

**ADOPTION
POLICY**

Table of Contents

- 1.0 Introduction and Overview
 - 1.1 Mission and Vision
 - 1.2 Philosophy
 - 1.3 Legal/Regulatory Basis
 - 1.31 Federal Legislation
 - 1.32 State Statute
 - 1.33 Federal Supreme Court Decisions

- 2.0 How Children Enter the State's Custody
 - 2.1 How Children Enter Foster Care
 - 2.2 Legal Authority for Adoptive Placement
 - 2.3 Permission to Accept Guardianship
 - 2.4 Required Consents
 - 2.5 Acknowledgement of Relinquishment
 - 2.6 Relinquishment Process
 - 2.7 Abandonment
 - 2.8 Termination of Parental Rights Due to Abandonment
 - 2.9 Documentation
 - 2.10 Relinquishment by a Minor Parent
 - 2.11 Revocation of Relinquishment

- 3.0 Placement Requirements
 - 3.1 CAPS Family Assessment
 - 3.2 Child Assessment
 - 3.3 The Search for Relatives
 - 3.4 Relative Placement
 - 3.5 Sibling Placement
 - 3.6 Multi-Ethnic Placement Act
 - 3.7 Indian Child Welfare Act
 - 3.8 Multi-Disciplinary Treatment Team (MDT)
 - 3.81 Membership of the MDT
 - 3.82 Establishment of the MDT
 - 3.83 Child's Case Plan
 - 3.84 Family Case Plan
 - 3.85 Conclusion of the MDT Meeting
 - 3.86 Documentation/Reporting Process
 - 3.87 MDT Meetings - Disrupted Placements
 - 3.88 On-going MDT Meetings
 - 3.9 Permanency Planning

- 3.10 Concurrent Planning
- 3.11 IV-E Eligibility/Reimbursability
- 4.0 Permanency Options
 - 4.1 Re-unification
 - 4.2 Kinship/Relative
 - 4.21 Grandparents' Rights
 - 4.22 Relative Adoption
 - 4.23 Legal Guardianship
 - 4.24 Transfer of Custody
 - 4.3 Adoption
 - 4.4 Legal Guardianship
 - 4.41 Criteria for Legal Guardianship Permanency Plan
 - 4.42 Custody Transfer Consent
 - 4.43 Subsidized Guardianship
 - 4.44 Custody Transfer
 - 4.45 Documentation
 - 4.46 Review Process/Records Management
 - 4.5 Other Permanency Options
 - 4.51 Emancipation
 - 4.52 Continued Foster Care
- 5.0 Transfer of Child Protective/Youth Service Case to Adoption
 - 5.1 Termination of Parental Rights
 - 5.2 Right to Appeal Termination
 - 5.3 Post-Termination Counseling
 - 5.4 Adoption Specialist as Secondary Worker
 - 5.41 Conditions
 - 5.42 Staffing
 - 5.43 Transfer Plan
 - 5.44 Mediation
 - 5.5 CPS/YS Actions Prior to Transfer
 - 5.51 Permanency Goal
 - 5.52 Court and Other Legal Records
 - 5.53 Guardianship Record
 - 5.54 Child's Documents
 - 5.6 CPS/YS Supervisor Actions
 - 5.7 Regional Adoption Supervisor Actions
 - 5.8 Adoption Specialist Actions
- 6.0 Recruitment of a Foster/Adoptive Home
 - 6.1 Grandparents Rights

- 6.2 Adoption Resource Network
 - 6.21 Identification of Children for the Exchange
 - 6.22 Registration
 - 6.23 Submission of Photographs to the ARN
 - 6.24 Updating Photographs
 - 6.25 Change of Information
 - 6.26 Placing Holds
 - 6.27 Internet Inquiries
 - 6.28 Laptop Computer and Camera
- 6.3 Regional Home Finders
 - 6.31 Family Assessment (Home Study)
 - 6.32 Contracted Home Studies
 - 6.33 Eligibility Criteria
 - 6.34 Training
 - 6.35 Foster to Adopt
- 6.4 Media Promotions
 - 6.41 Adopt US Kids
 - 6.42 Mission West Virginia, One Church-One Child
 - 6.43 Child Watch
 - 6.44 Wednesday's Child
- 6.5 Resources Known to the Child
- 6.6 Legal Risk Placement

- 7.0 Adoption Placement Review Committee (APRC)
 - 7.1 Membership
 - 7.2 Preparation for a Placement Review
 - 7.3 Selection Criteria
 - 7.4 Adoption Review Committee Recommendation
 - 7.5 Notification of Selection of Adoptive Resource
 - 7.6 Pre-Placement Visitation
 - 7.7 Travel Expenses for Interviews and Visits by Pre-Adoptive Parents
 - 7.8 Moving to a Trial Adoption Placement
 - 7.9 Adoption Placement/Discipline Agreement

- 8.0 Interstate Compact on the Placement of Children (ICPC)
 - 8.1 Out of State Placements
 - 8.2 Referral Process/Documentation
 - 8.21 Cover Letter
 - 8.22 Required Documents
 - 8.3 Education
 - 8.4 Placement Notification
 - 8.5 Worker Contact
 - 8.6 Supervision

- 8.61 Supervisory Services
- 8.62 Supervisory Reports

- 9.0 Case Management
 - 9.1 Journey Notebook
 - 9.2 Life Book
 - 9.3 SAFEKIDS Pix Identification Card Program
 - 9.4 Reunification and Separation of Siblings
 - 9.5 Sibling Visitation
 - 9.6 Worker contacts/visits
 - 9.61 Contacts with In-State DHHR Foster/Adoptive Homes
 - 9.62 Contacts with Specialized Agency Homes
 - 9.63 Contacts with Residential Treatment Homes
 - 9.64 Contacts with Out-of-State Adoptive Homes
 - 9.7 Continual Assessments/Case Plan
 - 9.8 Permanency Placement Review
 - 9.9 Life Skills
 - 9.91 Daniel Life Skills Assessment
 - 9.92 Phillip Roy, Inc. Life Skills Curriculum
 - 9.93 Life Skills Payment
 - 9.10 Socially Necessary Services
 - 9.101 Definition
 - 9.102 Administrative Service Organization (ASO)
 - 9.103 Utilization Management Guidelines
 - 9.104 Services Offered-Foster Care
 - 9.105 Services Offered-Adoption Preservation
 - 9.106 Accessing the Services
 - 9.107 Denied Provider

- 10.0 Adoption Process
 - 10.1 Placement
 - 10.1-1 Adoption Agreement
 - 10.1-2 Child's Information/Possessions
 - 10.2 Placement Support
 - 10.21 Support Groups/Mentors
 - 10.22 Initial Clothing Allowance
 - 10.23 School Clothing Allowance
 - 10.3 Request for Consent of Guardianship
 - 10.4 Application for Adoption Services
 - 10.5 Adoption Packet
 - 10.6 Filing of the Petition
 - 10.7 Absent or Unknown Parent
 - 10.8 Notice of Proceeding

