policy referenced above. All other sections of the existing policy remain in place until further notice.

A. Employees will adhere to PPE use in accordance with the work exposure risk activity as follows:

Work Exposure Risk Level:	Examples of OCS Duties	Minimum PPE Requirement
High Risk of Exposure	▪ Face-to-face interactions with clients in a confined space at a distance closer than six feet, such as: • Transporting clients • Supervising client visitations while inside the same room • Physical contact/carrying a child *If pre-screening is not possible:* Entering a home of a client (for example, a Priority 1 response)	▪ Medical-grade face mask (surgical mask) ▪ Face shield ▪ Disposable gloves or: ▪ N95 and eye protection Addition: If anticipating physical contact such as carrying or securing a child into a car seat: Medical/surgical gowns.
Medium Risk of Exposure	After pre-screening has occurred: ▪ Face-to-face interactions with clients where individuals may keep 6 feet of distance apart ▪ Monthly caseworker (home) visits with children in foster care, parents, and foster parents ▪ Home visits for Home inspections for licensing	▪ Medical-grade face mask (surgical mask) ▪ Disposable gloves
Low Risk of Exposure	After self-screening has occurred: Work conducted in the office where six feet distance is maintained and interactions through a barrier device with members of the public who are wearing a mask greater than six feet for brief periods of time	▪ Medical-grade face mask (surgical mask) or cloth face covering

1. Wear PPE, at minimum a medical-grade face mask (either surgical mask or N95), at all times while on travel status except when consuming food or beverages. OCS staff will only be permitted to remove PPE when they are in their living space for the travel status.

2. Wear a surgical mask or cloth face covering when inside an OCS office and unable to maintain 6 feet distance from others such as hallways, break rooms, congregate areas, entering occupied offices, and public lobbies.

3. Wash hands before and after meeting with clients with soap and water. If soap and

water are not available, use an alcohol-based hand sanitizer. Wash hands frequently throughout the day.

G. Employee Testing for COVID-19:

1. Testing requirements:

   a. Specimens for testing may come from an oral, nasal, mid-turbinate, or nasopharyngeal sample.

   b. Follow appropriate testing practices.

   c. Testing of the sample will be run on a machine determined to have adequate sensitivity and specificity to meet the recommendations of Public Health.

   d. No other health-related data or information will be obtained from the testing.

   e. The State of Alaska complies with Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA). The State will not request, require, or purchase genetic information in conjunction with COVID-19 testing. All employees submitting to COVID-19 tests and contractors performing such tests will be warned in writing not to provide genetic information to the Employer.

2. Employees tested for routine monthly testing are not required to obtain their test results before returning to work.

3. Employees tested due to identified close contact are required to obtain their test results before returning to work and engaging with OCS staff and clients. They are expected to telecommute when feasible.

4. Contractors are responsible for ensuring that contract employees are tested monthly, and a negative test result has been received.

5. Test Results:

   a. OCS employees will be notified of their test results by the OCS testing contractor.

      1) The designated OCS Safety Team member will store all results in a protected network folder that is accessible by only the designated OCS Safety Team member and the OCS Safety Officer.

   b. The designated OCS Safety Team member will email testing results to the designated staff member at the Department of Administration Payroll sections to be placed in the employee's medical file. Individual test results are also stored with the testing contractor.

6. If an employee tests positive:

   a. The employee will immediately notify the designated OCS Safety Team member of the positive test result at OCSEmployeeHealthCoord@alaska.gov.

b. The designated OCS Employee OCS Safety Team member may notify the employee's supervisory chain of command that the employee will be unable to work for at least 10-14 days but not relay individual employee confidential test results.

c. Employees will be placed on a risk mitigation plan by the OCS Safety Team.-

d. If the employee is working at the time results are received, the employee will telephonically work with their OCS Safety Team to determine the safest way to exit their worksite, self-isolate, and be sent home.

e. Leave duration and payment will be determined by the State of Alaska COVID-19 leave policy and in conjunction with the Department of Health and Social Services Human Resources section.

f. If a test result is positive, in accordance with CDC guidance, the OCS employee must be cleared by the State of Alaska Division of Public Health or other local health department, or their health care provider before returning to the workplace.

7. The State may make any inquiry and/or require any medical examination related to COVID-19, so long as such inquiry/examination is job-related and consistent with business necessity.

8. Costs of mandatory monthly employee testing will be paid for by the Division. OCS will make efforts for testing to be performed during an employee's working hours; however, this may not be possible in all circumstances due to staffing levels and work assignments.

9. All employees who are considered *recovered* from COVID-19 by a health care professional shall be exempt from the testing requirement for 90 days unless otherwise directed by medical providers, OCS safety, or public health directives. If an employee who is considered *recovered* experiences symptoms, it is recommended they follow public health guidance and contact their healthcare provider for further instructions.

10. Employees may return to work once they are considered *recovered* by a health care professional and are following all healthcare provider guidance and public health directions for returning to work.

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6.5 PLACEMENT

6.5.1 REGIONAL PLACEMENT COMMITTEE

AUTHORITY:
AS 47.14.100 Powers and Duties of Department over Care of Child

PURPOSE: To ensure that children receive the appropriate level of care and services needed to address mental health, substance abuse, developmental needs, to establish medical necessity, and to assure child safety.

BACKGROUND INFORMATION:

State Law:

A. The department (OCS) will arrange for the care of every child committed to its custody by placing the child in a foster home or in the care of an agency or institution providing care for children inside or outside the state.

B. The department may not pay for inpatient psychiatric services in an out-of-state psychiatric hospital facility or residential psychiatric treatment center for a child in custody unless the department determines that the services are consistent with the child's clinical diagnosis and appropriately address the child's needs and these services are not available in the state.

POLICY:

A. Placement decisions shall be based on the treatment objectives for the child and the best interests of the child and their family. While children should be placed in the least restrictive setting, it is contrary to policy to require children to fail in placements that are not in their best interest solely to exhaust less restrictive placement options.

B. Children are appropriate for residential care if they exhibit emotional or behavioral problems that require intensive behavioral health treatment and a therapeutic environment that is staffed 24 hours a day. This will be determined by a mental health assessment performed by a professional mental health clinician. This assessment will contain a specific recommendation for residential treatment. This assessment will be further reviewed by the Regional Placement Committee (see below).

C. Each region will have a Regional Placement Committee (RPC) consisting of a facilitator and at least one representative from Office of Children's Services (OCS), Division of Juvenile Justice (DJJ), and Division of Behavioral Health (DBH) who will be responsible for:

   1. approving in-state residential placement referrals for children needing residential care

when the placement is expected to last three months or longer;

2. approving referrals to other placements, according to state policy;

3. approving emergency shelter placements, if the placement is expected to last for more than three months;

4. reviewing referrals for placements in residential psychiatric treatment facilities, in-state or out-of-state. After the RPC's review, the referral must also be reviewed and approved by the Residential Psychiatric Treatment Center (RPTC) Review Committee;

5. reviewing any residential placement of more than one year duration, every six months; and

6. reviewing in-state level II or shelter placements in which a short stay of three months is extended.

D. The RPC may consider in-state funded treatment programs or emergency, short-term placements into state or private mental health facilities as placement options for a child referred to the committee.

E. Workers with supervisory approval may utilize the RPC to process other placements such as Adventure-Based Educational Programs, maternity homes, treatment foster care, substance abuse programs or other programs offering specialized services.

PROCEDURES:

A. Regional Placement Committee Meetings:

1. Referrals:

a. In those areas of the state that have implemented the Team Decision Making (TDM) process, all cases being considered for RPC will be reviewed by the TDM prior to the referral to the RPC. If a psychiatric nurse or the DJJ and DBH members of the RPC participate in the TDM meeting where a decision is made regarding residential placement of a child, then the TDM decision is sufficient and a referral to the RPC is not required.

b. In areas of the state that are not using the TDM process, a referral for residential placement can be submitted to the RPC after the Protective Services (PS) Specialist has staffed the case with their PS Specialist IV.

c. For cases in which the TDM process does not involve a psychiatric nurse or a representative of DJJ and DBH, the referring PS Specialist will follow the steps in conducting an RPC meeting described in (2) below.

2. Conducting the RPC Meeting:

a. Parents, grandparents, other family members or key adults identified by the family must be invited to the RPC meeting. Also, unless there is clear

documentation that participation of the child or youth would be detrimental, the child's participation in the RPC placement is necessary, though their participation may be limited based upon their age, development and psychological functioning. Committee members and the referring PS Specialist will participate in person or telephonically in the staffing. Additional individuals involved with the case, such as supervisors, guardian ad litem, therapist, case manager or representative of the agency that is expected, etc., may participate in the staffing. If a facility has been identified as a possible placement a representative from the facility may also be included in the staffing.

b. The referring PS Specialist will provide committee members with copies of relevant information at least two days prior to the RPC meeting. Relevant information includes:

1) Immediate and long-range treatment goals;

2) Social history including:
   - Family History;
   - History of prior placements;
   - Family's wishes regarding placement;
   - Plan to maintain family and significant social contacts during placement;
   - Permanency Plan and how the residential program can assist in implementing the plan; and
   - Discharge plan: Where will the child or youth go after completing residential care?

3) A description of the child's past and current behavior;

4) Child's social and personal developmental history including current level of functioning;

5) The child's school history and current educational level;

6) A description of any health problems or special medical needs;

7) The child's placement history; and

8) Copies of predisposition reports, psychological, psychiatric or other available evaluations.

c. The chairperson will facilitate the exchange of information regarding the treatment needs and objectives of the child, protection of the child and the public, and the resources available.

d. The referring PS Specialist will report the reasons for the referral, the expected length of placement and discharge plan, and facility recommendation.

e. The committee members will discuss all appropriate placement considerations and document their findings. The RPC will consider:

1) Treatment objectives for the child.

2) Best interests of the child, and involvement of the family in the child's treatment.

3) All community resources, including those funded through other state programs and wraparound services in trying to meet the needs of the child.

4) Retaining children in their own communities when possible.

f. The chairperson of the RPC will maintain records of each placement staffing including committee findings. One copy will be placed in child's case file.

B. All materials required or discussed in regards to the child will be considered confidential information and dealt with in accordance with AS 47.10.093 and AS 47.12.310.

C. If the RPC recommends placement outside the region, the chairperson will notify the RPC of that region.

D. In situations in which the RPC having jurisdiction places a child into a facility in another region, the receiving RPC will not question the appropriateness of the referral.

E. Admitting a Child To a Residential Program:

1. Following approval for a residential placement by the committee, the following procedures will be followed:

a. The referring PS Specialist will be responsible for ensuring that a referral is made to the facility of choice within five working days. Phone notification will be made with a follow-up facility placement packet.

b. If no bed is available within a reasonable period of time, the referring PS Specialist will inform the RPC chairperson. The assigned PS Specialist will then make a referral to the second choice listed by the RPC. If no second choice has been listed it will be the responsibility of the referring PS Specialist to schedule a staffing with the committee to consider alternate placement options and determine a second choice for an appropriate placement.

c. If all of the funded beds are occupied, a child can be placed on the waiting list.

6.5.2 RESIDENTIAL PSYCHIATRIC CENTER LEVEL OF CARE

AUTHORITY:
AS 47.14.100 Powers and Duties of Department over Care of Child

PURPOSE: To ensure that children receive the appropriate level of care and services needed to address mental health, substance abuse, developmental needs, and safety.

BACKGROUND INFORMATION:

State Law:

A. The department may not pay for inpatient psychiatric services in an out-of-state psychiatric hospital facility or residential psychiatric treatment center for a child in custody unless the department determines that the services are consistent with the child's clinical diagnosis and appropriately address the child's needs, the child's needs cannot be adequately met in a less restrictive and more normative setting, and these services are not available in the state.

B. The department may not pay for in-state residential psychiatric treatment centers unless the department determines that the services are consistent with the child's clinical diagnosis and appropriately address the child's needs and these services and that the child's needs cannot be adequately met in a less restrictive and more normative setting.

C. If appropriate services become available in Alaska for a child who is receiving inpatient psychiatric services in an out-of-state facility, the child will be transferred to the Alaska facility. If the child is not transferred to the Alaska facility, the state will not continue to pay for the services unless the department determines that the transfer would be detrimental to the child's mental health, due to an established therapeutic relationship, or documented clinical need.

D. As soon as child's condition improves to the point that the child's needs can, on a sustainable basis, be met in a less restrictive and more normative setting, the child will be transferred.

POLICY:

A. Out-of-state residential care placements will only be considered when the child's treatment needs are so severe that there are no in-state resources available to meet the child's needs and/or the child's family has moved out of state and the plan is for the child to be reunited with the family members in the other state.

B. Placement in in-state residential psychiatric treatment centers will only be considered when the child's treatment needs are so severe that they cannot be met at a lower level of care.

C. The Residential Psychiatric Treatment Center (RPTC) Review Committee will include at least one representative from OCS, Division of Juvenile Justice (DJJ), and Division of Behavioral Health (DBH), and the Interstate Compact on the Placement of Children (ICPC) deputy compact administrator.

D. The RPTC Review Committee must review and approve all referrals for both out-of-state and in-state residential psychiatric treatment center placements of children in the custody of the department, regardless of whether Office of Children's Services (OCS) will pay for the placement or not.

E. Out-of-state facilities must be approved by the RPTC Review Committee based on the ability of the facility to meet the child's needs and the proximity to relatives who could provide a permanent placement for a child after discharge from the facility or to Alaska.

F. A contract will be developed with the facility for each child placed. The contract will specify responsibilities for payment, for provision of medical care, and for treatment planning. Contracts will be time-limited and can be signed only by the appropriate State Office staff person.

G. Placements in residential psychiatric treatment facilities must be staffed on a quarterly basis with the assigned OCS Regional Psychiatric Nurse, the RPTC Review Committee, and local staff.

