



North Carolina Department of Health and Human Services
Division of Social Services

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Courier # 56-20-25

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

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(919) 733-3055

November 25, 2002

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

SUBJECT: Funding Options for CPS Case Planning and Case Management (215) and Foster Care Case Management Services (109); Special Immigrant Juvenile Status for Children Under Juvenile Court Jurisdiction

**ATTENTION: CHILDREN'S SERVICES SOCIAL WORKERS
CHILDREN'S SERVICES SUPERVISORS
FISCAL OFFICERS**

In a March 14, 2002 Dear Director Letter, we discussed IV-E administrative cost reimbursement guidelines from the federal Agency for Children and Families (ACF) for IV-E eligible children who are "candidates for foster care absent effective preventive services". Among other items, that letter specifically addressed children in the agency's legal custody who had been placed in foster care, but who were returned home for a trial visit. As a result of our on-going dialogue with our federal regional office and the recent federal IV-E audit, we have obtained additional information regarding IV-E administrative cost reimbursement requirements relating to a child's candidacy for foster care when you are providing CPS Case Planning and Case Management Services (215) or Foster Care Case Management Services (109). Specifically, this letter discusses:

1. Requirement that "candidacy" for foster care must be re-determined every six months;
2. Other funding options available when a child cannot meet the "candidacy" requirement;
3. Onset of the eligibility period for TEA in CPS Case Planning and Case Management cases;
4. Use of At-Risk Case Management funds for children who are non-IV-E and non-TEA eligible.

Funding Options for CPS Case Planning and Case Management Services

I. "Candidacy" for Foster Care Redeterminations

Current policy requires that in order to claim IV-E reimbursement for CPS Case Planning and Case Management (Service Code 215 and Program Code Z) administrative costs, the child must be considered "a reasonable candidate for foster care" based on his being "at serious risk of removal". Documentation of the child's continued candidacy for foster care must contain the "reasonable efforts" the agency is taking to prevent the child's placement. We have now learned that the agency must continue to document, every six months, those continuing efforts the agency is making to prevent the child coming into care and how the child continues to be "at serious risk of removal". The Family Risk Re-Assessment tool, which is completed on a quarterly basis, should provide an excellent means for determining if the child remains at serious risk of removal (i.e. rating of moderate, high or intensive). When the use of IV-E funds can be justified by the Risk Re-Assessment rating, the Family Services Case Plan, which is updated on a quarterly basis, must include the following language: **"in the absence of effective, preventive services, the plan for this child is removal from the home"**.

There are times when a child may not meet the "reasonable candidate for foster care" requirement for the use of federal IV-E funds to support CPS Case Planning and Case Management Services (e.g. Risk Re-Assessment rating of "low"). A "low" risk rating would not meet the requirement of "a reasonable candidate for foster care" because the child is not "at serious risk of removal". Thus, Program Code Z can only be used with Service Code 215 during the period of time that the agency can justify that the child is at "serious risk of removal". Agencies should give consideration to closing Service Code 215 for families with a "low" Risk Re-Assessment rating and provide voluntary services if the family requests. We believe that this reflects current practice in most agencies.

If the child receives an overall Risk Re-Assessment rating of "Moderate", "High" or "Intensive", the child would qualify as a serious candidate for foster care and IV-E (Program Code Z) must be used with Service Code 215 when documentation supports the child's candidacy. **The child's continued candidacy for foster care must be reviewed every six months by completing the Risk Re-Assessment tool and updating the Family Services Case Plan, Part A, the Service Agreement.**

As long as documentation supports that "absent effective preventive efforts, the plan would be removal from the home", Service Code 215 and Program Code Z must be used together.

II. Funding Options for CPS Case Planning and Case Management Services (215)

In the past, Service Code 215, CPS Case Planning and Case Management Services, could only be used with Program Code Z. As this letter clarifies, not all children will qualify as being at "serious risk for removal". Consequently, other funding sources have been opened to fund 215 when a child cannot meet the "serious risk of removal" requirement but the agency determines that CPS Case Planning/Case Management is still necessary. Program codes that may now be used with CPS Case Planning and Case Management in such situations are listed below.

SERVICE CODE 215 – CPS CASE PLANNING AND CASE MANAGEMENT	
Program Code	Name of Funding Source
N	Non-DSS Reimbursable
R	TEA (TANF)
X	SSBG (Social Services Block Grant)
Z	IV-E
0 (zero)	CPS&FC/Adopt (TANF)
9	MOE (Maintenance-of-Effort)

All eligibility requirements for each funding source must be met in order for 215 to be used with other monies. This change will be reflected in the SIS Manual effective December 1, 2002.