- 10.9 Confidential Report to Judge
- 10.10 Adoption Hearing
- 10.11 Recording of Order and Birth Certificate
- 10.12 Notification to Child Support

11.0 Adoption Assistance/Subsidy

- 11.1 Purpose
- 11.2 Eligibility Criteria
- 11.3 Subsidy Categories
 - 11.31 Financial Subsidy
 - 11.32 Medical Subsidy
 - 11.33 One-Time Non-recurring Adoption Expenses
 - 11.34 Conditional Subsidy
 - 11.35 Interstate Compact on Medical Assistance (ICAMA)
- 11.4 Adoption Agreements
 - 11.41 Adoption Assistance Agreement
 - 11.42 Deferred Adoption Agreement
- 11.5 Extended Medicaid Coverage
- 11.6 Chafee Education and Training Vouchers (ETV)
- 11.7 Social Security Income and Pension Benefits
- 11.8 Medley at Risk
- 11.9 Children with Special Health Care Needs Program
- 11.10 W. V. Vocational Rehabilitation
- 11.11 Review/Records
- 11.12 Appeals/Fair Hearing

12.0 Post Finalization

- 12.1 Adoption Preservation Services
- 12.2 Archiving of State Ward Records
- 12.3 Non-Identifying Information
- 12.4 Mutual Consent Registry
- 12.5 Adoption Dissolutions/Re-adoptions
- 12.6 Grievance Process/Fair Hearings

13.0 Definitions

Index

SECTION 1
INTRODUCTION AND OVERVIEW

1.0 Introduction and Overview

1.1 Mission and Vision

“The Bureau for Children and Families provides an accessible, integrated, comprehensive quality service system for West Virginia’s children, families and adults to help them achieve maximum potential and improve their quality of life.” Our vision: “West Virginia’s children, families, and adults have achieved well being, safety, and independence.”

1.2 Philosophy

Safety is the paramount concern that must guide all child welfare services. When making decisions about a child, including those decisions regarding services provided, placement and permanency planning, the safety of the child must be the foremost issue in determining what is in the best interest of the child.

Permanency planning efforts should begin as soon as a child enters the custody of the Department. A child is to be placed in out of home care only when appropriate and when efforts to strengthen the family’s situation have failed or when the child’s safety is at risk. Concurrent planning should be utilized to allow staff to work to reunify the family while simultaneously planning for the possibility that reunification will not succeed. All possible resources should be considered in order to arrive at the least restrictive, appropriate environment for the child. Priority consideration should be given to the child’s relatives for the most suitable placement. If no appropriate relatives are available, the child will be placed in a foster/adoptive home that best meets the child’s needs, is willing to help facilitate reunification with the child’s family and is also willing to become a permanent adoptive placement for the child if reunification efforts do not succeed.

The creation of a permanent family for children in custody is the main objective for children whose parental rights have been terminated. Adoption must be the primary choice for permanency planning, with other alternatives being considered only after adoption has been ruled out. The Department will promote quality standards for adoption services, pre-placement, and post-placement to protect the rights of these children and provide them with permanent homes. The Department will identify and implement services necessary to assure the successful consummation of the adoption and provide post-adoptive support to the child and the family.

1.3 Legal/Regulatory Basis

1.31 Federal Legislation

Pressure to reform the child welfare system has evolved along two major themes: out of home care services for children should be provided in the least restrictive, appropriate environment and permanency for children shall be a primary goal of services. With the enactment of the *Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)*, states were mandated to promote permanency planning for all children in out of home care and for children at risk of removal from their homes. States were also required to make reasonable efforts to prevent the out of home placement of a child and to reunify children already removed from their homes.

In 1993, Congress enacted the *Family Preservation and Family Support Services Program (P.L. 103-66)* which provided additional funding for preventive services and crisis services for children and families at risk of entering the foster care system.

In response to major concerns about the extended length of stay and poor outcomes for minority children and the prevalence of using race to determine placements for children in foster care, *the Multiethnic Placement Act (P. L. 103-382)* and the *Interethnic Placement Provisions (P.L. 104-188)* were enacted. This legislation forbids the delay or denial of a foster or adoptive placement based solely on the race, color, ethnicity, or national origin of the prospective foster parent, adoptive parent or the child involved. It also compels states to make diligent efforts to recruit and retain foster/adoptive families that reflect the racial and ethnic diversity of the children for whom foster/adoptive homes are needed.

The Adoption and Safe Families Act of 1997 (P.L. 105-89) was enacted to ensure that children's safety would be the paramount concern of all child welfare decision making and to promote the adoption of children who cannot return safely to their own homes. This law has five key principles: safety is the paramount concern that must guide all child welfare services; foster care is temporary; permanency planning efforts should begin as soon as a child enters care; the child welfare system must focus on results and accountability; and innovative approaches are needed to achieve the goals of safety, permanency and well-being.

The Child Abuse Prevention and Treatment Act (CAPTA, P.L. 93-247) is one of the key pieces of legislation that guides child protection. CAPTA, in its original inception, was signed into law in 1974 (P.L. 93-247). It was reauthorized in 1978, 1984, 1988, 1992, and 1996, and with each reauthorization, amendments have been made to CAPTA that have expanded and refined the scope of the law. CAPTA was most recently reauthorized on June 25, 2003, by the *Keeping Children and Families Safe Act of 2003 (P.L. 108-36)*

1.32 State Statute

The West Virginia Code Chapter 49 and Chapter 48, §4

This statute legislates a coordinated system of child welfare for the children of the state of West Virginia. This statute allows the Department to accept custody of children and place them outside of their families of origin in order to protect and care for them. If parental rights have not been terminated, it is the responsibility of the Department to help parents stay involved in their children's lives by exercising their remaining rights and responsibilities concerning their children. If parental rights have been terminated, it is the responsibility of the Department to accept guardianship of children and consent to their adoption.

1.33 Federal Supreme Court Decisions

The Yokum decision determined states may not discriminate against relative/kinship care providers in placement decisions in cases in which the state has custody of a child in foster care.

SECTION 2
HOW CHILDREN ENTER CUSTODY

2.0 How Children Enter the State's Custody

2.1 How Children Enter Foster Care

There are six separate avenues through which children may enter foster care. Each requires specific actions by the parents, child, legal system, and the Department.

1. A parent may request temporary help in caring for their child while a family crisis is resolved. (Voluntary Placement)
2. A parent may request help in meeting the child's physical or mental health needs. (Voluntary Placement)
3. Child Protective Services or law enforcement may take a child into emergency custody or a petition may be filed alleging abuse/neglect after completing an assessment of a family assessment that finds the child unsafe. (Emergency Custody/Temporary Custody)
4. A status offense has brought the child to the attention of the juvenile court. (Temporary Custody)
5. The child has been charged and/or adjudicated as a delinquent for engaging in criminal behavior. (Temporary Custody)
6. A former foster care youth, age 18 or older, may decide to continue living as a foster child provided that the youth is attending an educational or vocational program and the youth has signed his consent to continue in foster care through the SS-FC-18 contract.

Whatever the reason, it is the child's worker's responsibility to determine the least restrictive placement for the child and one that will best meet the child's needs.