PROCEDURES:

A. Referrals:

1. The Protective Services (PS) Specialist will send a referral packet to the RPTC Review Committee chair.

2. The referral packet will include:

a. The written findings of the Regional Placement Committee, including a recommendation for in-state or out-of-state residential RPTC treatment;

b. A psychiatric evaluation finding medical necessity for RPTC within the last 60 days;

c. A placement history report;

d. A valid court order assigning legal custody to the department; and

e. The completed 100A ICPC form.

B. The committee chair will convene a teleconference staffing with the referring PS Specialist, the OCS Regional Psychiatric Nurse, and the RPTC Review Committee.

C. The RPTC Review Committee will advise when continued exploration of a lesser restrictive placement should be considered, and if so, suggest possible facilities to explore if those have not been identified.

D. State Office staff will facilitate the signing of a contract with the facility.

E. The ICPC deputy compact administrator will forward the ICPC request packet to the appropriate office in the other state for their approval.

F. Once ICPC approval is received travel plans can be made, and TAs submitted for the director's signature, as outlined in section 6.3.2 Medicaid Travel.

G. The PS Specialist escorting the child will document their impression of the facility in an activity note in ORCA. If somebody other than the PS Specialist escorts the child, the PS Specialist will interview the escort about their impressions and document the escort's impressions of the facility in an activity note in ORCA.

H. Quarterly staffings will occur for children placed in a residential psychiatric treatment facility. The assigned OCS Regional Psychiatric Nurse will present treatment updates and discharge plans to the RPTC Review Committee.

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6.5.3 PLACEMENT AGENCIES

AUTHORITY: AS 47.050.060 Purpose and Policy Relative to Children

POLICY: The division seeks the best care for children in its custody. To meet this standard of care the division engages in collaborative case planning with other agencies.

PROCEDURE: In planning to meet the medical or treatment needs of a child, a Protective Services (PS) Specialist may conduct planning with a licensed child placement agency (CPA). The following procedures will be met:

a. If a PS Specialist intends to make a plan with a CPA an agreement must first be in place. A CPA agreement requires director approval and signature prior to placement.

b. A CPA agreement specifies the
   1. rate(s) to be paid by the CPA to the foster parents;
   2. associated expenses related to CPA supervision of the placement(s); and
   3. associated CPA expenses for training and support of the foster home.

c. The CPA is responsible for the direct payment to the foster parents.

d. Workers who plan to place a child with a child placement agency should contact the PS Specialist IV of the payments unit in state office who will develop and coordinate the agreement between the division and the CPA.

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6.5.4 PRUDENT PARENT STANDARD

AUTHORITY:

AS 47.10.010	Jurisdiction
AS 47.10.084	Legal custody, guardianship, and Residual Parental Rights and Responsibilities
AS 47.35.027	Variances
7 AAC 50.400	Liability Protection
7 AAC 50.415	Supervision of Children in Foster Homes
7 AAC 53.100	State Liability Protection
PL 113-183	Preventing Sex Trafficking and Safe Families Act of 2014

PURPOSE: Supporting normalcy in foster care is important to the children in Department custody. Foster care children need to engage in activities that can foster their growth and development, as well as provide them with the opportunities that their peers are able to have. The prudent parent standard assists with making these activities more accessible for foster children.

BACKGROUND INFORMATION

A. Federal Law:

1. The agency has established or designated a State/Tribal authority(ies) which is responsible for establishing and maintaining standards for foster family homes and child care institutions which are reasonably in accord with recommended standards of national organizations concerned with standards for such institutions or homes, including standards related to admission policies, safety, sanitation, and protection of civil rights and which shall permit use of the reasonable and prudent parenting standard.

2. The standards so established are applied by the State/Tribe to any foster family home or child-care institution receiving funds under titles IV-E or IV-B. The standards shall require, as a condition of each contract entered into by a child care institution to provide foster care, the presence on-site of at least 1 official who, with respect to any child placed at the child care institution, is designated to be the caregiver who is authorized to apply the reasonable and prudent parent standard to decisions involving the participation of the child in age or developmentally-appropriate activities, and who is provided with training in how to use and apply the reasonable and prudent parent standard in the same manner as prospective foster parents are provided the training pursuant to paragraph 471(a)(24).

3. The standards for foster family homes and child care institutions shall include policies related to the liability of foster parents and private entities under contract by the State involving the application of the reasonable and prudent parent standard, to ensure appropriate liability for caregivers when a child participates in an approved

activity and the caregiver approving the activity acts in accordance with the reasonable and prudent parent standard.

4. Section 111 Supporting Normalcy for Children in Foster Care. The term "reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.

B. State Law:

1. Office of Children's Services (OCS) has the responsibility of physical care and control of children committed to the legal custody of the department.

2. request the PS Specialist to obtain advance permission from the person responsible for the child 14 days in advance of any planned out-of-state trips for a child in care; and

3. obtain advance approval from the PS Specialist for planned in-state trips of more than 72 hours duration for a child in care.

4. An administrator or foster parent must have an understanding of development of children. A foster parent shall recognize, encourage, and support the religious beliefs, ethnic and cultural heritage, and expressed religious preferences of the birth parents for their child. A foster parent shall provide structure and daily activities designated to promote the individual physical, and social, intellectual, spiritual, and emotional development compliance with the subsection requires that, for young children.

5. State liability protection is extended to a foster parent for allowing a foster child's participation in a risk activity that is not usual for the community, if written permission is obtained from child's parent or guardian or from the department. If requested by a foster parent, the department may help get written permission from a foster child's parent or guardian for a foster child to participate in a risk activity that is not usual for the community. The department may grant the permission in cases in which is not possible or feasible to obtain parent or guardian permission.

POLICY:

A. Foster parents and child care institutions have the responsibility from the Federal and State government to provide prudent parent standards in the care of children they serve. Prudent parent standards require that there is the presence of at least one person in the foster home, or child care institution that is trained in applying these standards in the decisions that involve the participation of the child in developmentally-appropriate activities. Child care institutions will be trained in these areas on how to apply these standards in the same manner as foster parents. This includes non–high risk sports, field trips, overnight activities lasting less than 72 hrs, and decisions involving signing of permission slips and arranging of transportation for the child to and

from extracurricular, enrichment, cultural and social activities. Activities that put the child at risk, trips for youth lasting longer than 72hrs and out of state trips will need PS Specialist signature. See CPS Manual sections 6.5.8 Participation in Risk Activities, 6.5.10 Trips for a Child in Custody, 6.5.12 Drivers License/Drivers Privilege/Drivers Education, and 6.3.1 Medical Dental and Vision Care for further information.

B. Prudent parent standards are characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities. Age or developmentally-appropriate means:

1. activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and

2. in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child. (U.S.C 471(a)(10).

PROCEDURE:

A. The PS Specialist will discuss with the caregiver about the child's strengths and needs when placing a child. Foster parents and child care institutions can use reasonable parental decisions in the care of the child to provide emotional and developmental growth. This comes from knowledge of the child in their care, including the child's current age and developmental level. Caregivers will find appropriate activities that children in the same age or developmental level would be participating in.

B. Monitoring of Prudent Parent Standard:

1, Protective Services (PS) Specialist will monitor that children in the custody of the state are being allowed to participate in age appropriate activities that promote their emotional and physical growth through the monthly home visits with the child, case planning and administrative reviews. The PS Specialist will ask questions regarding the child's involvement in the following areas:

a. Extracurricular activities (i.e. sports, clubs);
b. Enrichment activities (i.e. attending community events);
c. Cultural activities (i.e. participation in native dance group); and
d. Social activities (i.e. sleepover, dances).

2. With the information know about the child's age and developmental level gained through the initial assessment and previous visits the PS Specialist will evaluate if the caregiver is applying the prudent parent standard in the care of the child.

a. If the child is meeting these areas in regards to their age and developmental level the PS Specialist will document that the prudent parent standard is being met in an ORCA activity note.

b. If the PS Specialist does not feel that the prudent parent standard is being adhered to they will follow the below procedures in (B) of this section.

3. Prudent parent standard will also be assessed during the case planning with youth. Youth over the age of 14 are given the Foster Children's Rights Brochure (D-073) which outlines their rights as youth. Youth 14 and older are also allowed to have one representative of their choosing (that is acting in the best interest of the child) to advocate and advise the child on the areas where the prudent parent standard may apply. The PS Specialist will follow procedures in CPS Manual section 2.9.5 Family Services Assessment in documentation of the prudent parent standard into ORCA.

4. Prudent parent standard will also be assessed during the administrative review, and permanency hearing. The PS Specialist will follow procedures in CPS Manual section 3.1 Administrative Reviews in documentation of the prudent parent standard into ORCA.

C. Implementation of Prudent Parent Standard:

1. When the foster home or child care institution is following the prudent parent standard, and the child is participating in activities that are assisting in the child's emotional and developmental growth the PS Specialist will document it in an ORCA activity case note.

2. If a foster home or child care institution is not implementing the prudent parent standard for the child the PS Specialist do the following:

a. evaluate the area and reasons that the child is not participating in age and developmentally appropriate activities that are providing enrichment to the child's growth. Assist the caregiver through finding ways that the prudent parent standard can be applied.

1) if the caregiver is unsure of activities in the area that the child can participate in the PS Specialist can refer them to the child's school, daycare center or other community resource that can assist with providing a list of activities in the child's area.

2) if the caregiver does not understand their requirements in the prudent parent standard application, the PS Specialist will refer them to the Alaska Center for Resource Families that is closes to their area for further guidance on the application of the prudent parent standard.

3) If the child does not want to participate in activities that the caregiver is suggesting, the PS Specialist will help the caregiver and child come up with a list of activities that both the child and caregiver can agree upon.

4) review the case plan with the foster parent to see if there are areas that are not being met or ideas of activities that could be used to assist the foster parent in making reasonable and prudent parent standard decisions.

b. document into a provider activity note in ORCA for a concern on the provider, informing the licensing worker.

c. if the child is in a child care institution the PS Specialist will inform the licensing worker who will coordinate with the designated representative on meeting the prudent parent standard.

D. Resolving differences: If there is a discrepancy between the foster parent, foster child, PS Specialist, parent or guardian or child care institution on what activities are age and developmentally appropriate for the child the following will occur.

1. The PS Specialist will arrange a meeting with the PS Specialist IV and the individuals that listed above to come to a consensus on what is age and developmentally appropriate for the child.

2. If the PS Specialist and PS Specialist IV are unable to come to an agreement at the staffing, the individual may grieve OCS's decision through the procedures outlined in CPS Manual section 6.1.5 Complaint (Grievance) Procedure.

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6.5.5 MONITORING OUT-OF-HOME CARE

AUTHORITY: AS 47.10.010 Jurisdiction, 7 AAC 50.425 Program in Residential Child Care Facilities, 7 AAC 50.430 Program in Foster Homes

POLICY: A child in out-of-home care should not receive substandard care nor care which is below the level of other children in the setting, including a foster family's biological or adopted children.

PROCEDURE:

a. Workers should understand the foster home regulations and their relationship to quality of care for children.

b. The state and Tribe shall monitor placements of Alaska native children to ensure that they remain appropriate for the child.

c. If there are concerns about the level of care a child is receiving in an out-of-home placement:

   1. Discuss with the PS Specialist IV and licensing worker and jointly develop a plan.

   2. Discuss concerns with the provider, focusing concern on the child's needs and avoiding blame or harsh judgment of the provider.

   3. Discuss alternatives which could be used, and agree on a new approach which can be tried.

   4. Monitor the placement closely, maintaining sufficient contact to determine if the situation is improving.

   5. If the situation does not improve consider whether the child should be removed from placement.

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6.5.6 FAMILY CONTACT FOR PARENTS, GUARDIAN, INDIAN CUSTODIAN, AND FAMILY MEMBERS

AUTHORITY:

AS 47.10.010	Jurisdiction
AS 47.10.080(p) & (t)	Judgments and Orders
AS 47.05.065(2)(B)	Legislative Findings Related to Children
42 U.S.C. 671(A)(31)(b)	State Plan for Foster Care and Adoption Assistance (Title IV-E)

PURPOSE: To provide guidelines for family contact between the child/youth and the child's/youth's parents, guardian, Indian custodian, siblings, and extended family.

BACKGROUND INFORMATION:

A. Federal Law: When siblings who are removed from home are not placed together in out-of-home care, the State must provide for frequent contact between the siblings, unless the State determines that frequent contact would be contrary to the safety or well-being of any of the siblings.

B. State Law:

1. When a child has been removed from the parental home, the department should encourage frequent, regular, and reasonable contact between the child and the child's parent or guardian and family members.

2. When determining what constitutes reasonable contact with a family member, the department shall consider the nature and quality of the relationship that existed between the child and the family member before the child was committed to the custody of the department. The court may require the department to file a Family Contact Plan (visitation plan) with the court.

3. The department may deny contact to the parents, guardian, or family members if there is clear and convincing evidence that contact is not in the child's best interests. If the department denies contact to a parent or family member of a child, the department shall inform the parent or family member of a reason for the denial and of the parent's or adult family member's right to request a review hearing as an interested person. A parent, adult family member, or guardian who is denied contact may request a review hearing. A non-party adult family member requesting a review hearing under this subsection is not eligible for publicly appointed legal counsel.

4. For a child who is placed in foster care, when the department finds that it is in the best interest of a child and that the foster family will not be placed in undue risk of harm, the department shall require foster parents to provide regular opportunities for contact with the child by the parents of the child and encourage foster parents to serve as mentors for facilitating family reunification.

POLICY:

A. The definition of Family Contact is time that children/youth spend with their parent, guardian, Indian custodian, siblings or extended family members in the least restrictive, least intrusive environment possible. Parents (or other participating adults) are able to perform family activities as they normally would, and are taking full responsibility for the safety and well being of their children.