Reminder for Use of TEA: Any service that may be needed by the family during the eligibility period must be documented on the *Verification of TANF Eligibility Form* within 30 days of **the child's eligibility determination**. While the family must be unable to meet the emergency situation with their own resources, there is no specific income requirement for TEA funding. TEA funding may not exceed 364 days from the date of eligibility determination.

Maintenance-of-Effort (MOE), Program Code 9, may also be an option for Service Code 215. MOE is specifically designed to provide assistance to enable children to be cared for in their own homes or in the homes of relatives. The family's income may not exceed 200% of the Federal Poverty Level (please contact your Work First staff to obtain the current income levels). Please refer to Dear Director Letter dated March 3, 2000 for complete eligibility discussion.

III. TEA Eligibility Period in CPS Case Planning and Case Management Services

Please Note: Previous guidance from the Division has indicated that the eligibility period for TEA for CPS Case Planning and Case Management is to begin at the time of substantiation. This is not correct.

The TEA eligibility period for CPS Case Planning and Case Management Services begins with the date the child is determined eligible for any TEA service.

The emergency situation continues to be abuse, neglect or dependency during provision of 215 services. If a new, valid CPS referral is accepted after 215 has been closed and is substantiated, and CPS CP&CM services are provided, a new 364 day period begins **with the date the child is determined eligible for any TEA service.**

IV. At-Risk Case Management Services (395), Foster Care Case Management Services (109) and CPS Case Planning and Case Management (Service Code 215)

At-Risk Case Management Services (Service Code 395/Program Code 2) provides a possible alternative to the provision of some elements of Foster Care Case Management Services (Service Code 109). At-Risk Case Management Services may be appropriate when a child is not IV-E eligible and is not TEA eligible (e.g. in care for more than six months). Use of At-Risk Case Management Services is only available for those children who are eligible for Medicaid services (specifically, eligible for a "blue" Medicaid card).

Not all activities covered by Service Code 109 may be funded through At-Risk Case Management Services. For example, transportation for workers to and from family or other visits are not billable directly to At-Risk Case Management Services. Likewise, staff time spent in counseling and instructing parents and children is also not allowable. At-Risk Case Management Services are specifically designed as "a group of interrelated activities under which responsibility for **locating, coordinating, and monitoring appropriate services for an individual** rests with a specific person or organization." (*North Carolina Medicaid Special Bulletin, October 1992, page 4*). This means that the agency may only use this funding source to support these specific elements of foster care case management, and must use other funding sources to support transportation costs and the direct provision of counseling and instructing.

At-Risk Case Management Services may be used in conjunction with the provision of CPS Case Planning and Case Management Services. However, it cannot be used in place of CPS Case Planning and Case Management. CPS Case Planning and Case Management (215) is a defined set of activities that involve working directly with the family and child when abuse, neglect and/or dependency have been substantiated. At-Risk Case Management Services are also a defined set of activities focused around social workers coordinating the provision of services by others.

Any child who is under 18 years of age may be eligible for At-Risk Case Management Services as long as the child is eligible for all Medicaid categories (must have a **blue** Medicaid card in every case). All other sources of insurance must be used prior to Medicaid. (Please refer to the following documents for a complete discussion of eligibility requirements: *North Carolina Medicaid Special Bulletin, October 1992*; *DSS Administrative Letter No. Adult and Family Services 2-93, dated February 10, 1993*; *North Carolina Medicaid Bulletin dated November 1994*; *DSS Administrative Letter No. Adult and Family Services 4-96 dated May 6, 1996*)

In addition to meeting the age and Medicaid eligibility requirement, the child must meet at least one of the following requirements:

- Child has a chronic physical or mental condition whose parents or caretakers are unable or unwilling to meet the child's care needs; or
- Child whose parents are mentally or physically impaired to the extent that there is a need for assistance with maintaining family stability and preventing or remedying problems which may result in abuse or neglect of the child; or
- Child of parents less than 18 years of age, or whose parents had their first child when one of the parents was under 18 and there is a need for assistance with maintaining family stability, strengthening individual support systems, and preventing or remedying problems which may result in abuse or neglect of the child; or
- Child who was previously abused or neglected and the conditions leading to the previous incident continue to exist; or
- Child who is being abused or neglected and the need for CPS services is substantiated.

The following children are **not eligible** for At-Risk Case Management:

- Child in a hospital or ICF/SNF facility
- Child receiving case management services for pregnant women.
- Child receiving CAP for children.
- Child receiving CAP/MR/DD.
- Child whose Medicaid card has CM, CC, CS, CI checked in the CAP block .
- Case management is being provided as Child Care Coordination (if so, contact Public Health Department.)