2.2 Legal Authority for Adoptive Placement

In order for the Department to have the right to place a child for adoption and later to give formal consent to his adoption, the Department must obtain legal guardianship of the child. Children can be committed to the guardianship of the State either through the Voluntary Relinquishment of the parental rights executed by the parents or by court order. Court rules will apply in the case of voluntary relinquishment by the court. Termination of parental rights (voluntary or court-ordered) represents the single most important decision in a child's life and must be subject to review by more than one representative of the Department.

2.3 Permission to Accept Guardianship

The permission of the Regional Program Manager or designee is required before a relinquishment is accepted for any child and before any petition seeking guardianship is filed. (In some regions, the designee may be the Multi-disciplinary Team) The case record or a summary of the child and his family should be sent to the Regional Program Manager or Designee requesting permission to accept the child as a State Ward. The permanent parental rights shall not be terminated if a child fourteen (14) years of age or older or otherwise of an age of discretion as determined by the court, objects to the termination.

2.4 Required Consents

The consent to adopt or relinquishment for adoption of a minor child is required of the birth mother, the biological father, the legal father and/or the determined father of the child.

Consent is not required of anyone having custody of the adoptive child if their parental rights have been terminated or the court has found they have abandoned the child.

In a stepparent adoption, if a person is the birth parent or adoptive parent of the child and is married to the person who is petitioning to adopt, the birth or adoptive parent must also be a party to the petition for adoption.

If the child to be adopted is twelve years of age or over, the consent of the child is required to be given in the presence of a judge of the court unless waived by the court.

2.5 Acknowledgement of Relinquishment

The relinquishment must be acknowledged before a notary who is not an employee of the Department in order to preserve the integrity of the consent.

2.6 Relinquishment Process

Three originals of the revised form SS-FC-47 are required for a relinquishment, with all applicable parts completed. Two of the originals must be filed in the child's case record. The third original is given to the person agreeing to and executing the relinquishment.

All appropriate parties must sign the relinquishment.

2.7 Abandonment

A relinquishment in which the father is unknown requires the completion of Form SS-FC-47a in addition to Form SS-FC-47. Although not required, the statute regulating adoption permits the Department to address the parental rights of an unknown or absent parent at the time a relinquishment is executed. It is recommended practice for the worker to address these rights at the time of the relinquishment rather than wait until the adoption hearing. Otherwise, if the absent parent or unknown parent should appear very close to or at the adoption hearing, the adoption process could be delayed.

2.8 Termination of Parental Rights Due to Abandonment

If the unknown, legal, determined, outsider or putative father has not executed a relinquishment at the time a relinquishment is signed by the child's mother, the worker should take the following actions:

1. The worker should determine whether or not the father has abandoned the child (WV Code §48-4-3(a)).
2. If the child has been abandoned, the worker should, with the worker's supervisor's approval, petition the Circuit Court for termination of parental rights. (WV Code §49-3-1(b)(c)(d)(e)(f))

2.9 Documentation

Whenever a relinquishment is accepted, any interviews must be documented as contacts in FACTS. This information should include the following:

- The reasons cited by the parent for the relinquishment;
- Whether or not counseling sessions were offered prior to and following the relinquishment and, if so, whether or not they were accepted;
- The results of any counseling sessions;
- The parent's understanding of the actions being taken; and
- Any other information the worker considers appropriate and necessary to explain or describe the actions taken in the case.
-

2.10 Relinquishment by a Minor Parent

If the person who executes a consent to relinquishment is under eighteen (18) years of age and that person is a resident of the state, the following rules apply:

- The consent to relinquishment must be reviewed and approved by the judge of the circuit court.
- The court may appoint a guardian ad litem to represent the interest of the minor parent. If a guardian is appointed, that person must conduct a

discreet inquiry into the circumstances surrounding the consent. During this inquiry, Department staff must cooperate with the guardian and must make available all appropriate information.

Note: The failure of the court to appoint a guardian ad litem is not grounds for setting aside an adoption.

2.11 Revocation of Relinquishment

A revocation of relinquishment may be sought by a parent as a result of alleged fraud or duress OR because the relinquishment process itself was flawed. (WV Code §48-4-5) Staff must thoroughly document all their actions and follow all applicable procedures in order to avoid revocation. A well documented, up-to-date record is often the best defense against allegations that the process was not properly or completely implemented.

SECTION 3
PLACEMENT
REQUIREMENTS

3.0 Placement Requirements

3.1 CAPS Family Assessment

The goal of the Comprehensive Assessment and Planning System (CAPS) is to provide a standardized system of assessing children and families to identify services needed. This process begins with a face-to-face interview to evaluate family functioning and to gather information regarding the family dynamics. The assessment will determine family strengths and needs in the following areas: family, residential, social, educational/vocational, physical and mental health, recreational, spiritual, legal and financial. This includes the administration and scoring of instruments that are required by DHHR, but are not medically necessary. (The NCFAS is to be completed under this code)

3.2 Child Assessment

The individual child's needs must be assessed prior to placement, if possible, so an appropriate living arrangement can be chosen. This assessment may be part of the CAPS assessment and will include information regarding the following:

1. The presenting problem necessitating the child's removal from the home.
2. A summary of services that have previously or are currently being provided to address the problem.
3. Current educational information
4. Current medical information
5. A history of separations, losses and maltreatment
6. The child's physical, mental, emotional, behavioral and developmental characteristics.
7. The problems that are to be addressed in the Child, Youth and Family Case Plan.

3.3 The Search for Relatives

Because of the need for the child to be removed from his home on an emergency basis and placed in a safe environment, there is often no formal referral process for placing a child in a kinship/relative placement. Nevertheless, when a child must be placed with a relative, information about the child and his family must be gathered.

The child's worker must, according to federal law and State Code §49-3-1, identify and review the child's relatives as possible placement resources before a child is placed into a non-relative foster/adoptive home or group/residential facility. Any person related to the child by blood or marriage, including cousins

and in-laws should be considered for kinship/relative care. A person the child considers a relative, such as a godparent or close family friend, may also be considered as a placement resource. Relatives may not be approved as a placement until the Homefinding Unit, or comparable agency staff in another state via the Interstate Compact on the Placement of Children, has assessed the relatives' ability to provide for the care and safety of the child. If the Homefinder, or comparable agency staff in another state via the Interstate Compact on the Placement of Children, finds that the relative can meet the certification requirements for becoming a foster/adoptive family, the relative may become the child's caretaker as a relative foster/adoptive family. According to federal requirements, all relative caretakers must meet the same certification standards as all foster/adoptive parents.

Placing a child who needs out of home care with a relative is the least restrictive alternative living arrangement since this placement often allows for more interaction with the child's own family and relatives and often results in a less traumatic separation. The worker shall account for the following issues when placement with a relative is being considered:

1. Careful evaluation indicates the relative will be supportive of the goals of the placement.
2. It appears the child may be more accepting of separation from his own parents if he is to be placed with a relative with whom he is more familiar.
3. The child has formed a positive relationship with the relative and is already familiar with the lifestyle and expectations of the relative's family.
4. The child, through placement with a relative, is able to maintain some relationship with his family.
5. The child's parents are supportive of the planned placement with the relative and will cooperate in the process.
6. An evaluation of the relative's home indicates that it would not perpetuate the same negative family patterns necessitating the removal from the child's own home.
7. The geographic proximity of the relative's home allows for continued planned involvement with the child's parents.
8. The relatives have the physical, mental, and emotional ability to provide care for the child.