B. Children/youth, parents, siblings, guardians, Indian custodians and extended family members have a mutual right to family contact with one another, and they also have a mutual right to refuse family contact with each other.

C. Frequent family contact facilitates permanency and contributes to the well-being of children/youth placed out-of-home.

D. While in person family contact is preferred, other contact may be telephonic, electronic or written.

E. Family contact plans should be both flexible and creative to effectuate substantive, frequent, family contact.

F. OCS will prioritize family contact. Every effort will be made to ensure that in person family contact is made within five days following the removal from the home to provide reassurance to the family. Family contact will be scheduled frequently enough to support and strengthen the child's/youth's relationship with the family.

G. Resource families will be included in family contact planning to ensure that regular contact opportunities are being provided for the family. As the caregivers for the child/youth, resource families will be encouraged to assist in facilitating family contact and supporting reunification.

H. OCS will encourage regular and frequent contact between family members–by supporting families' attending such activities as a child's/youth's school functions, a child's/youth's extra-curricular activities, medical or other appointments, family gatherings, community events, etc.

I. Family Contact Plan:

1. Family contact planning involves each parent, guardian, or Indian custodian of children/youth in out-of-home care, the child/youth if age appropriate, the GAL, the child's/youth's Tribe, the resource family, and any other necessary participants or supports, including the identified agency providing supervision services. The needs of each child/youth included in the plan are considered when developing family contact plans.

2. Separate plans may be required when family contact involves different times, locations, participants, and family contact supervisors; for example:

a. siblings are placed separately and do not see each other during contact with parent, guardian, or Indian custodian; or

b. children/youth have contact with their parents separately due to safety issues.

3. Family contact planning addresses how family contact will support the permanency plan and well-being of the child/youth and will include:

   a. level of supervision and reasons for the level;

   b. goal of family contact;

   c. schedule: frequency, duration, location, and participants;

   d. suggested activities;

   e. instructions for the parent during family contact;

   f. procedures for emergencies and special situations; and

   g. additional ways in which family can maintain connections, outside of scheduled contact.

4. When determining what constitutes reasonable family contact with a parent, guardian or Indian custodian, there are many considerations including;

   a. the nature and quality of the relationship that existed between the child/youth and the adult before the child/youth was committed to the custody of the department;

   b. the goal of the family contact; and

   c. the permanency goal for the family.

5. When parental rights have been terminated, contact with the parent whose rights have been terminated may be appropriate to support the transition for the child/youth or a continued relationship may be determined to be in the child's/youth's best interest. Contact with siblings and extended family should continue unless it is determined that continued contact would not be in the child's/youth's best interest.

J. Family Contact Protocols:

The PS Specialist will use the following level of supervision guidelines when creating Family Contact Plans.

1. Unsupervised Family Contact:

   a. Definition: No family contact supervisor is necessary. Unsupervised family contact will likely include overnights.

   b. Considerations for Determining that Unsupervised Contact is Appropriate: The parent has demonstrated substantial progress in addressing behaviors and safety threats identified in the home that impact the family contact. The child/youth will

be emotionally and physically safe with the parent for extended periods of time. Unsupervised contact is appropriate when reunification is expected in the near future.

c. Resources: PS Specialist provides a means for parent and child/youth to document progress towards case plan goals and to report any significant family contact incident. PS Specialist outlines a clear procedure to address family contact incidents, and provides parent with contact information to use if an incident occurs. PS Specialist documents any significant events reported by parent, child/youth, or other party.

2. Intermittent Supervision:

a. Definition: A family contact supervisor should be present during a portion of the family contact. Intermittent supervision may be a one time check-in or include more frequent check-ins by the supervisor.

b. Considerations for Determining that Intermittent Supervision is Appropriate: Parent is making substantial progress in addressing behaviors and safety threats identified in the home that impact the family contact, or the parent and caseworker agree on a plan that will keep the child/youth physically and emotionally safe for a designated period of time without supervision.

c. Resources: Supervision is provided by anyone approved by OCS, for example: the PS Specialist, an extended family member, a community agency, resource family, Tribal representative. PS Specialist outlines a clear procedure to address incidents during family contact, and provides parent and family contact supervisor with contact information to use if an incident occurs. PS Specialist and/or family contact supervisor documents progress.

3. Structured Family Time:

There are three levels of structured family time: Low Supervision, Moderate Supervision, and High Supervision.

a. Low Supervision:

1) Definition: Family contact occurs in the presence of a designated third party who evaluates and assesses the child/youth-family interaction and/or teaches and helps parents practice parenting skills. Family contact supervisor allows parents to structure interaction and activities, stepping in only when parents need assistance.

2) Determining When Low Supervision Structured Family Time is Appropriate: Parent is demonstrating appropriate progress in addressing behaviors and safety threats identified in the home that impact the family contact and parents are able to appropriately structure most of the family contact time themselves. However, parents still need some assistance and supervision.

3) Resources for Low Supervision Structured Family Time: Supervision must be provided by appropriately trained OCS staff or individual designated by

OCS. Family contact supervisor has clear plan, with structured activities, to observe and enhance parental capabilities, whenever necessary. Family contact encourages parent-driven interaction (parent initiates activity/interaction). Progress is recorded by family contact supervisor and provided to the PS Specialist to evaluate progress towards case plan goals.

b. Moderate Supervision:

1) Definition: Presence of a designated family contact supervisor who evaluates and assesses the child/youth-family interaction and/or teaches and helps parents practice parenting skills. Supervisor helps parents structure the interaction and activities according to instructions provided in advance by the PS Specialist, and these instructions are based on case-specific factors or concerns.

2) Determining When Moderate Supervision Structured Family Time is Appropriate: Parent has not yet demonstrated necessary progress in addressing behaviors and safety threats identified in the home that impact the family contact, and parents need substantial assistance in structuring family contact time themselves.

3) Resources for Moderate Supervision Structured Family Time: Supervision must be provided by appropriately trained OCS staff or designated community agency representative. Family contact supervisor has a clear plan, with structured activities, to observe and enhance parental capabilities, whenever possible. Family contact allows for appropriate parent-driven interaction. Progress is recorded by family contact supervisor and provided to the PS Specialist to evaluate progress towards case plan goals.

c. High Supervision:

1) Definition: The child/youth may not be removed from the presence of a family contact supervisor. The supervisor's responsibilities include protecting the child's/youth's emotional and physical safety, and evaluation and assessment of child/youth-family interaction. The supervisor strictly enforces rules for child/youth-parent interaction that have been explained in advance by the PS Specialist.

2) Determining When High Supervision Structured Family Time is Appropriate: Parent has made little or no progress in addressing behaviors and safety threats identified in the home that impact the family contact.

3) Resources for High Supervision Structured Family Time: Supervision must be provided by the PS Specialist or appropriately trained OCS staff. Clinical supervision by a designated community agency representative or appropriately trained OCS staff may be necessary in cases of sexual or physical abuse or violence between siblings. Progress is recorded by family contact supervisor and provided to the PS Specialist to evaluate progress towards case plan goals.

K. Resource families and other out-of-home care providers will be advised of their role in family contact and that they are expected to:

1. have regular on-going contact with parent;

2. permit parents to have contact with children/youth placed in their home;

3. support the positive intent of family contact;

4. provide transportation for the child/youth, if pre-arranged by PS Specialist;

5. have the child/youth ready to participate in family contact at the agreed-upon time;

6. help the child/youth accept separation from parent;

7. record observations, problems, etc., that affect the child/youth before, during, or after the family contact and provide this information to the PS Specialist; and

8. support the child/youth following family contact.

PROCEDURE:

A. Initiating Family Contact:

1. Every effort will be made to arrange for phone contact with the caregiver from whom the child was removed as early as possible after a child/youth is removed from home or has a placement change, preferably the first night of placement or the next day.

2. Within five days of placing a child/youth in out of home care, the PS Specialist will arrange for in person contact to occur between the child/youth and their parents (guardian or Indian custodian) as well as with their siblings who they resided with prior to the removal from the home.

3. If in person contact within five days is not possible, for example due to the location of the parent and the child/youth or because the parent is incarcerated, the PS Specialist will arrange for telephonic contact or contact through written correspondence to take place no later than five days after placement. The PS Specialist will document in a Family Contact case note in ORCA why in person contact was not possible. If contact with a parent should not occur because there is a no contact order, the PS Specialist will document this in a Family Contact case note in ORCA.

4. When a child/youth changes placements (foster home to foster home, etc.), at any point in the case, the PS Specialist will ensure that the family contact continues at the existing frequency and make every effort to ensure that a plan for family contact is prioritized. Any existing Family Contact Plans will be reassessed.

5. The PS Specialist will arrange contact with both parents, not only the parent from whom the child/youth was removed. Contact will be arranged with incarcerated parents if possible.

6. The PS Specialist will supervise at least two family contacts during the initial assessment phase, with the purpose of gathering further information in order to complete the initial assessment. If at all possible, the PS Specialist will supervise at least one family contact (preferably the first family contact following removal) before the development of the initial Family Contact Plan(s).

7. Initial contacts must be at a moderate or high supervision level until enough information is gathered to develop a Family Contact Plan(s). (See following procedures (B)(1) for time frames).

8. The family contact must be supervised in the most familiar environment possible (preferably in parents' home), considering the safety of the child/youth. This will allow for the initiation of the comprehensive assessment and will provide more accurate details regarding family functioning.

9. Parents and children/youth, depending on their age and comprehension level, will be prepared for their role and involvement both in the planning process and the contact itself. Their involvement should begin with planning for the initial family contact, as well as with the development of an ongoing family contact plan(s). The PS Specialist will:

   a. advise them of the importance of family contact as means to preserving the relationship between children/youth and families and of promoting the goal of reunification; and

   b. explain the family contact process itself to them and stress the importance of their involvement in planning.

B. Family Contact Planning:

1. Following the initial family contacts, a Family Contact Plan(s) will be developed. An initial Family Contact Plan(s) will be outlined within fourteen days of placement in out of home care. As further information is collected during the initial assessment process, it may indicate a need to update the Family Contact Plan(s). In this case, the initial plan(s) may only address the immediate plan for Family Contact. Once the Initial Family Assessment is complete, a more thorough plan(s) may be developed, utilizing the information gathered and the resources identified.

2. Grantees should be used to maximize family contact. Referrals to grantees are made using the Family Contact Referral Form (06-9787). If a grantee is available, the PS Specialist will send the referral form to the grantee. The initial Family Contact Plan(s) must be included with the referral, and inclusion of the grantee is necessary in future amendments to the plan(s).

3. The PS Specialist will ensure that family contact, including contact with siblings and extended family, is addressed when the case plan is developed and that all affected parties are involved in the discussion. If changes of placement are recommended as the result of a Team Decision Making meeting, Family Contact will be addressed at that meeting.

4. Family contact plans are separate from, but related to, the case plan. Family contact plans will be documented on a Family Contact Plan. Copies of the plans will be provided to the individuals involved in the plan, including the resource family.

5. The PS Specialist IV must approve family contact plans.

6. The family contact supervisor completes the Family Contact Observation form by hand during the family contact; and

   a. A family contact supervisor who is an OCS employee summarizes the contact in an ORCA Family Contact case note after the family contact; and

   b. The family contact grantee or other, e.g. relative or foster parent, summarizes the contact in a Word document and e-mails the summary to the PS Specialist or provides the completed copy of the form to the PS Specialist. The PS Specialist will enter the information into an ORCA Family Contact case note.

C. Monitoring and Updating Family Contact Plans:

1. On an ongoing basis, the PS Specialist will evaluate information received from parents, children/youth, family contact supervisors, resource families/out-of-home care providers, and extended family members and consider whether a plan should be revised. At a minimum, the plan will be reviewed with the PS Specialist IV every sixty days. Family Contact Plans will be consistently discussed at the administrative reviews, in conjunction with the case plan.

2. If the PS Specialist or another party involved in the case requests that a family contact plan should be revised, the PS Specialist will ensure that the parties of the plan, if age appropriate, have an opportunity to review and discuss the recommendations. If an administrative review is scheduled within a month, the PS Specialist will make the recommendations at the review, otherwise the PS Specialist will initiate a separate meeting with the parties.

3. The PS Specialist IV must approve revisions to the family contact plans.

D. Problem-Solving Family Contact Planning:

1. When a parent, guardian, Indian custodian, or extended family member cancels family contact, arrives late, or has other problems with the family contact, the PS Specialist will provide support and spend time with the adult to:

   a. Explore the reason for the problem. In the case of late or cancelled family contact, facilitate a conversation between the adult and the child/youth in which the adult explains why s/he was late or cancelled.

   b. Discuss the benefits of family contact for the child/youth and the parent, guardian, Indian custodian, or extended family member.

   c. Work closely with the child/youth and the adult to determine what might help to make the family contact more satisfactory.

d. Look upon family contact as another way to identify problem behaviors and assist parents, guardians, Indian custodians, or extended family members to learn how to improve the adult-child/youth interaction.

e. Revise the family contact plans if necessary (see (C) above).

2. If a child/youth exhibits difficult behaviors during or following family contact, the PS Specialist will discuss the issues with the parent(s) and resource family. It is important to assess the reasons or causes of behavior or reactions following family contact. A child's/youth's negative reaction to contact does not necessarily mean that family contact should be decreased or limited. Resource families and others involved may need to be helped to understand this concept. The developmental level of the child/youth, the circumstances surrounding removal, and the current frequency of family of contact are some of the factors to be considered.

   a. Therapeutic intervention for the child/youth may be necessary.

   b. The PS Specialist will also discuss with the resource family any concerns regarding the conduct of the parents during the family contact.

   c. Revise the family contact plans if necessary (see (C) above).