It is important to note that the agency must meet the certification requirements for At-Risk Case Management Services. Certification is renewed every two years. A worker providing At-Risk Case Management Services must qualify at least as a Social Worker II. Supervisors must be either in a Supervisor I or II category. Social Workers must have specialized training in recognizing risk factors related to abuse or neglect and in assessing family functioning. Pre-service Training meets this requirement.

Eligibility for At-Risk Case Management is not automatic. Workers must document how the child meets the eligibility requirements. The documentation

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must be a part of the *Family Services Case Plan, Part A, the Service Agreement* for the child or attached as a separate document to the child's Family Service Case Plan. Workers should document Service Code 395 with Program Code 2 on the daysheet and add Service Code 395 to the DSS-5027 Service Plan. Workers must also comply with all of the service requirements specified in the *North Carolina Medicaid Special Bulletin, October 1992*.

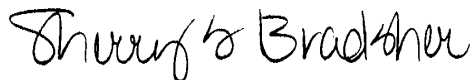
V. Special Juvenile Status for Children Under Juvenile Court Jurisdiction

For several years, there has been concern about undocumented alien children who must come into the legal custody of a county Department of Social Services. While these children are eligible for State Foster Home Funds, county agencies have wanted to help these children obtain citizenship status so that the full array of services, including Medicaid, could be provided to them.

We are attaching guidelines prepared by our Attorney General colleagues regarding how to help some of these children obtain lawful permanent residency in the United States. As you will note, the children in question must be under juvenile court jurisdiction, with a plan that does not include reunification, and whose return to the country of origin is not considered to be in the child's best interest.

This letter provides you with significant information on funding options and helping certain undocumented alien children become lawful permanent residents. If you have questions about this letter, please contact the Policy and Community Based Programs Team at (919) 733-4622.

Sincerely,



Sherry S. Bradsher
Deputy Director

SSB:ehh
Attachment

cc: Pheon Beal
Paul Lesieur
Children's Services Team Leaders
Children's Programs Representatives
Local Business Liaisons

CS-31-2002

SPECIAL IMMIGRANT JUVENILE STATUS FOR CHILDREN UNDER JUVENILE COURT JURISDICTION

Special Immigrant Juvenile Status (SIJS) is a step toward lawful permanent residency (“green card” status) for undocumented alien children under juvenile court jurisdiction, which will entitle them to federal foster care benefits. In order to qualify for SIJS, the child must meet the following criteria:

- The child must be under the jurisdiction of the juvenile court AND deemed eligible for long term foster care due to abuse, neglect or abandonment, which means that family reunification is not a viable option, AND the court has found that return to his home country (to be placed with relatives there, for example) is not in the child’s best interest.
- The child must remain under juvenile court jurisdiction until the SIJS application has been decided, which may take from 6 to 36 months. For children who are nearing the end of juvenile court jurisdiction a request for an expedited hearing can be made to INS.

In addition, the child must also meet the requirements that apply to anyone applying for lawful permanent resident status, although there is discretion for INS to waive these “inadmissibility” grounds in SIJS cases:

- No record of involvement with drugs, prostitution, or other crimes
- Not HIV positive

Thus, two applications must be filed on behalf of the child – one for SIJS and one to “adjust status” to lawful permanent residency. In addition, the child must have a medical exam conducted by an INS-approved doctor, which includes a test for HIV and some illegal drugs, and must submit some proof of age. A birth certificate is not required, although it is the ideal proof of age, and the agency must attempt to locate it and document its efforts. Other documents, such as baptismal certificates from the church, early school records, affidavits of persons who are personally aware of the child’s birth, and medical or dental evaluations can be utilized to show proof of age. The INS is aware that some children may not know the year they were born or even the country they were born in.

The application for SIJS is Form I-360 and the application for adjustment of status to lawful permanent resident is Form I-485. These forms can be obtained from the INS website, www.ins.gov, which will provide the most up-to-date forms and information, including fees. The Immigrant Legal Resource Center in San Francisco has created a manual covering the entire SIJS/permanent residency status process, which may be downloaded from its website, www.ilrc.org. The manual has numerous appendices, including sample juvenile court orders with the required findings, INS forms, checklists, fee waiver rules (although this can delay the filing of the forms until the ruling on the waiver), INS memoranda and Code of Federal Regulation provisions. The manual also sets out other ways that children can obtain lawful residency status other than through SIJS.