Worker Actions

The child's worker must document in FACTS on the client's characteristics screen, placement plan screen and the placement recommendation screen the child's characteristics identified that make placement with a relative appropriate. The child's worker must also document the appropriate information

in FACTS on the provider recommendation screen and the placement safety evaluation screen.

3.4 Relative Placement

While the Department is required to look for relatives as placement options, the worker must take specific actions if the Department is planning to petition the court for or take emergency custody of a child, and place the child in the home of a relative.

1. The relative must be screened as an appropriate Kinship/Relative Placement by the child's worker by utilizing the Kinship/Relative Safety Screen form, before the placement occurs. The relative must sign this form with the original form maintained in the child's record and a copy provided to the home finder with the home study request.
2. The child's worker will provide the relatives with the SS-FC-6A, agreement to care for the child placed in the home. The relatives must sign this form and be provided a copy as proof that the Department has agreed to the placement of this child.
3. The child's worker must notify the local Home Finder within three (3) days of the placement and provide the Home Finder with any information about the relative that is required to be entered into FACTS, so a Kinship/Relative Provider Record can be opened on the family.
4. The child's worker must document the placement of the child with the relative in FACTS as a Kinship/Relative placement, once the Home Finder has opened the relative as a Kinship/Relative Provider. This placement type will not generate any benefits to the relative, so the child's worker should provide the relative with any assistance to apply for SSI, TANF benefits and/or a medical card for the child. After approval as a certified foster/adoptive parent, the relative must notify Income Maintenance in order to have the TANF benefit discontinued.
5. If the court gives the Department legal custody of a child and orders the child placed with a relative, the child's worker must place the child in the relative's home. The child's worker must still complete the Kinship/Relative Screen and have the relative sign the form as indicated in *step one*. If the relative does not meet the standards of the Kinship/Relative Screen, the child's worker shall make the court aware that the relative home is not an appropriate placement for the child. The child's worker should present to the court another relative as an alternative, more appropriate placement for the child.

6. The child's worker will then inform the Homefinding Unit, or the Interstate Compact on the Placement of Children Administrator if the family lives out of state, within five (5) days of placement, of the placement and request an assessment of the relative. Under no circumstances shall boarding care be paid to a kinship/relative caretaker prior to the relative completing all the requirements necessary to become a foster family. The assessment must take priority and should be completed within forty-five (45) days from the date of placement of the child in the relative's home.
7. The relative can obtain their own CIB clearance through their local law enforcement agency, prosecuting attorney or any other means and have a copy of the results submitted to the Homefinder prior to the completion of the assessment, when possible. The relative should attend pre-service foster/adoptive parent PRIDE training if it is offered during the assessment period, but will have up to six (6) months, from the date the home study was initiated, to attend the pre-service foster/adoptive parent training. The home study may be approved prior to the training requirement being fulfilled as long as all other requirements have been met. ** When a home study is requested on a potential kinship/relative resource for a child, the Kinship/Relative Screen must be completed prior to the request being submitted to the Homefinder. The assessment will still take priority and should be completed within forty-five (45) days from the date that the request was received. *(If there is a problem with a relative obtaining their own CIB clearance such as payment, transportation issues, or a local resource who will perform the CIB the child's worker will assist the relative with obtaining the clearance if possible by providing transportation or by reimbursement for the CIB. If there are problems, that can not be overcome, then the home finder will obtain the CIB clearance. The home study may take longer if the home finder obtains the CIB clearance.)*
8. CIB results obtained by the relative must be submitted to the Home Finder then forwarded to the CIB Specialist in the Division of Children and Adult Services. The home finder must also retain a copy of the results in the provider record.
9. If the relatives cannot meet the certification requirements as determined by the Homefinding Unit, or comparable agency staff of another state via Interstate Compact on the Placement of Children, the worker will report this finding to the court and ask for a reconsideration of the placement and remove the child from the home if already placed with the relative. If the court and/or the Multidisciplinary Treatment Team feel that this placement is in the best interest of the child, the child's worker may request that the court transfer legal custody of the child

from the Department to the relative at disposition. The family may apply for a TANF Child Only grant through the Office of Family Support. This would also provide the child with medical care. Prior to transfer of custody from the Department, all children in these placements will be considered eligible for all the services and protections of children who are in paid foster care placements.

10. If the relatives meet the certification requirements as determined by the Homefinding Unit, or comparable agency staff in another state via Interstate Compact on the Placement of Children, the Homefinder will enter the relatives in FACTS as a foster/adoptive home within three (3) business days of approval of the family or the child's worker forwarding the other state's approved home study and family's signed W-9.
11. If the child has not been placed with the relative prior to approval of the home, the child's worker shall arrange a date for the placement. The placement should occur in a timely manner following the intake or pre-placement visit. It is possible for the intake interview and pre-placement visit to occur on the same day as the placement. This is not appropriate in most situations and should only be utilized when absolutely necessary.
12. The child's worker will participate in the actual placement and will provide transportation for the child and his family.
13. The child's placement effective date will be entered in FACTS within three (3) business days of the placement. This will also generate a medical card for the child within a timely manner. In addition, this will also ensure that the child has an EPSDT Health Check screening scheduled within the five (5) day time frame required by the Sanders Consent Decree.
14. If the child was in foster care prior to this placement, the child's medical card is to be given to the relative foster/adoptive family in case medical services are required prior to the issuance of a card to the relative foster family for the child. If the child was not in foster care prior to this placement or the child's medical card cannot be located, the child's worker will provide the SS-FC-40 and SS-FC-40A to the caretaker for the child's emergency medical needs.
15. If one of the child's parents is not known to the Department, the child's worker will immediately initiate efforts to locate the absent or unknown parent as a possible placement resource for the child and to include that parent on all court documents.
16. The child's worker will notify the Office of Child Support Enforcement and the Office of Family Support of the child's placement in foster care if appropriate.

17. The child's worker shall assess the child's initial placement clothing needs and complete a written inventory of the child's personal belongings.
18. If the child is being placed outside his current school district, the worker must notify both schools of the child's new living arrangements within three (3) business days of the placement and arrange to have the child's school records transferred to the new school.
19. The child's worker will complete the Birth Parents Background Information merge form (SS-FC-12) and the Birth and Medical History of the Child merge form (SS-FC-12A) in FACTS within the first thirty days of the child's placement.
20. The child's worker will ensure that the foster parents purchase an appropriate life book for the child. The worker with the assistance of the relative foster/adoptive parents will gather pictures; drawings; vital information about the child's biological parents, siblings, extended family, pets; how the child was raised in terms of culture and religion; school information; family memories; etc. to be included in the child's life book that will follow the child through all foster care placements until he is released from the foster care system. It will be the responsibility of the child's worker to make sure that the child's life book is maintained and updated through each placement. These updates may be completed during Multidisciplinary Treatment Team meetings, family visits, between the biological parents and the relative foster family.
21. The child's worker will document all placement contacts in FACTS on the visitation log screen including progress reports and case staffings as appropriate.
22. If adjustment problems are anticipated by the child's worker, these are to be discussed with the foster parents at the time of placement.
23. The child's worker will document on the child's assessment screen in FACTS. Education information will be documented on the child's employment/education screen. Immunization and health information will be documented on the child's client characteristics screen in FACTS.
24. The child's worker will make sure that the child's SAFEKIDS PIX identification card has been provided to the foster parent at placement or that the process to obtain the child's SAFEKIDS PIX identification card has been initiated.