3. If a child/youth, of sufficient age and development, refuses family contact with a parent, guardian, Indian custodian, sibling or extended family member, the PS Specialist will explore the reason(s) for the refusal and, unless it is determined that family contact is not in the child's/youth's best interests, will encourage the child/youth to participate in family contact at whatever level the child/youth is comfortable.

   a. Reasons child/youth refuses family contact must be documented in a Family Contact case note in ORCA.

   b. Therapeutic intervention for the child/youth may be necessary.

   c. The PS Specialist will include discussion of family contact in each monthly contact with the child/youth and continually assess his/her feelings and reasons for refusal.

   d. All forms of contact should be routinely offered to the child/youth, including face-to-face, telephonic, written, and electronic communication.

   e. The PS Specialist will staff with the PS Specialist IV the child's/youth's refusal to participate in family contact.

   f. Revise the family contact plans if necessary (see (C) above).

4. The PS Specialist will work with the resource family and parent, guardian, Indian custodian, or extended family member to ensure that the adults are able to work together to support the family contact plans and case plan goals. When problems are identified the PS Specialist will provide appropriate interventions and support for the resource family, parent/guardian/Indian custodian/extended family member, and/or

the child/youth.

E. Denying Family Contact:

1. Family contact by parents, Indian custodian(s), guardians, siblings, or extended family members may be denied only if there is clear and convincing evidence that family contact is not in the child's/youth's best interests. This includes situations where there is a no contact order between a parent and a child/youth and when a child/youth of sufficient age and development refuses to participate in family contact. Reasons for denying family contact must be documented in a Family Contact case note in ORCA.

2. The PS Specialist IV must approve denial of family contact.

3. If a child/youth refuses family contact, the PS Specialist will make efforts to address concerns (see (D)(3) above).

4. If family contact is denied, the PS Specialist will inform the parent, Indian custodian(s), guardians, or adult family member who is denied family contact of the reason for the denial and that they have a right to request a review hearing.

5. Contact between siblings may be denied in cases of sexual or physical abuse or violence between siblings. If denial of sibling contact is being considered, it should be staffed with the PS Specialist IV and documented in ORCA. If any party opposes a denial, the GAL can request a review of the denial.

6. If family contact is denied and the permanency goal is reunification, the PS Specialist must request a permanency planning conference to evaluate the long-term goal for the family.

6.5.7 FOSTER PARENTS MOVE WHEN A CHILD IS IN PLACEMENT

AUTHORITY: AS 47.10 Children in Need of Aid

POLICY: A child in care will be maintained in a home that meets licensing requirements and also is able to meet the child's needs.

PROCEDURE:

a. Local moves require the involvement of the licensing worker , to ensure that the new home meets licensing standards.

b. Out of town moves:

   1. Foster children will not accompany foster parents if the plan for the child considers return to the child's birth family.

   2. Consideration may be given to allowing the child to move with foster parents if the plan for the child does not include return to the child's parents. In such instances, a more permanent arrangement should be considered, including adoption, if the child is legally free.

   3. See Administration Chapter, section 6.6.1 Case Transfers - Intrastate for procedures.

c. Out of state moves:

   1. Any move by a child in custody to another state requires prior approval of the Alaska ICPC/ICJ Coordinator. See ICPC/ICJ Chapter for procedures.

   2. If the child moves to another state with foster parents, their new residence must be licensed by the receiving state and payment made at the foster care rate in that state.

   3. If problems occur in the new state requiring placement in a residential child care facility, procedures outlined in the ICPC/ICJ chapter must be followed.

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6.5.8 PARTICIPATION IN RISK ACTIVITIES

AUTHORITY:
AS 47.10.010 Jurisdiction,
AS 47.35.027 Variances,
7 AAC 50.400(g) and (l),
7 AAC 53.100 Liability Protection
P.L 113-183 Preventing Sex Trafficking and Strengthening Families Act

PURPOSE: Care providers go through a selection process that screens for good judgment, and division permission is not required to allow a child in state custody to participate in risk activities that are usual for that community and appropriate for that child. Care providers should be encouraged to include foster children in family and community activities rather than exclude them.

BACKGROUND:

A. Federal Law: Division must provide technical assistance on best practices for strategies to assist foster parents in applying the reasonable and prudent parent standard, while allowing children to participate in normal and beneficial activities. Characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth, that a caregiver must use when determining whether to allow a child in foster care under the responsibility of the stat/Tribe to participate in extracurricular, enrichment, and social activities.

B. State Law:

1. State liability protection is extended to a foster parent for allowing a foster child's participation in a risk activity that is not usual for the community, if written permission is obtained from the child's parent or guardian or from the department. If requested by the foster parent, the department may help get written permission for the foster child's parent or guardian for the foster child to participate in risk activity that is not usual for the community. Department may grant the permission in cases in which it is not possible or feasible to obtain parent or guardian permission, including when parental rights are terminated or the parents are deceased.

2. High risk activities and hazards are prohibited by licensing regulations, unless a variance is obtained. Examples: a child age eight or younger riding an all-terrain vehicle or snowmobile or a child of any age riding an all-terrain vehicle with only three wheels, boating without a personal floatation device or in dangerous water conditions, or participating in an air borne activity such as hang gliding

3. Participation in organized sports and other risk activities that are usual in the community in which the child resides is normal and appropriate for a child in care. For example ice fishing would be usual in some communities, but not others. A young child should not

be exposed to a risk activity except under close supervision or until the child is developmentally ready.

POLICY: Care providers are required to request the Protective Services (PS) Specialist to obtain advance permission from the child's parent, for a child to participate in risk activities that are not usual for the community and to participate in other activities of moderate risk, such as operation of a vehicle, participation in contact sports or adventure activities or handling of a firearm in a foster home.

If foster parents contact the PS Specialist for advice or permission, inform foster parents that state liability coverage applies to risk activities that are usual to that community. Residential child care facilities carry their own liability coverage. A PS Specialist will assess risk and follow procedures in this section in response to a request from a child in care or a provider for the child to participate in a risk activity.

Risk activities include:

A. activities that are usual to the community and appropriate for the child, see CPS Manual Section 6.5.4 Prudent Parent Standard;

B. activities not usual to the community or are of moderate risk, but acceptable with

1. Parent or guardian permission; or

2. Protective Services Manager (PSM) II approval where it is not possible or feasible to obtain parent or guardian permission; and

C. hazardous or high risk activities: If the PS Specialist learns of a situation where a child in care is participating in a high risk activity or has a foster parent inquiry, and the PS Specialist is unsure if the level of risk is unacceptably high, the PS Specialist should seek supervisory consultation.

PROCEDURES:

A. A PS Specialist may, if requested, approve risk activities that are usual to the community and appropriate for the child.

B. A PS Specialist shall attempt to obtain parent permission for a child to participate in a risk activity not usual for a community and activities of moderate risk including participation in contact sports and handling of a firearm. In cases where parent permission is not obtained, the PS Specialist and PS Specialist IV will evaluate the request. If the PS Specialist and PS Specialist IV determine that it is in the child's best interest to participate, the PS Specialist will inform the PSM II in a written memorandum of the following facts and forward the request to the administrator for approval.

1. name of child for whom request is made;

2. the exact nature of the activity, location, times and frequency of participation;

3. a statement of whether a licensing variance will also be required;

4 the ability of the child to participate, based on the child's developmental level, skill, training and experience, if applicable;

5. the plan for supervision and safety of the participants, including identification of the person qualified to lead such activities and the necessary supplies and equipment;

6. identification of the person(s) who will assume responsibility for the child's participation; and

7. statement of parent's agreement or disagreement of child's participation. If the risk activity is high risk or hazardous, inform the child and care provider that the activity is prohibited by licensing regulations. If the PS Specialist and PS Specialist IV determine that risk is mitigated and it is in the child's best interest to participate, they may refer the provider to a Licensing Specialist for an application for a variance. Parent or PSM II permission is also required, even if the care provider has a variance for the activity.

C. Place documentation in child's case record.

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6.5.9 EDUCATION

AUTHORITY:

AS 14.30.010	When Attendance Compulsory
AS 14.30.278	Individualized Education Program
AS 14.30.325	Surrogate parents
AS 14.30.710	Required Records upon Transfer
AS 47.10.010	Jurisdiction
4 AAC 52.590	Appointment of Surrogate Parent
4 AAC 52.600	Qualifications and Duties of Surrogate Parent
7 AAC 50.430(j)	Program in Foster Homes
7 AAC 50.425(g)	Program in RCCF
7 AAC 50.990	Definitions
20 U.S.C 1414	Evaluations, Eligibility Determinations, Individualized Education Programs, and Educational Placements
42 U.S.C. 5106a(b)(2)(B)(xxi)	Grants to States for Child Abuse or Neglect Prevention and Treatment Programs
42 U.S.C. 671(a)(30)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C. 675	Definitions (Title IV-E)
34 CFR 300.102(a)(2)	Limitations—Exceptions to FAPE for Certain Ages
34 CFR 300.320	Definition of Individualized Education Program

PURPOSE: Ensure that the educational needs are met for all children in custody and out-of-home placement.

BACKGROUND INFORMATION:

A. Federal Law:

1. States must ensure that each child who has attained the minimum age for compulsory school attendance under State law and who is eligible for Title IV-E is a full-time elementary or secondary school student or has completed secondary school. For purposes of this paragraph, the term "elementary or secondary school student" means, with respect to a child, that the child is:

   a. enrolled (or in the process of enrolling) in an institution which provides elementary or secondary education; or

   b. instructed in elementary or secondary education at home in accordance with a home school law of the State or other jurisdiction in which the home is located; or

   c. in an independent study elementary or secondary education program in

accordance with the law of the State or other jurisdiction in which the program is located, which is administered by the local school or school district; or

d. incapable of attending school on a full-time basis due to the medical condition of the child, which incapability is supported by regularly updated information in the case plan of the child.

2. States must ensure that each placement of a child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and

   a. the State agency must coordinate with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of each placement; or

   b. if remaining in such school is not in the best interests of the child, the State agency and the local educational agencies must provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.

3. States must ensure that all children less than three years of age who are involved in a substantiated case of child abuse or neglect are referred to the Infant Learning/Early Intervention program.

4. A child's education record must be reviewed and updated, and a copy of the record be supplied to the foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care. The record must also be supplied to the child at no cost at the time a child leaves foster care due to reaching the age of majority or being emancipated. For purposes of this paragraph, "education record" means the most recent information available regarding:

   a. the names and addresses of the child's educational providers;

   b. the child's grade level performance;

   c. the child's school record;

   d. Individualized Education Program (IEP) and other documentation pertaining to special educational programs the child attends; and

   e. any other relevant education information.

5. The term "foster care maintenance payments" includes payments to cover the cost of reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.

6. School districts are mandated to provide special education services to students with disabilities ages three up to 21 years old. For each eligible child, the school district must develop an Individualized Education Program (IEP) that lists the services required by the child in order to receive a Free Appropriate Public Education (FAPE).

Some needs in the plan might be met by the child's parent or others. For children with disabilities who are in state custody, a surrogate parent who represents the child's educational interests must be appointed by the school district, including:

a. highly mobile children, such as migrant or homeless children;

b. children being educated in their homes by a parent;

c. children who have been expelled or suspended from school; and

d. children enrolled in public schools, including charter schools and district's correspondence study program, private schools, and educational programs in correctional facilities in the district, except for individuals 18-21 years of age who are incarcerated in an adult correctional facility unless 34 CFR 300.102(a)(2) requires that those individuals be provided a FAPE.

7. 504 Plan: The 1973 Vocational Rehabilitation Act prohibits discrimination against persons with a disability. For children who qualify under this law, a Section 504 Accommodation plan may be developed by a school district. This plan usually addresses accommodating a child's physical needs.

B. State Law:

1. Every child between seven and 16 years of age who has not completed 12th grade shall attend school at the public school in the district in which the child resides during each school term.

2. Every parent, guardian, or other person having the responsibility for or control of a child between seven and 16 years of age shall maintain the child in attendance at a public school in the district in which the child resides during the entire school term, except if the child:

a. is provided an academic education comparable to that offered by the public schools in the area, by attending a certified private school, a school operated by the federal government, a state boarding school, an educational program that meets state requirements, full time correspondence study program, receives tutoring that meets state requirements, is being educated in the child's home by a parent or legal guardian, or is equally well-served by an approved educational experience; or

b. has a physical or mental condition that a competent medical authority determines will make attendance impractical, or is temporarily ill or injured; or

c. is in the custody of a court or law enforcement authorities; or

d. has been suspended, expelled, or denied admittance under state law; or

e. resides more than two miles from either a public school or a route on which transportation is provided by the school authorities, except that this paragraph

does not apply if the child resides within two miles of a federal or private school that the child is eligible and able to attend; or

f. is excused by action of the school board of the district at a regular meeting or by the district superintendent subject to approval by the school board of the district at the next regular meeting.

3. Individualized Education Program (IEP): A school district shall develop an individualized education program for special education and related services for each eligible child with a disability. This is developed by an IEP team.

4. Infant Learning/Early Intervention Program: This program provides home-based child development services to children aged birth up to three years of age, who have moderate to severe mental or physical handicapping conditions or are at risk for developing these conditions. For each eligible child the infant learning program must develop an Individualized Family Service Plan (IFSP) for providing services.

5. Gifted Education Services: School districts are also mandated to provide gifted education services to gifted students. For each eligible child, an individualized student-learning plan must be created.

6. Team Developed Plan: The IEP or IFSP is developed by a team whose membership is determined by the school or infant learning program. The team may include biological parents, the surrogate parent, school or infant learning program personnel, the foster parent or residential provider, the Protective Services (PS) Specialist, other service providers, and the child, where appropriate.