3.5 Sibling Placement

Purpose

State statute, §49-2-14(d) requires the Department to place siblings together when placing a child in foster care who also has siblings in care. Siblings are defined by §49-1-3 as “Children who have at least one biological parent in common or who have been legally adopted by the same parents or parent.”

Worker Actions

In all cases in which a child is to be placed, the worker must ask the child’s caretakers, at the time of placement, if they have other children in foster care or other children for whom their rights have been terminated. If so, the worker must do the following:

1. Notify the foster/adoptive parents of the sibling that this child is available for placement;
2. Discuss with the foster/adoptive parents their interest in caring for this child;
3. Refer the family to the Homefinding Unit, or ICPC if the family resides out of state, as soon as possible if the foster/adoptive parents agree to care for the child entering foster care;
4. Document in the child’s case record in FACTS the results of all contacts made to place children with their siblings and the reasons why siblings are not placed together on the permanency plan screen.

In cases of imminent danger it may not be possible to initially place a child with his or her siblings. Every effort must be made to reunite siblings who are in foster care unless such a placement would not be in the best interest of one of the children. In such a case, the child’s worker must ask the court to approve the separate placement of the siblings and judicially determine, based on clear and convincing evidence that it is not in the child’s best interest to be placed in the same foster or adoptive home as his siblings and for the court to therefore sanction the sibling separation.

If the child has siblings who have previously been placed in more than one foster/adoptive home, the worker will notify all the siblings’ foster/adoptive parents of the availability of the child. If more than one family indicates an interest in foster/adopting this child, the Multi-Disciplinary Committee will chose the family that is best able to meet the child’s needs.

3.6 Multi-Ethnic Placement Act

Enacted by Congress in 1994, the Multiethnic Placement Act (PL 103-382) as amended by the Interethnic Adoption Provisions in 1996 (PL 104-188) forbids

the Department from delaying or denying a foster/adoptive placement on the basis of the race, color, ethnicity, or national origin of the prospective foster/adoptive parent or the child involved. Therefore, race cannot be considered as a basis for which placement decisions are made.

A child may be placed either with foster/adoptive parents of the same race, color, ethnicity or national origin or with foster/adoptive parents of a different race, color, ethnicity, or national origin depending on the prospective parent's ability to meet the child's needs as identified in the child assessment. A parent's wishes on the placement of his child with a family of the same race, color, ethnicity, or national origin cannot be a determining factor for placement. Likewise, placement of a child with a relative must be based on the ability of the relative to meet the child's needs and not on the basis of the relative's similar race, color, ethnicity, or national origin.

3.7 Indian Child Welfare Act

Purpose

The Indian Child Welfare Act of 1978 (P. L. 95-608) requires children of families that have at-least twenty-five percent (25%) American Indian ancestry to be referred to the tribe in which ancestry is claimed for child welfare services.

Worker Actions

If a child is placed in the custody of the Department and the child or his family is claiming American Indian heritage the worker must do the following:

1. If American Indian heritage is uncertain or the American Indian tribe is not known, the worker must review the record and discuss the child's background with the parents to try to discover the heritage of the child.
2. If the child's background is still unknown, the child's worker must document this information in the child's record on the client information screens in FACTS and that Indian heritage is spurious and/or a tribe cannot be located that can determine if the child is a member of that tribe or eligible for membership in the tribe.
3. If a Tribe is identified and American Indian ancestry has been documented that determines the child has at least twenty-five percent (25%) American Indian blood, the worker must contact

that tribe to determine if the child is a member of the tribe or if the child is eligible for membership of the tribe.

4. If several tribes are suspected and American Indian ancestry has been documented that determines the child has at least twenty-five percent (25%) American Indian blood, contact must be made with each tribe to determine if the child falls under the Indian Child Welfare Act. Because there are no recognized American Indian tribes in West Virginia, it will be unlikely that a child is a member or is eligible for membership in a tribe. Nevertheless, the child's worker must document that a suspected tribe has been contacted to determine tribal membership.
5. Once a tribe has determined that the child is not a member nor eligible for membership, this response must be documented in the child's record.
6. If a tribe responds that the child is eligible for membership, the child's worker must request application forms. The child's parents must be contacted and the membership in the tribe explained to them.
7. If the parent enrolls the child in the tribe's membership, the child's worker must refer the case to that tribe's tribal court if the tribe has exclusive jurisdiction over child welfare matters.
8. The child's worker must contact the U. S. Department of Indian Affairs' Bureau for Indian Affairs to determine if the tribe has child welfare jurisdiction.

3.8 Multi-Disciplinary Treatment Team

A multidisciplinary treatment team (MDT) is a group of individuals, from different disciplines, who work together with the child(ren) and family to develop a service plan and coordinate services. An MDT becomes the central point for decision making and concurrent planning during the life of a case. The Child, Youth and Family Case Plan is developed by the MDT, therefore the child(ren) and family's participation is vital throughout the process. Any person or professional who may contribute to the team's efforts to assist the family and child(ren) must be notified and invited to participate in the MDT, **but extra attention must be placed on encouraging the child(ren) and family to participate in the MDT process.** The policy for the MDT process for Youth Services and Child Protective Services will differ slightly.

The purpose of the multidisciplinary system is to:

- * assist courts in facilitating permanency planning following the initiation of judicial proceedings;
- * recommend alternatives to the court including types of services and types of placements, if any; and,
- * coordinate evaluations and the provision of services

3.81 Membership of the MDT

Each treatment team shall be convened and directed by the child's or family's case manager. The treatment team shall consist of the child's custodial parent or parents, guardian or guardians, other immediate family members, foster/adoptive parents, the attorney or attorneys representing the parent or parents of the child, the guardian ad litem, the prosecuting attorney or his or her designee, a court appointed special advocate (CASA) in counties where they exist, an appropriate school official and any other person or an agency representative who may assist in providing recommendations for the particular needs of the child and family.

Home Finding staff must be invited to the treatment team meetings to assist the team with placement decisions.

Adoption staff must be made a member of the MDT when termination of parental rights (TPR) has occurred and the child is available for

adoption. Adoption staff must be invited to attend treatment team meetings when discussing adoption for a child prior to TPR to assist the team with concurrent planning and the adoption process.

Foster parents must attend the MDT meetings.

The child may participate in multidisciplinary treatment team meetings if such is deemed appropriate by the multidisciplinary treatment team.

Adult Service staff must be invited to the treatment team meetings for all children age seventeen (17) years or older to plan for continued adult support if necessary.

3.82 Establishment of Multi-disciplinary Treatment Team Meeting After Custody

A Multidisciplinary Treatment Team must be established and convened when a judicial proceeding has been initiated involving abuse and neglect allegations in CPS cases or when a child/youth enters custody through a delinquency or status offense proceeding.

1. The MDT must be established and/or convened within thirty (30) days after the petition has been filed or the child/youth enters custody. The MDT must be scheduled as soon as the child/youth enters care to assure that all team members' schedules are accommodated. The MDT must be held within the family's county of residence to assure the input from team membership and to assure the family's involvement. *(When a CAPS Facility is involved, the CAPS Coordinator will be responsible for initiating the Multidisciplinary Treatment Team process for the child/youth including scheduling and convening the MDT meeting.)*
2. If the comprehensive assessments are not completed within the 30-day period, the MDT must be held to develop a service plan based on the information available. Another MDT must be held as soon as possible, for the purpose of modifying the service plan based on information contained in the completed assessments. Every effort must be made to develop the comprehensive service plan within the time frames as specified by Statute. Documentation, on the MDT screen in FACTS, of those instances when the assessments are not completed should include a reference to circumstances that prevent completion of the

assessments and expected time frames for the completion of the assessments. *(When a CAPS Facility is involved, the CAPS Coordinator will still be responsible for scheduling and convening this second MDT meeting, after the assessments are completed.)*

3. The members of the MDT must be properly notified at least fifteen (15) days prior to the MDT meeting by printing the Notification of MDT letters from FACTS. **Special attention must be given to the family's involvement in the MDT process.** The family must be encouraged to participate in the MDT, which can be accomplished through a family conference prior to the MDT meeting. The family must be ensured transportation to attend the MDT meeting.
(When a CAPS Facility is involved, the CAPS Coordinator will provide written notification for the MDT to all MDT members and provide copies of the notifications to the Department worker. The CAPS Coordinator and Department worker will encourage the family to participate in the MDT process through a family conference meeting prior to the MDT meeting. This conference must include the CAPS Coordinator, Department Worker and all family members including the child. The Department worker is responsible for ensuring that the family has transportation to attend the MDT meeting.)

4. Sufficient information to thoroughly and comprehensively assess the child's and family's social, emotional, environmental, physical, educational, domestic violence, substance abuse and financial strengths and needs must be provided at the MDT meeting to develop the comprehensive, individualized case plan for the child and family. This information will be utilized in the Child, Youth and Family Case Plan.
(When a CAPS Facility is involved, the CAPS Coordinator will assure that all assessments for the child/youth and family are completed prior to the MDT. The CAPS Coordinator will analyze and interpret the information from the assessments and provide a comprehensive report to the MDT detailing the child/youth and family strengths, conditions which must change, cause of the conditions, risk influences, and potential barriers to change for the development of the case plan. The CAPS Coordinator will also provide the MDT with recommendations for placement (in-home or out-of-home), which are appropriate for the child/youth. Copies of the

assessments completed by the CAPS Facility and the comprehensive report will be provided to the Department worker at the MDT)

5. The child's Department worker will be responsible for chairing the MDT, keeping and distributing records, collecting and destroying copies after the meeting, convening ongoing meetings, developing the report for the court and for identifying and overseeing all service provision.
6. All MDT participants must sign a confidentiality statement at each meeting. The child's Department worker will maintain an MDT signature sheet in the case record. ****Note: The Department worker must print the List of MDT Participants from Merge Forms to use as the confidentiality statement, until the form has been revised. This form can be modified to add additional team members as they participate in the MDT process.***
7. The child's Department worker will enter the MDT information into the MDT FACTS screen in the child's record.

3.83 Child's Case Plan

The Multidisciplinary Treatment Team is established to meet State and Federal requirements for children in the custody and care of the State. The following is information that the MDT must gather, discuss and include in the Child's portion of the Child, Youth and Family Case Plan:

1. The requirements of the family case plan where applicable;
 2. A description of the type of home or facility where the child is to be placed;
 3. A discussion of the safety and appropriateness of the placement;
 4. A discussion of whether the placement is the least restrictive (most family-like) available
- ;
5. A discussion of whether the placement is in the closest proximity to the parent's home.

6. A discussion of whether the child is placed a substantial distance from the home of the parents or in a different state, why the placement is in the best interest of the child;
7. A description of how the child will receive safe and proper care in this placement;
8. A description of the services that are to be provided to the parents, child and foster parents in order to improve the conditions in the parents' home to facilitate the return of the child to his home or to secure a permanent placement for the child;
9. A discussion of the services which will be provided to the child while in foster care in order to address the specific needs of the child;
10. A discussion of the appropriateness of the services that have been provided to the child;
11. A listing of the child's siblings and their locations and the date of the court order sanctioning separation, if applicable;
12. A description of the parents' ability to contribute to the cost of placement;
13. The recommended visitation plan;
14. Documentation of the efforts to ensure that the child is returned home within the approximate time lines set out in the plan;
15. Documentation of the concurrent efforts to achieve permanency should the services designed to achieve reunification not be successful;
16. If return home is not the permanency plan for the child then the case plan must state why reunification is not appropriate and specify in detail the alternative placement for the child including approximate time lines for when such placement is expected to become a permanent placement;

17. In the case of a child whose permanency plan is adoption or placement in another permanent home, documentation of the steps being taken to find a permanent living arrangement including child specific recruitment efforts;
18. A written description of the programs and services which will help children age fourteen (14) and older prepare for the transition from foster care to independence; and
19. Documentation of the child's health and education background and progress including all medical appointments, counseling, IEPs, school conferences, etc.

3.84 Family Case Plan

Another expectation of the MDT is to develop the Family portion of the Child, Youth and Family Case Plan. The following is a list of requirements for the Family's Case Plan:

1. A listing of specific, measurable, realistic goals to be achieved;
2. An arrangement of goals into an order of priority;
3. A listing of the problems that will be addressed by each goal;
4. A specific description of how the assigned caseworker or caseworkers and the parent, guardian or custodian will achieve each goal, when applicable;
5. A description of the departmental and community resources to be used in implementing the proposed actions and services;
6. A list of the services, including time-limited reunification services as defined in section three, article one of this chapter, which will be provided;
7. Time targets for the achievement of goals or portions of goals;

8. An assignment of tasks to the parent, guardian or custodian, to the caseworker or caseworkers and to other participants in the planning process, when applicable;
9. A designation of when and how often tasks will be performed; and
10. The safety of the placement of the child and plans for returning the child safely home.

3.85 Conclusion of Multi-disciplinary Treatment Team Meeting

Concluding the MDT properly is a very important piece of the process. During this phase of the meeting the Department worker will need to maintain control of the meeting to ensure that the results of the meeting are properly documented, the next meeting has been scheduled, and all issues have been resolved or a plan to resolve them has been developed.