7. Surrogate Parents:

a. The department shall by regulation provide for the appointment of surrogate parents to represent a child with a disability in matters relating to the provision of an appropriate public education.

b. Appointment:

1) School districts shall establish and implement written procedures for the identification of children entitled to the appointment of a surrogate parent and for the appointment and removal of surrogate parents.

2) A school district may appoint a surrogate parent for children age 3 – 17 or children age 18-21 who have been adjudicated incompetent by the court, if
- the school district cannot identify a parent or legal guardian of the child or at least one person acting as a parent of the child after reasonable efforts have been made; or
- the district locates one or more persons acting as a parent of the child but each person disclaims responsibility for the child's educational program and relinquishes it in writing to a surrogate parent; or
- the child is committed to the custody of the Department of Health and Social Services under AS 47.10.080 or AS 47.12.120; or

- a parent or legal guardian requests the school district to appoint a surrogate parent for the child.

3) The child's PS Specialist may recommend an individual to the district to serve as the child's surrogate parent for education purposes.

4) An Early Intervention/Infant Learning Program (EI/ILP) is responsible for appointing a surrogate parent for children under the age of 3 who have been referred or identified as eligible for early intervention services and:
   - the EI/ILP cannot identify a parent or legal guardian of the child; or
   - a parent or legal guardian requests the EI/ILP to appoint a surrogate parent for the child; or
   - the child is committed to the custody of the Department of Health and Social Services under AS 47.10.080 or AS 47.12.120.

c. Role/Responsibilities: The surrogate parent acts in the place of the parent for making educational or early intervention decisions related to the child/student and meets the qualifications to be a surrogate parent. It is the surrogate parent who has the final authority in making decisions related to the identification, evaluation, and educational placement of the child, including:

1) The right to receive notice of actions proposed or refused by the school district or publicly supervised Early Intervention provider;

2) The right to provide or withhold consent requested by the school district or publicly supervised Early Intervention provider;

3) The right to participate in the development, review, and revision of the IEP or IFSP;

4) All aspects of the protection of the confidentiality of personally identifiable information collected, used, or maintained by the school district or publicly supervised Early Intervention provider;

5) The conduct of an independent educational evaluation of the child; and

6) The initiation and conduct of due process hearings.

d. Eligibility Requirements for Surrogate Parents:

1) To be eligible to serve as a surrogate parent, an individual
   - may not have any personal or professional interests that could conflict with the interests of the child;
   - may not be employed by a public agency that is involved in the education or care of the child;
   - must have the knowledge and skills that assure adequate representation of the child;
   - must have participated in a training program for surrogate parents provided by the school district; and

- for children enrolled in EI/ILP, must also be familiar with State and Federal requirements for early intervention/infant learning services and with the nature of the child's disability.

2) Foster parents may serve as surrogate parents. If a foster parent affirms in writing that they are willing and able to serve as a parent of an individual child in their care for special education purposes, the appointment of foster parent as surrogate is not necessary.

3) The child's PS Specialist may not sign an IEP or IFSP or otherwise serve as a surrogate parent with regard to the child's education plan, but may participate as a team member in the development or revision of the plan upon the invitation of the school district or infant learning program, or the surrogate parent.

4) Medical and legal records such as releases of information must be ordered through the legal custodian of the child, not the surrogate parent.

e. Removal of a Surrogate Parent: A school district will remove a surrogate parent if:

1) The surrogate parent requests removal; or

2) The surrogate parent fails to act with reasonable diligence on behalf of the child; or

3) The surrogate parent is not qualified to act as a surrogate parent; or

4) The surrogate parent engages in actions that threaten the welfare of the child; or

5) The circumstances, which gave rise to appointment of the surrogate parent, no longer exist; or

6) It is determined that the child is no longer in need of special education.

8. Within 14 days after enrolling a child as a transfer student from this or another state in an elementary or secondary school, the school or school district shall request directly from the child's previous school a certified copy of the child's record. An elementary or secondary school or a school district in this state requested to forward a copy of a transferring child's record to another school shall comply with the request within 10 days after receiving the request.

POLICY:

A. Every effort will be made to maintain a child in custody in the same school as the one he or she attended at the time of an out of home placement. This applies both to the initial out-of-home placement when a child is removed from home and to any subsequent change to another out-of-home placement.

B. If the child needs to be moved from the school he or she attended, the child's school district will be notified as soon as possible, but no later than 48 hours prior to the change.

C. The child's educational and developmental needs will be utilized in developing case plans and placement plans.

D. All children less than three years of age who are involved in a substantiated case of child maltreatment will be referred to the Infant Learning/Early Intervention program.

E. The following educational records are required in the official case file of every child in custody: the most recent information available regarding.

1. the names and addresses of the child's educational providers;

2. the child's grade level performance;

3. the child's school record;

4. IEP or IFSP and other documentation pertaining to special educational programs the child attends; and

5. any other relevant education information.

F. Out-of-home caregivers will be given copies of the child's educational records and informed of the importance of maintaining the child in the same school.

G. Prior to aging out of foster care, the child will be given a complete copy of their educational record, at no cost.

H. Foster youth and eligible former foster youth may apply for a post-secondary education or training voucher, as outlined in section 6.2.2.11 Request for Independent Living Individual Funds for Youth in Custody and Youth No Longer in Custody.

PROCEDURE:

A. For All Children:

1. Upon taking custody of a child, the PS Specialist will obtain education information from the child's parent including whether the child has been determined eligible for special education and related services. If the parent is unable or unwilling to provide this information the PS Specialist will document this in the case file. If the parents do not provide the information, the PS Specialist will communicate with the child's school to ensure that the child continues to get the services that they require.

2. When a child is taken into custody and placed out of home or when there is a change in placement, the PS Specialist will notify the school within 48 hours by calling the school and by providing the school with a Notice to School District template in ORCA. If there are restrictions regarding contact between the child and the child's parents or

other individuals, the PS Specialist will include that information on the form. If the child will change schools, the PS Specialist will contact both the school the child attended prior to the removal or change in placement and the new school.

3. When a child is removed from home or moved to another out-of-home placement, and placed in the same community in which the child resided prior to the removal or placement change, the PS Specialist will make every effort to, for at least the remainder of the school term, keep the child in the same school as the child attended prior to the removal or placement change, unless it is not in the child's best interest to remain in the same school. In this context, "school" includes pre-school through 12th grade.

4. The PS Specialist will make a decision whether or not it is in the child's best interest to remain in the same school, and the decision and the rationale behind the decision will be approved by the PS Specialist IV and documented in ORCA. The following factors will be considered:

   a. the safety of the child (e.g. a sibling who may be a perpetrator is attending the school);

   b. the location of the school that the child attended prior to the removal and the child's initial placement or placement change:

      1) If the child is placed in another community without road access to the school, it is usually not feasible to keep the child in the same school;

      2) If the child is placed in the same community as the school, the distance between the child's residence and the school and the time required for travel may or may not be in the child's best interest;

   c. behavioral issues;

   d. the appropriateness of educational programs in the current school or another school and how each school serves or can serve the child's needs (including special education and other interests); and

   e. the child's preference to change schools or remain in the current school.

5. If it is in the child's best interest to remain in the same school and the child's placement is located outside the boundary of the school the child attended prior to the placement, the PS Specialist will address the availability of transportation to school. If the school district does not provide transportation, the PS Specialist will consider other options, including a Request for Funds (RFF) for:

   a. reimbursing the foster parent for the mileage in excess of 50 miles/week incurred to transport the child to and from school;

   b. providing the child with a bus pass if local public transportation is available and it is appropriate for the child to travel alone, considering the child's age and developmental level; or

c. if all other options have been exhausted, arranging for transportation by taxi if it is safe, considering the child's age and developmental level, for the child to travel alone in a taxi. One RFF for the duration of the school term should be submitted and approved.

6. If a child is to be moved to another school, the PS Specialist is responsible for:

   a. ensuring that the child gets enrolled in the new school; and

   b. notifying the new school as outlined in Procedure (A)(2); and

   c. contacting the school that the child attended prior to the removal to ensure that the child's educational records will be transferred from the previous school to the new school.

7. The PS Specialist will identify a central contact in the school or publicly supervised early intervention provider for the child, and will keep that central contact or school official informed of any potential moves or placements.

8. The PS Specialist will work with the school or, for a child who has a surrogate parent, with the surrogate parent to obtain a copy of the child's grades and any other special reports from the child's school or education provider. The child's grades and other special reports shall be filed in the child's case record and be considered in the case plan.

9. If there is reason to believe the child may need special education or services to address issues such as performance below grade or developmental level, or behavioral problems, the PS Specialist will refer the child to the school district for a screening. If the screening results in the need for a formal evaluation, a surrogate parent must be appointed before the evaluation may take place. The PS Specialist may submit recommendations for surrogate parents on a Notice to Special Education or Infant Learning Program & Recommendation for Surrogate Parent (06-9745).

10. If the conclusion of the evaluation is that the child needs special education, the PS Specialist will communicate with the school and the surrogate parent, as described in (B) below.

11. If the child is in need of tutoring or other education related activities or services that are not provided by the school district but are required to encourage academic success and stability, including grade level or credit recovery to meet promotional or graduation requirements, the PS Specialist will:

    a. document the need in ORCA; and

    b. submit a Request for Funds to pre-authorize the services.

12. If there is no reason to believe that special services are indicated, the PS Specialist will note this in the case file.

13. The PS Specialist will address the child's educational needs in the case plan, inquire about the child's progress in school and school attendance at each caseworker visit with the caregiver, and ensure that the child's progress and attendance are addressed at each administrative review.

14. The PS Specialist will keep education records current, including information in ORCA, to ensure the information is available and provided to a new caregiver in the event the placement changes. The current Education Summary template from ORCA and other education records are part of the placement packet that is provided to the caregiver at each out-of-home placement.

15. The PS Specialist will ensure that a child's educational record is reviewed and updated at the time of each out-of-home placement of the child, and that a copy of the record is provided to the foster parent. If a child leaves foster care due to reaching the age of majority or being emancipated, the PS Specialist will ensure that a copy of the record is provided to the child, at no cost to the child.

B. Additional Procedures for Children who May Qualify for Special Education and Related Services or the Infant Learning/Early Intervention Program:

1. If a child age three or older has an IEP, the PS Specialist will notify the school district of the child's custody status. If a child age birth to age three has an IFSP, the PS Specialist will notify the infant learning program of the child's custody status. Notice to Special Education or Infant Learning Program & Recommendation for Surrogate Parent (06-9745) is available for this purpose.

2. Referral to the Infant Learning/Early Intervention Program:

   a. When an Initial Assessment is fully approved, a referral to the Infant Learning/Early Intervention program is made automatically through ORCA for all children less than three years of age who are involved in a substantiated case of child maltreatment.

   b. A PS Specialist who identifies developmental delays and/or wants the referral to be made prior to the completion of the Initial Assessment must complete a manual referral. The PS Specialist will inform the child's family that a referral has been made.

3. The PS Specialist will request that the surrogate parent reports back to the PS Specialist any information obtained at the IEP or IFSP conference.

4. If a PS Specialist plans to move a child to a location that would result in a different school district serving the child or if the PS Specialist plans to move a child to a different community, the PS Specialist will attempt to give both the current and the new school district or ILP ten days prior notice to allow for educational transition. In an emergency move the PS Specialist shall promptly provide both districts or ILPs with notice of the move. Notice to Special Education or Infant Learning Program & Recommendation for Surrogate Parent (06-9745) is available for this purpose.

5. The IEP or IFSP shall be filed in the child's case record and be considered in the OCS' case plan.

6. Transportation, if indicated in the IEP, is provided to children with disabilities by school districts. ILP provides services in the home where the child resides or other locations if decided by the IFSP team.

7. The PS Specialist will enter the name and phone number of the child's surrogate parent in an Education Case Note in ORCA and provide the information to the child's caregiver. Foster parents and residential facility staff assist with school enrollment and day-to-day communication with schools regarding a child's progress and will need to communicate with the child's surrogate parent. Educational records of the child should be shared with the foster parent to improve continuity of educational goals and increase awareness of child's educational needs.

8. The Alaska State Special Education Handbook contains the policies and procedures for special education and is available online at (click here).

C. To access education and training vouchers for foster youth or former foster youth, refer to section 6.2.2.11 Request for Independent Living Individual Funds for Youth in Custody and Youth No Longer in Custody.

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6.5.10 TRIPS FOR A CHILD IN CUSTODY

AUTHORITY:
AS 47.10.084 Legal Custody, Guardianship, and Residual Parental Rights and Responsibilities
7 AAC 50.415 Supervision of Children in Foster Homes

PURPOSE: To ensure that trips for children in OCS's care are in the child's best interest and that required approval is obtained prior to travel.

BACKGROUND INFORMATION:

A. State Law: Office of Children's Services (OCS) has the responsibility of physical care and control of children committed to the legal custody of the department.

B. State Regulations: A foster parent is required to:

1. request the PS Specialist to obtain advance permission from the person responsible for the child 14 days in advance of any planned out-of-state trips for a child in care; and

2. obtain advance approval from the PS Specialist for planned in-state trips of more than 72 hours duration for a child in care.

POLICY:

A. Trips for a child in care shall be approved if it is in the best interest of the child and will not hinder the child's permanency plan.

B. Approval for out-of-state/out-of-country travel must be requested 14 days in advance of any planned trip, and approval for travel must be obtained prior to the trip.

C. Travel that involves a cost to OCS requires:

1. Prior to authorizing family visitation travel, documentation is required that consideration has been given to the parents'/legal guardian's/Indian custodian's ability to pay for all or a portion of the travel.

2. Out-of-state visitation travel is required to have a return date and ticket.

3. Travel for vacations with foster parents may be approved when it is in the best interest of the child to accompany their foster parents and the travel is required to ensure child's continuity of care. It is limited to one trip per 12 month period.