Worker Actions

1. The Department worker will document the results of the MDT on the MDT report. This report will also include a place for all individuals to sign that they participated in the MDT and that they agree with the MDT report. ****Note: The Department worker will continue to utilize the MDT report that they are currently using until the MDT report is revised and released to the field.***
2. The Department worker will attempt to settle all disagreements prior to the MDT conclusion. The MDT report may contain different opinions. The Department worker is responsible for documenting the different opinions in the report as they were stated at the MDT and representing these to the court.
3. The Department worker is responsible for collecting all copies of assessments or other documents concerning the child and family that were shared with the members of the MDT. These copies must be properly destroyed to ensure the confidentiality of the child and family.
4. The Department worker will schedule the next MDT meeting prior to the conclusion of the meeting. (The meeting must be held within 90 ninety days.)

5. The Department worker will develop the Child, Youth and Family Case Plan utilizing the information presented at the MDT, held after the child enters custody. This case plan must be completed within the first 60 days of the child entering custody as specified in the Foster Care Policy.

3.86 Documentation/Reporting Process

Regardless of the way a child enters care, a Child, Youth and Family Case Plan must be developed and documented in FACTS within sixty (60) days of the date the child entered care. In child abuse and neglect proceedings, the plan is also filed with the court within thirty (30) days of the entry of an order granting an improvement period and/or five (5) days prior to a dispositional hearing.

A. Youth Services

When a child enters foster care through Youth Services, all Youth Services case plans and assessments will be documented and filed with the court as appropriate. A copy of the case plan must be provided to all members of the MDT. Throughout the casework process and the court proceedings, the plan may change and modifications should be made in appropriate records and distributed to all members of the MDT.

B. Voluntary Placement

When a child enters foster care through a voluntary placement, the Case Plan will be developed by completing the Child Assessment SS-FC-119A and Social Services form SS-FC-3.

In completing SS-FC-119A and SS-FC-3, the worker must address all required information for the child's portion of the Child, Youth and Family Case Plan in order to fulfill federal requirements for case planning.

C. Child Protective Services

The Child, Youth and Family Case Plan contains the information necessary to fulfill the state requirements in child abuse and neglect proceedings for a Child's Case Plan and a Family Case

Plan as well as the federal requirements for case planning. It also serves as the Case Plan which is to be used with the Multidisciplinary Treatment Team in assessing, planning and implementing a comprehensive, individualized services plan.

For CPS cases, various screens have been developed in FACTS to capture all of the required information necessary for the plan such as the screens associated with Case Plans, Removal, Placement, Client Information and Court. These screens should be completed by the CPS worker in FACTS as part of the Family Assessment and Treatment Planning and foster care policy requirements.

The Child, Youth and Family Case Plan is a DDE report in FACTS. When this report is accessed, it is printed into Word Perfect. In CPS cases, this plan will be populated by pulling information previously gathered and entered by the worker throughout the casework process.

Once the plan is in Word Perfect, the worker may tailor it to the specific case by adding information and narrative, or by deleting anything that is not applicable to the case. An electronic copy of the report must be placed in the FACTS file cabinet. A paper copy must be printed to be filed with the court and provided to all members of the MDT.

Throughout the casework process and court proceedings, any changes or modifications made to the Plan should also be documented in FACTS and distributed to all members of the MDT

3.87 Multi-disciplinary Treatment Team Meetings ~ Disrupted Placements

A child's placement may disrupt during the child's stay in foster care or a foster/adoptive placement due to many different factors such as the child's behavior problems, the facility not being able to meet the child's needs, the foster parent requesting the removal of the child or the foster home being closed due to noncompliance issues. When a disruption occurs the child is often moved around due to a lack of planning for an

appropriate placement. The MDT must play a vital role when a child experiences a disruption from a placement. It is important for workers to understand that convening an MDT as soon as possible to determine the best possible placement for the child is in the child's best interest and will result in fewer disruptions in the future for the child.

Worker Actions

1. When a disruption occurs or is about to occur, the MDT must be convened within (7) seven working days of the disruption or the notification that the placement is going to disrupt. ***(When a CAPS facility is involved, the CAPS Coordinator will convene the MDT)***
2. The MDT must be provided with the most current assessments completed on the child and family, any information concerning the disruption, possible placement resources for the child, and any other information that could assist the MDT in planning for the child. ***(When a CAPS facility is involved, the CAPS Coordinator will provide the above-mentioned information to the MDT)***
3. The MDT will determine the need for further assessments or reassessment for the child and family, any changes that need to be made to the Child, Youth and Family Case Plan and an appropriate placement for the child. ***(When a CAPS facility is involved, the CAPS Coordinator will provide the MDT with recommendations as to possible placements (in-home or out-of-home) for the child, needed changes to the Child, Youth and Family Case Plan and any further assessments or reassessment needed for the child and family.)***
4. The MDT will follow the format for ongoing MDTs in relation to confidentiality statement, review and revision of the Child, Youth and Family Case Plan, reporting to the court, documentation of the MDT's report and scheduling future meetings.

3.88 On-Going Multi-disciplinary Treatment Team Meetings

Multidisciplinary Treatment Teams must continue to meet on a continuous basis until permanency has been achieved for the child. (Finalized adoption, guardianship, re-unification, emancipation) State

Statute requires the court to hold regular judicial reviews at least once every ninety (90) days to review the child's case plan with the MDT in attendance. This will require the MDT to also meet at least once every ninety (90) days prior to the court hearing. The Department worker is responsible for chairing and convening all ongoing MDTs.

The MDT must be held within the family's county of residence to assure the input from team membership and to assure the family's involvement. Special attention should be placed on engaging the family and the foster parents in the MDT process.

Worker Actions

1. MDT meetings must be held at least once every ninety (90) days to review and revise, if needed, the Child, Youth and Family Case Plan until permanency has been achieved for the child. Following this review, a written report of the results is to be provided to the court. This will be the document used to review the case at the permanency placement review hearings and judicial review.
2. The members of the MDT must be properly notified in writing at least fifteen (15) days prior to the MDT meeting, by printing the Notification of MDT letters from FACTS. Special attention must be given to the family's involvement in the MDT process. **The family must be encouraged to participate in the MDT meetings.**
3. All MDT participants must sign a confidentiality statement at each meeting. The Department worker will maintain an MDT signature sheet in the case record. ****Note: The Department worker must print the List of MDT Participants from Merge Forms to use as the confidentiality statement, until the form has been revised. This form can be modified to add additional team members as they participate in the MDT process.***
4. The child's foster parents or provider will provide a quarterly "Out-of-Home Observation Report" to the MDT which must include a report on the progress of the child, any changes in the child's case, an evaluation of the services provided to the child and his family, the status of the child's health and education, and any other relevant information for each month the child has been

in placement with the provider. **Foster Parents must be encouraged to participate in the MDT meetings.**

5. Adult Service staff should be invited to the treatment team meetings for all children age seventeen (17) years or older to plan for continued adult support if necessary.
6. Homefinding staff should be invited to the treatment team meetings to assist the team with placement decisions.
7. Adoption staff must be made a member of the MDT when termination of parental rights (TPR) has occurred and the child is available for adoption. Adoption staff should be invited to attend treatment team meetings when discussing adoption for a child prior to TPR to assist the team with the adoption process.
8. The MDT meetings should also be used to meet other necessary case review requirements such as the administrative review.
9. The Department worker will follow the actions required under “Conclusion of MDT Meeting.”
10. The Department worker will enter the MDT information into the MDT FACTS screen.