4. During travel for vacations, OCS will not pay for rental cars, mileage reimbursement, or meals. Partial, pro-rated commercial lodging rates may be reimbursed for the foster child, but will not exceed $25 per day.

D. Planned in state trips lasting less than 72 hours which do not require reimbursement from OCS for costs or mileage, can be approved by the foster parent who is demonstrating reasonable and prudent parent standard in their decision making. This is addressed in CPS policy 6.5.4 Prudent Parent Standard for further information. Procedures in this section are for trips that need approval from OCS.

PROCEDURE:

A. Request for Approval: The assigned Protective Services (PS) Specialist will determine if the trip needs approval or can be approved by the foster parent through reasonable and prudent parent standard judgment. See CPS Manual section 6.5.4 Prudent Parent Standard. If the trip does need approval the PS Specialist will:

1. determine if the trip is in the child's best interest and ensure that the travel is supported by the child's case plan;

2. obtain a trip request with details of the trip in writing, if the trip is initiated by the out-of-home care provider;

3. verify that no court hearings involving the child are scheduled while the child would be gone if it is in the best interest of the child to be present at the court hearing;

4. if the trip involves travel to another country or through Canada, verify whether the child has a valid passport;

5. ensure that all travel related supporting documentation is referenced in ORCA;

6. if the travel is necessary in order for a child in custody to receive medical care, refer to section 6.3.3 Medicaid Travel; and

7. request approval through the Request for Funds (RFF) process if the trip involves expenses paid by OCS.

8. OCS approval is not needed for in state trips that are less than 72 hrs. Unless foster parent needs reimbursement for any costs including mileage or travel, then OCS will need to approve the trip. Foster parents should notify OCS of any travel plans if they will be gone for more than 24hrs, but approval is not necessary in these instances.

B. Approvals:

1. For children who are placed out-of-home based on a voluntary placement agreement (as addressed in section 2.6.1 Voluntary Placements), the parents must give approval prior to their child going on a trip.

2. If the department has custody, the PS Specialist will prepare an Authority to Transport a Minor (06-9717) and request approval as follows:

a. In-State Travel:

1) Travel with No Cost for OCS:
- Travel within 100 miles of the child's placement may be approved by the PS Specialist. Foster parents are able to approve in state trips using the prudent parent standard, however flight or ferry travel may require an Authority to Transport a Minor (06-9717).
- For travel beyond 100 miles of the child's placement the PS Specialist will submit the Authorization to Transport a Minor form with a request for approval to the PS Specialist IV.

2) Travel Utilizing Special Needs Funds: In addition to submitting the Request for Funds (RFF), the PS Specialist will:
- For travel with costs up to $3,000, submit the Authorization to Transport a Minor form with a request for approval through the PS Specialist IV to the PS Manager II.
- For travel with costs of $3,000 - $5,000, submit the Authorization to Transport a Minor form with a request for pre-approval through the PS Specialist IV to the PS Manager II, and the PS Manager II will forward the request to the Division Operations Manager for final approval.
- For travel with costs exceeding $5,000, submit the Authorization to Transport a Minor form with a request for pre-approval through the PS Specialist IV to the PS Manager II, and the PS Manager II will forward the request to the Director for final approval.

b, Out-of-State Travel and Travel to Yukon Territory and British Columbia:

1) Travel with No Cost for OCS: The PS Specialist will submit the Authorization to Transport a Minor form with a request or approval through the PS Specialist IV to the PS Manager II.

2) Travel Utilizing Special Needs Funds: In addition to submitting the RFF, the PS Specialist will:
- For travel with costs up to $3,000, submit the Authorization to Transport a Minor form with a request for approval through the PS Specialist IV to the PS Manager II.
- For travel with costs of $3,000 - $5,000, submit the Authorization to Transport a Minor form with a request for pre-approval through the PS Specialist IV to the PS Manager II, and the PS Manager II will forward the request to the Division Operations Manager for final approval.
- For travel with costs exceeding $5,000, submit the Authorization to Transport a Minor form with a request for pre-approval through the PS Specialist IV to the PS Manager II, and the PS Manager II will forward the request to the Director for final approval.

c. Out-of-Country Travel: The PS Specialist will submit the Authority to Transport a Minor form and a memo outlining the purpose of the trip through the PS Specialist IV to the PSM II for review and pre-approval. The PSM II will forward the request to the Division Operations Manager for review and pre-approval,

and the Division Operations Manager will forward the request to the Director for review and pre-approval. The Director will forward the request to the Commissioner for final approval.

NOTE: Travel to Yukon Territory and British Columbia is not considered out-of-country travel and does not require approval by the Commissioner.

3. When approval is requested through the Request for Funds process and the child will be escorted by a non-OCS employee the PS Specialist will ensure that a Travel Memorandum of Agreement (06-9682) and a Travel Authorization are completed for the escort. Approval for utilizing Special Needs Funds for the escort is required at the same levels as for the child's travel.

C. Prior to the trip, the PS Specialist will:

1. Give a copy of the signed Authority to Transport a Minor (06-9717) to the provider, and remind providers that they must carry with them the Authority to Transport a Minor and the signed form 06-9716, Consent for Emergency and Routine Medical Care when traveling with the child.

2. Notify the parents (unless parental rights have been terminated), the guardian ad litem, and the child's Tribe of the impending trip.

6.5.11 DEATH OF A CHILD IN OUT-OF-HOME CARE

AUTHORITY: AS 47.10.010 Children in Need of Aid; AS 13.16.680 Collection of Personal Property by Affidavit

POLICY: If a child in out-of-home care dies, the Protective Services (PS) Specialist will have need to coordinate with a number of people who may be affected by the death.

PROCEDURE:

a. Determination of the specific facts of the death:

1. Gather and document in the case record all pertinent facts regarding the child's death including:

   A. time and date of death;
   B. cause of death; and
   C. location of death.
   D. Refer to section 6.1.2 Confidentiality.

2. Sources of information for the above facts will depend on the circumstances; however, everyone who knows something about the circumstances should be contacted. This may include physicians, police, witnesses, foster parents, or school personnel.

3. Determine if police, licensing, or other officials are investigating due to negligence or intent to harm.

4. Field offices will inform the Protective Services Manager II of the facts of the death. The Protective Services Manager II will notify the director, who will alert the Child Fatality Review Team. For further details on the Review Team process, refer to section 6.1.12 Child Fatality Review Team.

b. Notification of relatives and financial responsibility:

1. Make all efforts to notify parents, unless parental rights have been terminated. Police or troopers may be able to assist in notifying parents.

2. If parents have custody, they have the responsibility to pay for the funeral arrangements and burial; if they are unable to do so, facilitate a referral to the division of Public

Assistance (DPA).

3. If the parents wish to assume responsibility for the cost of the funeral and burial, even though the department has custody, they are to be allowed to do so.

4. If the parents are unable or unwilling, the department has the responsibility to pay for the funeral arrangements and burial.

   A. division of Public Assistance pays for burials; therefore, the nearest DPA office should be contacted for specific procedures and policies of their program.
   B. The wishes of the child's family, and if possible foster parents, should be considered in making arrangements. However, the department cannot pay costs that exceed the maximum allowed by DPA.

c. Autopsy:

1. An autopsy is often required due to the circumstances of the death, the child's age, previous illnesses, or circumstances of abuse or neglect.

2. In rural areas, the body must be transported into an urban area for the autopsy, then returned for burial. A funeral home in the urban area can be asked to handle the preparations of the body, including provision of the coffin. The transportation of the body for autopsy is usually at State expense, but any additional services requested from a funeral home will be at the expense of the individual(s) paying for the funeral.

d. Death Certificates:

1. The clerk of the court in the jurisdiction where the child died prepares the death certificate, and should be contacted regarding the information to appear on the death certificate.

2. The child's legal name and names of the legal parents are required on the death certificate.

3. Foster parents or pre-adoptive parents may be listed as "acquaintances", if desired by all parties.

4. Death certificates are public documents.

5. The PS Specialist will obtain a copy of the death certificate to be included in the case record.

e. Financial benefits of a child who dies in placement:

1. Notify any agency the child was drawing benefits from, such as SSI, VA, Native Corporations or Indian Tribes, and insurance companies. Such agencies may require a copy of the death notice. They may obtain a certified copy of the death certificate from the clerk of the court.

2. Native corporations and Indian Tribes may have specific instructions that must be followed.

f. Personal effects and assets: If the child has assets with cash value, such as bank accounts or PFD trust account, protected by the division, these should be documented and disposed of in accordance with current Alaska Statutes and through consultation with both Department of Law and OCS State Office. General guidelines include:

1. If parental rights have not been terminated, the PS Specialist will advise the surviving parent(s) of the assets being held, and direct them to the court, or their legal counsel, for instructions regarding probate proceedings.

2. If there are no known surviving parent(s) or if the parent(s) cannot be located, or if parental rights have been terminated, the PS Specialist will seek further direction concerning probate proceedings from Department of Law.

3. Assets will remain protected until a court order is executed, directing the release/disbursement of these assets.

g. Grief process: Emotional reactions to death may vary and may include shock, disbelief, anger. There may be a delay in the response.

1. Be responsive to the emotional needs of persons who were involved with the child - birth parents, Indian custodians, relatives, foster parents, as well as other children in substitute care.

2. Foster parents and birth parents may feel extreme guilt over the child's death. Help them to deal with the facts of the death and their feelings about it.

3. Workers may experience feelings of extreme sadness and guilt over the child's death. Supervisors should help workers deal with their feelings of grief. Acknowledgment and support of the grief process by supervisors and co-workers is very important at this time. Workers should be encouraged to contact the Employee Assistance Program (EAP) for assistance in resolving emotional issues

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6.5.12 DRIVER'S LICENSE/DRIVER'S PRIVILEGES/DRIVER'S EDUCATION

AUTHORITY: AS 47.10 Children in Need of Aid, AS 28.15.071 Application of Minors, AS 34.50.020 Liability for Destruction of Property by Minors

POLICY: A child in division custody may drive a car only with Protective Services Manager II approval. Some of the requirements for obtaining this approval are determined by the Division of Motor Vehicles, other requirements are division policy. Occasionally a child will come into custody already possessing a learner's permit, driver's license, and rarely, owning a vehicle. Children in custody still need Protective Services Manager II permission to drive.

PROCEDURE: The following apply to any child in custody who wants to drive. There are three components to obtaining permission.

a. Signature of authorized adult: According to Division of Motor Vehicles policy, the following are authorized to sign for a minor under the age of 18:

   1. birth parent;

   2. legal guardian, defined as one who is appointed by the courts and will have court documents so stating;

   3. the Protective Services Manager II may sign for a child if there are no living parents or if parental rights have been terminated by the courts.

   NOTE: A foster parent is not considered an "authorized adult" by the Division of Motor Vehicles or the division, and may not sign for a child in custody.

b. Insurance:. State law provides that any negligence or willful misconduct of a minor under the age of 18 when driving a motor vehicle may be transferred to the person who signed the application card for the minor.

   1. If the minor has insurance in the amount required by law in his/her own name and presents proof of such insurance at the time of application for the license or permit, the signature of the authorized adult is still required but no responsibility for damages will be transferred to the signer.

   2. Or the child may be covered under the foster parent's insurance.

c. Protective Services Manager II approval: In all cases where approval is being requested for a minor to have driving privileges the following documents will need to be supplied to the regional office before approval will be considered:

1. signature of authorized adult (per a. above);

2. certified proof of insurance (per b. above);

3. a signed statement of supervision from the foster parents;

4. a statement specifically stating circumstances under which named minor will be permitted to drive;

5. description and statement of mechanical condition of automobile intended for minor's use.

6. For minors on probation: The minor has demonstrated significant progress while on probation and has had no incident of alcohol or other controlled substance use within the past 120 days.

d. Driver's Education: Children in custody are permitted to take Driver's Education as part of a school or training program, even if they do not otherwise qualify to get a driver's license. However, they will still need a driver's instruction permit which will require the signature of an authorized adult.

6.6 CLIENT SUPPORT SERVICES

6.6.1 INTRASTATE CASE TRANSFERS

AUTHORITY:
AS 47.10.010 Jurisdiction

PURPOSE: To provide procedures for transfer of cases within Office of Children's Services (OCS).

POLICY:

A. When it is necessary for a change of Protective Services (PS) Specialist on a case, the transfer process will be conducted to maximize continuity of the case management. All efforts must be made to decrease the amount of time it takes to transfer a case from one PS Specialist to another PS Specialist.

B. The reasons for case transfer include:

1. Venue is changed to a different judicial district;

2. A PS Specialist is leaving or changing assignments;

3. The PS Specialist IV determines it is in the best interest of the child or the unit to reassign the case to another PS Specialist; or

4. Intake/initial assessment is completed and the case is assigned to the PS Specialist who will be providing ongoing and/or permanency planning services.

C. Transfer between regions will only occur when the judicial venue has changed. Whenever possible, venue should be maintained where the parents are residing. If a parent moves to another judicial district, and OCS is actively pursuing reunification with that parent, there must be indicators that this is a permanent move. Only then will the issue of changing venue and transferring the case be addressed. Changing venue, under most circumstances, is not an option in cases where the goal is adoption or guardianship.

PROCEDURE:

A. Case Transfers from One PS Specialist to Another within an Office, between Offices in the Same Region, and between Regions:

1. When a transfer is necessary, the current PS Specialist who has been providing services or the PS Specialist IV will:

a. Ensure that ORCA and the hard copy file, has an adequate up-to-date account of person management information and all client and collateral contacts, as well as all other necessary documents; and enter a to-do list (a list of actions that the PS Specialist needs to take) into a transfer summary activity note in ORCA prior to transferring the case.

b. When a PS Specialist in the receiving office has been assigned to the case the transferring PS Specialist will meet with the receiving PS Specialist within five business days to discuss the case in detail, including all safety and risk factors. When this is not possible to meet face to face, the workers will communicate telephonically to staff the transfer.

c. Whenever possible, schedule a joint visit with the client so that the new PS Specialist can be introduced to the client.

d. When a case is transferred to another region the transferring PS Specialist will notify the Regional Eligibility Technician of the case transfer to ensure that the Title IV-E and Medicaid case is transferred to the other region.

2. The transferring supervisor will:

a. Discuss, either telephonically or in person, the transfer with the receiving supervisor prior to the transfer and receive and document verbal approval for the transfer; and

b. Ensure that the receiving supervisor has the complete case file.

3. The receiving supervisor will:

a. End the current PS Specialist assignment and reassign the case to the receiving PS Specialist within five business days.

b. Ensure that all appropriate parties are notified of the receiving PS Specialist's new assignment.

4. If there is disagreement about a transfer, the transferring and receiving Protective Services (PS) Specialist IV are expected to resolve the issue, but if needed, will discuss the transfer with their PS Manager I(s) who work together to jointly make the final decision.

B. Change of Judicial Venue:

1. Requesting Change of Judicial Venue:

a. In any case where change of venue is recommended, the transferring and receiving workers will notify the PS Specialist IV of the potential change in venue.

b. The transferring PS Specialist will schedule a meeting with the PS Specialist IV and the receiving PS Specialist, PS Specialist IV, and PS Manager I, to discuss the change of venue.

c. Both PS Manager I(s) must agree with the decision to recommend changing the venue. If the PS Manager I(s) do not agree, the decision will be made by the PS Manager II.

d. If it is decided that venue should change, the transferring PS Specialist will be responsible for working with their Assistant Attorney General (AAG) to submit the request to change venue to the court.

DEFINITIONS

Venue: The judicial district that has jurisdiction over a case.

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6.6.2 OUT-OF-TOWN REQUESTS (OTR)

AUTHORITY:

42 U.S.C. 622(b)(17)	State Plans for Child Welfare Services (Title IV-B)
AS 47.05.065	Legislative Findings Related to Children
AS 47.10.010	Jurisdiction
AS 47.14.100	Powers and Duties of Department over Care of Child

PURPOSE: To establish procedures for requesting and responding to in-state requests and for coordinating case management services between workers in different offices. The safety, permanency, and well-being of Alaska's children is the responsibility of all OCS employees. It is the expectation of the Department that all OCS PS Specialists will approach and manage each case with the same degree of care and oversight regardless of whether assigned as a Primary PS Specialist or Secondary OTR PS Specialist.

BACKGROUND INFORMATION:

A. Federal Law: Children in out-of-home care must be visited by a Protective Services (PS) Specialist on a monthly basis and the caseworker visits must be well-planned and focused on issues pertinent to case planning and service delivery to ensure child safety, permanency, well-being, and cultural continuity.

B. State Law:

1. The Department of Health and Social Services as legal custodian, and the child's guardian ad litem as guardian of the child's best interests, and their agents and assignees, each should make reasonable efforts to ensure that the child is provided with reasonable safety, adequate care, and adequate treatment for the duration of time that the child is a ward of the state.

2. If an adult family member or family friend has requested placement of a child in their home and the department denies the request for placement, the department must inform the family member or family friend within 45 days of the request, the basis for denial and the right to request a hearing to review the decision.

POLICY:

A. Out-of-Town Requests (OTR): Each Office of Children's Services (OCS) office within the state can request services and assistance from any other OCS office within the state.

B. OTRs may be requested for these types of assistance:

1. Emergency and non-emergency placements in another region or office jurisdiction;

2. Protective Services (PS) Specialist assignment for caseworker visits or Initial

Assessment investigations; or

3. One time or short-term assistance.

C. Documentation of the assignment will be made by the receiving office as an OTR in ORCA within one week of request. For ongoing OTR assignments, the secondary OTR worker assigned to the case should remain consistent throughout the OTR, whenever possible.

D. For ongoing OTR assignments both PS Specialists are responsible for:

1. Maintaining contact standards with family members they are working with. This includes ensuring family members are referred for identified services, and that reasonable or active efforts are being made;

2. Maintaining at least monthly contact with the other worker(s) assigned to the case, providing information on the activities and progress of the members with whom they are working. This includes the sharing of relevant documentation such as court reports, case plans, case conference summaries, etc.;

3. Coordinating with other worker(s) regarding ongoing planning and decision making for the child and family, including permanency goals for the children;

4. Coordinating attendance for court hearings, child and family case reviews, and other scheduled meetings. Preferably, all workers assigned to a case will participate either in person or telephonically in these meetings. The primary worker is responsible for paperwork and notices;

5. Communicating immediately when problems arise, including potential placement disruption;

6. Facilitating placements or change in placement; and

7. Responsible for documenting all activities in ORCA.

PROCEDURE:

A. Requesting Assistance from Another Office:

1. OTR Request for Priority 1 Initial Assessment Investigations: For all priority 1 Initial Assessment Investigations where an OTR will be necessary Centralized Intake will automatically send an e-mail to the secondary region that states the following: ***You are being assigned as secondary to investigate this PSR and ensure child safety within the assigned timeframe. This e-mail replaces the OTR form asking for initiation/investigation. The primary assignment will be out of (BLANK). As the PSS initially responding to this PSR, it is your responsibility to run APSIN. Please see your PSM I with any questions about the OTR form no longer being needed on P1 assignments.***

a. For priority 1 Initial Assessment Investigations on an open Family Services cases, the receiving region should make efforts to staff the case with the primary

Family Services worker or PS Specialists IV before responding. The inability to staff the case with the primary PS Specialist or PS Specialist IV should not result in a delay in initiating the case within mandatory timeframes.

b. For priority 1 Initial Assessment Investigations involving cases that will require forensic interviews at a Child Advocacy Center or coordination with law enforcement, the receiving region should make efforts to staff the case with the primary PS Specialist or PS Specialist IV prior to responding. The inability to staff the case with the primary PS Specialist or PS Specialist IV should not result in a delay in initiating the case within mandatory timeframes.

2. All Other OTR requests: The Out-of-Town Request and Tribal Compact Services Request Form (06-9748) is routed through the requesting PS Specialist IV who ensures that the Out-of-Town Request and Tribal Compact Services Request Form (06-9748) form is clear, accurate, and necessary, and will send the form to the regional OTR email address.

   a. The subject of the email will include the type of request, requesting region to sending region (i.e., NRO to SCRO), what the assistance is for (i.e., IA assistance), and ORCA case name and number. If the request is urgent this will be included in the subject line as well.

   b. In the body of the email, the PS Specialist IV will include a description of what the request is for, and the date the action is needed by.

3. If necessary information is missing or clarification is needed, the receiving office's OTR staff member will discuss with the sending region's PS Specialist IV.

4. The receiving office's OTR staff member will assign the secondary OTR PS Specialist and document the assignment in ORCA under the Out-of-Town Request within one week of the request.

B. Case Management Responsibilities:

1. The primary PS Specialist will retain primary responsibility for the following tasks:

   a. Gathering and submitting information for Title IV-E eligibility, Medicaid applications, and reviews;

   b. Verifying background checks and safety assessment are completed before placing a child in an unlicensed home;

   c. Submitting requests for funds; and

   d. Providing notice as outlined in section 6.6.3 Notification of Court Hearings, Case Conferences, and Placement Denials and Changes.

2. If there are disagreements about the shared responsibility of the case, the PS Specialist IVs will first try to resolve the disagreements and if not successful, the PS Managers will jointly review the activities of all workers assigned to the case, and determine which worker will complete which task.

C. Ending Assignments: The primary PS Specialist and PS Specialist IV will determine when the OTR is ended, and the PS Specialist IV will email the OTR email box letting them know to end the assignment in ORCA.

DEFINITIONS:

Out of Town Requests (OTR): Intrastate requests for service or information by agencies or persons outside the field office receiving the request.

Primary PS Specialist: The assigned PS Specialist in the office with the venue.

Secondary OTR Worker: A PS Specialist assigned to the case in an office where the venue is not located.

6.6.3 NOTIFICATION OF COURT HEARINGS AND CONFERENCES, ADMINISTRATIVE REVIEWS, REMOVALS, AND ASSUMPTION OF CUSTODY

AUTHORITY:

AS 47.10.030	Summons and Custody of Minor
AS 47.10.070	Hearings
25 U.S.C. 1912	Indian Child Welfare Act of 1978 (P.L. 95-608)
42 U.S.C 671(a)(29)	State Plan for Foster Care and Adoption Assistance (Title IV-E)
42 U.S.C 675(5)	Definitions (Title IV-E)

Alaska Child in Need of Aid Rules 3 and 7

PURPOSE: To ensure that notification of court hearings, court case conferences, Office of Children's Services (OCS) administrative reviews, and removals from home is provided to all individuals entitled to receive notice.

BACKGROUND INFORMATION:

A. Federal Law:

1. Notification of Removal:

   a. Within 30 days of removing a child from the parent(s), the State must exercise due diligence to identify and provide notice to all adult grandparents, to all parents of a sibling of the child, where such parent has custody of such sibling, and to other adult relatives of the child subject to exceptions due to family or domestic violence. In this context, the term "sibling" means an individual who satisfies at least one of the following conditions with respect to a child:

      1) The individual is considered by State law to be a sibling of the child; or

      2) The individual would have been considered a sibling of the child under State law but for a termination or other disruption of parental rights, such as the death of a parent.

   b. The notice must specify that the child has been or is being removed from home and explain the options the relative has under federal and state law to participate in the care and placement of the child.

2. Notification of Court Hearings: The State must provide notice of court hearings to each parent or guardian, child, the Indian child's Tribe, and foster parent or other out-of-home care provider.

3. Petition for Termination of Parental Rights: The State must provide notice to the parent and the Indian child's Tribe, if applicable when a petition to terminate parental rights is filed.

B. State Law and Alaska Court Rules:

1. Notification of Court Hearings:

a. Each parent, child, Indian custodian, Indian child's Tribe, foster parent or other out-of-home care provider, guardian, and guardian ad litem (GAL) must be given notice of court hearings.

b. Notice must also be given to a grandparent of the child, if:

1) The grandparent has contacted OCS to request notice about the hearings in the child's case and has provided OCS with a current mailing address and acceptable evidence of being the child's grandparent; or

2) OCS is aware of that the child has a grandparent, and has the grandparent's current mailing address.

c. Notice to grandparents is not required if the grandparent has been convicted of a crime in which the child was the victim, or a court order prohibits the grandparent from having contact with the child.

POLICY:

A. OCS will provide written notice of the child's removal from the home to all identified adult relatives within 30 days of removal, or after identification of a new relative.

B. Written notification of court hearings are provided in a timely manner as indicated by state law.

C. The Assistant Attorney General (AAG) provides formal Indian Child Welfare Act (ICWA) notice of petition for adjudication to the child's Tribe.

PROCEDURE: ORCA Training site provides ORCA noticing instructions.

A. Removals: The Protective Services (PS) Specialist or assigned staff will notify all identified adult relatives of the removal by sending a Notice of Right to Request Placement-Initial (06-9764) in ORCA to the relative(s) within thirty days of the removal, or identification of the new relative(s).

B. Goal Changes: When a child's permanency goal changes to adoption or guardianship, the PS Specialist or assigned staff will notify all identified adult relatives by sending a Notice of Right to Request Placement-Goal Change (06-9764) in ORCA within thirty days of the change.

C. Initial Hearing - Emergency and Non-Emergency Petition:

1. The AAG provides formal notice of an emergency and non-emergency petition to the:

a. parents or guardian;

b. grandparents (for whom contact information has been given to the AAG);

c. intervening and non-intervening Tribe(s), when applicable, the AAG will also provide the formal ICWA Notice of the petition for adjudication of a child in need of aid; and

d. guardian ad litem (GAL) or Court Appointed Special Advocate (CASA).

2. The PS Specialist will provide informal notices when an emergency or non-emergency petition is filed to:

a. Parents, Guardians, or Indian Custodian:

1) Whenever possible the PS Specialist will provide and review a copy of the petition, including the time and place for the hearing, with the parents, guardians, or Indian custodian.

2) If it is not possible to provide and review a copy of the petition in person with the parents, guardians, or Indian Custodian, the PS Specialist should telephone, or email them, the time and place of the hearing.

b. Tribes: For children who may be affiliated with a Tribe, the PS Specialist will notify:

1) The Tribe(s) of the time and place of the initial hearing by email, telephone, or fax. The PS Specialist will also attempt to provide a copy of the petition to the Tribe by mail or fax before the initial hearing; and

2) The AAG of the child's Tribal affiliation, so a legal notice is sent to the Tribe for the initial hearing, providing the following information to the AAG:

- Name of the child, child's birth date, and birthplace;
- Name of Indian Tribe(s) of which the child is a member/citizen or may be eligible for membership or citizenship.
- The names (including birth, married, former names, and aliases) for the Indian child's biological mother, biological father, maternal and paternal grandparents and great-grandparents, and Indian custodian. Identifying information, including, current and former addresses, dates of birth, places of birth and death, Tribal enrollment numbers will also be provided if known.

D. <u>Subsequent Court Hearings and Case Conferences</u>:

1. The PS Specialist assigned to the case will inform the OCS designated clerk who the parties are in the case, and the date and time of court hearings, or will notify the parties directly.

2. The OCS designated clerk, or PS Specialist, will provide written notice at least ten days before the scheduled date of hearings, except for emergency hearings, to the child's out-of-home care provider and, and when applicable, to the child's grandparents

and the secondary OCS PS Specialist.

3. At each hearing, the court provides verbal notice of the next hearing to the parents or guardian and GAL or CASA and, when applicable, to the intervening Tribe and intervening Indian custodian.

E. Termination of Parental Rights:

1. The AAG provides formal notice of a petition for termination of parental rights to all parties to the case and any non-intervening Tribe(s).

2. The AAG provides notice by publication when a parent of the child is absent, and the parent's address is unknown. The outline for publication for termination of parental rights is in section 4.8(f)(4) Termination of Parental Rights.

F. Administrative Reviews: The OCS designated clerk will provide written notice at least ten days before the scheduled date of reviews. If it is in the child's best interest to have the review earlier and all parties agree, the timeframe may be less than ten days.

G. Documentation: If the PS Specialist faxes or emails the notice, they will place a copy of the email or fax confirmation in the case file, and enter the date the notice was sent into an ORCA activity note. See Confidentiality section 6.1.2 for procedures regarding faxing and emailing of confidential information.

DEFINITIONS:

"Adult relative" means an adult individual who is related to the child as the child's grandparent, aunt, uncle, or sibling, or is the child's sibling's legal guardian or parent, or has been identified by the child's parent or any of the individuals listed herein, and OCS is aware of the relative and has the relative's current mailing address on file.

"Indian child's Tribe" means the Tribe in which the child is a member or eligible for membership, or, where a child is a member or eligible for membership in more than one Tribe, the Tribe with which the child has the more significant contacts.

"Formal notice" means a written notice provided by the Attorney General's office.

"Party to the case" means the child, the parents, the guardian, the guardian ad litem, OCS, an Indian custodian who has intervened, an Indian child's Tribe which has intervened, and any other person who has been allowed to intervene by the court.

6.8 REPORTS/RECORDS

6.8.1 CASE RECORDS

AUTHORITY:

AS 47.10.093	Disclosure of Agency Records
7 AAC 54	Confidentiality of Records

PURPOSE: To guide OCS staff in the organization of the physical case file.

BACKGROUND:

A. No information obtained by OCS in the discharge of its agency duties may be disclosed directly or indirectly to anyone without the court's permission, except as provided in 7 AAC 54, AS 47.10.092(a), AS 47.10.093.

B. Confidentiality of Personal Information: Personal information must be protected and may only be disclosed when authorized by state, or federal law and disclosure is required to carry out the agency's duties and responsibilities.

POLICY:

A. OCS statewide automated child welfare information system (ORCA) is the main system of record. Each case supervised by the division will have a physical case file to maintain records that cannot be stored in the ORCA system.

B. The division will use a uniform method of organizing physical case files.

C. All children in custody must have health and education documents in their case files.

D. Workers shall protect the confidentiality of client records.

PROCEDURE:

A. Physical Case Record Organization:

1. A six-page folder will be used to maintain the record, with case material located in the case file as outlined below. Documents are to be filed chronologically with the most recent documentation on the top.

2. Exclude the following documents in the case file:

   a. Documentation of communication with an Assistant Attorney General or Attorney (e-mail messages or notes from meetings) is privileged information and is not discoverable;

   b. Adoption or guardianship homestudies; and

   c. Original Social Security cards, birth certificates, BIA cards (secure as outlined in regional procedures, do not distribute originals).

3. Receipts from mail sent are attached to a separate sheet to accompany the documents (as to not cover any information provided in the document), and documents received should be date stamped.

   a. Discard empty envelopes before filing.

   b. When mail is returned undeliverable, photocopy the envelope showing the address, and the returned stamp and file in the physical case file.

4. Organize case files in the following order (for a complete list see the Case Record Chart in statewide forms):

   a. Page one: Case plan related documents including medical and educational records (i.e., safety plans, school records, and drug and alcohol test results);

   b. Page two: Correspondence including ICPC forms (i.e., consents to participate, and applications for services);

   c. Page three: Placement, adoption and guardianship information (i.e., Placement Packet forms, APSIN request, adoption and guardianship forms, and relative search information);

   d. Page four: Financial information (i.e., child support documentation, purchase authorizations, and permanent fund information);

   e. Page five: Legal documents (i.e., voluntary placement agreements, and petitions); and

   f. Page six: Case history information (i.e., case assessments).

B. Transfer of Case Records:

1. When the venue changes, send the original case file to the receiving office.

2. When a secondary worker is assigned, the secondary worker should receive a copy of sections one, two, and six of the file.

3. When ending the secondary assignment, send the secondary file to the primary Protective Services Specialist.

C. Retention of Case Records: Refer to the Records Retention Schedule in statewide forms for information about the retention of case records. Retain secondary files with the primary files.

D. Confidentiality of Case Records: See Administration Chapter, section 6.1.2 Confidentiality.

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6.8.3 SUPERVISORY CASE REVIEW

PURPOSE: To ensure quality case work that is consistent with best practice and within the guidelines of the law and policy and procedures.

6.8.3.A CASE STAFFING MEETINGS

AUTHORITY: AS 47.10 Children in Need of Aid

POLICY: PS Specialist IVs will meet weekly with their staff to review cases to ensure workers are receiving support and consultation in their work with families. These will be regularly scheduled staffing times and in the event a meeting has to be cancelled, the supervisory meeting must occur the following week.

PROCEDURE:

a. PS Specialist IVs will schedule regular supervision with their workers.

b. During the life of the case and prior to in-home or permanency case closure requests, the worker and PS Specialist IV will staff the case to review the closure request and discuss safety and risk levels.

   1. The staffing will include the status of the case and any pertinent issues which need to be addressed, including circumstances, concerns, and case plan goals in regards to whether they promote safety, permanence, well-being and cultural continuity for the child, and barriers regarding services provided.

   2. In discussing the case, the PS Specialist IV will focus on:
      A. clearly defined goals and objectives that relate directly to identified problems and minimum level of care;
      B. contacts with the child and family;
      C. any protective services reports which may have been received and investigated;
      D. accurate and timely documentation of case activities in the case record; and
      E. whether progress is being made or if other options should be considered.

3. The discussion will include timelines for the tasks that are identified in the case staffing meeting.

4. The PS Specialist IV will discuss the workers' recommendations for changes in the service provision, and come to consensus about how to proceed with the case.

c. Documentation of Case Staffing Meeting: Issues discussed during the conference will be documented in ORCA.

d. Follow-Up of Case Staffing: At the next case staffing, the PS Specialist IV will review the issues addressed in the previous meeting, and discuss the status with the worker.

6.8.3.B CASE RECORD REVIEW

AUTHORITY: AS 47.10 Children in Need of Aid

PROCEDURE:

a. Frequency of Reviews:

1. In-home Cases: At least every three months and at closure.

2. Permanency Cases: At least every six months (prior to Administrative Review), and at closure.

3. Initial Assessment Cases: At the closure of the initial assessment for at least 50% of each worker's closures.

b. Documentation of Reviews:

1. In-home Cases: Use Supervisory Case Record Review – In-Home Cases (06-9766).

2. Permanency Cases: Use Supervisory Case Record Review – Permanency Cases (06-9777).

3. Assessments not opened for services: Use Supervisory Case Record Review – Investigations (06-9765).

   Multiple initial assessments that are closed concurrently must be documented separately .

c. Follow-Up of Reviews:

1. When issues and concerns come to the PS Specialist IV's attention during the record review, the PS Specialist IV will discuss with the Protective Services (PS) Specialist.

2. The completed case record review form will be forwarded to the statewide Quality Assurance Unit by the 10th of each month for tabulation and reporting to the regional offices.

3. The Quality Assurance Unit will provide a quarterly report to the Protective Services Manager.

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6.8.4 INQUIRIES TO ALASKA PUBLIC SAFETY INFORMATION NETWORK (APSIN)

AUTHORITY:

AS 12.62.160	Release and Use of Criminal Justice Information
AS 47.05.310	Criminal History; Criminal History Check; Compliance
AS 47.14.100(j)	Powers and Duties of Department over Child
AS 47.17.033(a)	Investigations
AS 47.17.035	Duties of Department in Domestic Violence Cases
13 AAC 68	Central Repository of Criminal Justice Information

PURPOSE: To facilitate our work with families and to reduce risk to workers.

BACKGROUND INFORMATION:

A. State law allows OCS access to the Alaska Public Safety Information Network (APSIN) database for the purpose of obtaining criminal justice information:

1. On the parents or the alleged abusive or neglectful person when investigating reports of child abuse or neglect;

2. On a relative who requests placement of the child in the home and any member of the relative's household 16 years of age or older;

3. On an applicant for a provisional foster care license under emergency conditions and members of the applicant's household, as required by licensing statutes and regulations.

B. Confidentiality of Criminal Justice Information:

1. Under state and federal laws and regulations, criminal justice information, including APSIN records, is confidential and may not be released to any other individual or agency, including parents, unlicensed relatives, foster parent applicants, the individual who is subject to the criminal justice information, or anybody outside the OCS unless there is a signed release of information by the individual who's APSIN record check is requested to be released. The only exception to this requirement is that information may be released to perform licensing activities as outlined in the Community Care Licensing Manual section 610.4.

2. The confidentiality requirement applies both to written and verbal exchanges of information.

POLICY:

A. Initial Assessment:

1. Before the initial contact on an initial assessment of a protective services report, complete an APSIN records computer check and Sexual Offender Registry check on the child's parent(s), including step-parents, and the alleged abusive or neglectful person.

    a. When identifying a new parent during the initial assessment, run an APSIN check before initial contact with the individual.

    b. APSIN cannot be requested on a parent or alleged perpetrator after an Initial Assessment case has closed and transferred to Family Services.

2. The APSIN check will include the inquiry of protective orders issued by the court under AS 18.66.100-18.66.180 Protective Orders (issued for the protection of victims of domestic violence).

B. Before placement of a child, complete an APSIN records computer check and a Sexual Offender Registry check on:

1. When considering a provisional foster home license issued under emergency conditions, complete on all household members 16 years of age or older who have agreed in writing to submit to fingerprinting. See Community Care Licensing Manual section 610.3.

2. Unlicensed relatives and all other individuals 16 years or older in the relative's home, when:

    a. A relative requests placement of a child with whom OCS is currently involved or when there is a signed Voluntary Placement Agreement; or

    b. Run fingerprint-based background checks when the child is in the custody of another state or the parent, and the ICPC procedures have submitted an ICPC request for a home study of the relative. APSIN may not be used instead of fingerprints.

    *NOTE: The only exception is for an ICPC-In case when the child's (already placed in Alaska) placement is disrupting, and OCS must make an emergency placement with another relative.

    c. The relative or household member of the relative must agree to the background check and to fingerprinting in writing by signing the APSIN Request Form (06-9712). If it is not possible to get a signature, a verbal agreement must be obtained and documented on the APSIN Request form. For verbal agreements, one staff member must sign the form. When possible, an additional staff member should witness a verbal authorization over the phone and sign the APSIN Request form.

PROCEDURE:

A. Obtaining Criminal Justice Information

1. A centralized APSIN Unit located in the Anchorage office provides APSIN computer records check services to all OCS offices. The unit provides checks Monday-Friday 8:00 a.m. until 5:00 p.m.

2. Requests after Hours:

a. After hours only, the worker can request an APSIN check through the Alaska State Troopers (Dispatch # (907) 451-5100, fax # (907) 451-5165) with instructions for the Center's APSIN operators to respond to requests when there is no APSIN operator available within DHSS to make the query.

b. The worker must fax the APSIN request form or if a fax is unavailable, provide all the information verbally listed on the APSIN form, including full statute citation authorizing the query and release of information, and must inform the operator that the employee will retain the faxed request in the case file to validate the query for audit purposes. NOTE: It is not mandatory for the Trooper's dispatch to respond to requests for APSIN checks from OCS, and an immediate response is not guaranteed.

Statute citations:
- Investigations: AS 47.17.033(a), AS 47.17.035, AS 12.62.160(b)(4)
- Relative requesting placement: AS 47.14.100(j), AS 12.62.160(b)(4)
- Provisional license issued under emergency conditions: AS 47.05.310, AS 12.62.160(b)(4)

c. On the following business day, the worker will also make the APSIN request in ORCA.

B. Submitting an APSIN Check Request to the APSIN Unit:

1. Submit requests for APSIN checks to the APSIN Unit only for the situations addressed in policy; there are no exceptions.

2. Submit requests through ORCA, on the background check tab on the person management page.

3. For relative placements, if the relative has not signed the APSIN Request Form, but there is a verbal agreement, the requesting worker will indicate on the signature line "verbal permission was obtained" and sign the form. When e-mailing a request, the requesting worker's signature is not required, but the required documentation must still be on file.

4. When APSIN requests cannot be submitted through ORCA because ORCA is down, the worker will fax the completed APSIN Request Form to the APSIN unit.

5. If there is no response to a request within 24 hours, it is the worker's responsibility to contact the APSIN unit. When necessary the worker will notify the APSIN unit to confirm that they received the request.

C. APSIN Unit's Response to Requests:

1. If the APSIN Unit receives an APSIN request which is missing mandatory information or required signatures:

a. Unit staff will either call the requesting worker and request the missing information; or

b. Return the request with a notation that the Unit is unable to process the request due to incomplete information, and

c. Inform the requesting worker about needed information to enable the Unit to process the request.

2. APSIN request for Priority 1 protective services reports and emergency licensing/placement will receive top priority for processing. All other requests will be processed in the order in which they are received.

3. The APSIN Unit will, for APSIN requests on individuals, check APSIN (including the AKA (also known as) and criminal history screens) and the Sexual Offenders Registry, and research for any TRO (temporary restraining order) history.

4. Outlook will notify the worker when the results are ready to be reviewed. The worker will review the APSIN results and summarize the history in ORCA. A worker who needs the results while out in the field may request that the APSIN Unit call the worker back with the results. To protect confidentiality, the APSIN Unit staff will not mention parent or household names over the phone and will provide the information only directly to the requesting worker.