(The worker must always apply the Multidisciplinary Team Policy in conjunction with the Court Rules of Procedure for Child Abuse and Neglect Proceedings and all other applicable Foster Care, Child Protective Services and Youth Services Policies.)

3.9 Permanency Planning

As part of the Child, Youth and Family Case Plan, the Multidisciplinary Treatment Team is required to develop a permanent plan for the child that includes the specific actions required for the child to achieve his plan, time lines for these actions, services necessary, agencies/providers responsible for providing these services, etc.

There are several factors that can affect the success or failure of a permanency plan. These include the following:

1. Extended stays in out of home care can have negative and lasting developmental effects on child development.
2. Multiple placements decrease the likelihood of a child achieving his permanency plan.
3. Children placed close to their own family and communities are more likely to have parent visitation and a return home.
4. Parents who visit regularly are more likely to be reunited with their children.
5. Children who remain in foster care longer than twelve to eighteen months are less likely to return home.

The federal government acknowledges only four primary permanency options for children in foster care:

1. Reunification
2. Adoption
3. Legal Guardianship
4. Placement with a fit and willing relative (kinship care)

3.10 Concurrent Planning

Concurrent planning supports intensifying and expediting efforts to achieve permanence for a child within one (1) year - a time frame that reflects a child's sense of the passage of time. Concurrent planning safeguards opportunities for secure childhood attachments by safely building a stronger bond between the child and birth parent through reunification efforts, or by supporting the tie between the child and the caretaker through relative care, adoption or legal guardianship when appropriate.

Effective use of concurrent planning allows the child to have an alternative permanency option that is being worked on at the same time as efforts are made to achieve the primary permanency plan for the child. **All children whose permanency plan is reunification must have a concurrent permanency plan.** For other children, concurrent planning should be utilized in an effort to expedite the achievement of permanency for these children. Concurrent planning has several practices that are designed to make cases move quickly through the foster care system until permanency is achieved. Some of these primary objectives include the following:

1. Everyone involved in the child's life must attend the Multidisciplinary Treatment Team meetings where the child's case will be discussed in a forthright, honest manner.
2. The services identified for the child's parents as part of the Child, Youth and Family Case Plan must be appropriate, intensive and directly address the reasons the child was removed from the home.
3. Full disclosure of information to birth families early in the planning process regarding the importance of their regular involvement in planning for the return of the child, their rights and responsibilities, and the legal consequences of inaction by the child's parents or continued inappropriate behavior must be stated to the child's parents in a manner that they understand.
4. The child should be placed in the most family-like placement appropriate to meet the child's needs. If possible, the child should be placed in a foster/adoptive home that is willing to help facilitate reunification with the child's family while also willing to become a permanent placement for the child if reunification efforts do not work.
5. Frequent visitation with birth parents is vital as long as the child's safety can be assured.
6. Aggressive searching for absent or non-custodial parents and addressing all paternity issues such as blood tests, child support, etc, within the first three (3) months of placement.
7. Search, within the first three (3) months of placement, for appropriate relatives who might have an interest in caring for the child.
8. The use of an assessment of the birth family's strengths, needs and current/past problems to assist the child's worker in determining the risk of foster care drift and in identifying a foster home to best meet the child's needs. The worker should complete the SS-FC-12 within 30 days of a child coming into the Department's custody.
9. Conduct frequent and substantive case reviews that carefully assess the efficacy of services being provided to assist the family

to achieve the case plan goals and modify the case plan as required.

10. The ability to mobilize a reluctant family by confronting birth parents' ambivalence and indecision - not allowing the crisis to paralyze case planning and decision-making.
11. A respect for the sense of time of young children because separations and relationship disruptions in the early months and years of life interfere with the younger child's initial capacity to learn how to trust and form secure attachments with adults.

3.11 Title IV-E Eligibility/Reimbursability

Title IV-E of the Social Security Act is a federally funded program which provides fiscal support on behalf of individual children in foster/adoptive placements who are determined eligible to receive Title IV-E benefits, and who, among other factors, would have been eligible for AFDC benefits, as determined by the July 1996 standards for the program, had they remained in their own homes. A review of each child coming into foster care must be conducted by the Resource Development Unit to determine the child's eligibility for Title IV-E funds. When a child is determined to be eligible and reimbursable for Title IV-E funds, the Department is reimbursed a percentage of the expenses incurred in providing room, board and supervision to the foster child. In addition, the Department is also reimbursed for a percentage of the administrative costs of the foster care program and training costs for staff.

Eligibility for Title IV-E is established at the time a child enters the care and custody of the Department. Within thirty (30) days of the child entering foster care, the child's worker will document in FACTS the child and family specific information necessary to make a Title IV-E determination as outlined in the FACTS Title IV-E Desk Guide.

Upon entering care, the child will automatically be assigned to the Resource Development Unit for a Title IV-E eligibility determination. The Resource Development Unit will contact the child's worker to request information necessary for determination:

1. The initial petition alleging child abuse and/or neglect resulting in a removal court order, if the child is in care because of child abuse and neglect. In the case of an emergency removal in which the petition is filed after the removal, the ratification of the removal will be required;

2. The initial court order resulting in the physical removal of the child from the home, if the child is in care due to child abuse/neglect or youth services;
3. The voluntary placement or relinquishment agreement if the child is placed into foster care by his parent.
4. A copy of the child's birth certificate and Social Security Card.

(Refer to the FACTS Desk Guide for more information about the Title IV-E determination process.)

SECTION 4
PERMANENCY OPTIONS

4.0 Permanent Placement Options

4.1 Re-unification

For all children under sixteen (16) who enter care through juvenile proceedings, children who are placed in foster care through voluntary placement agreements, and those children who have been in foster care due to child abuse or neglect proceedings for less than fifteen (15) months whose parents have not committed aggravated circumstances, reunification should be considered the primary permanency plan.

In order to facilitate reunification efforts, the Multi-disciplinary Treatment Team must identify and/or develop specific and individualized services to help the family address the issues that brought the child into foster care. Such services may include, but are not limited to:

1. Family support groups
2. Individual, group or family counseling
3. Parenting education
4. Mental health services
5. Substance abuse treatment services
6. Assistance to address domestic violence
7. Structured visitation
8. Career training/job placement services
9. Homemaking/chore services
10. Family focused therapy

Facilitating frequent and structured visits between the child and his parents is the most critical element to successful reunification. The child's foster parents should be utilized as resources and mentors for the child's biological parents. In order for reunification efforts to be productive, services and activities should be a collaborative effort between the biological parents, foster parents, the child's worker, and the other members of the Multi-disciplinary Treatment Team. The child's worker should fully disclose the rights, responsibilities, expectations, options, and consequences of the reunification plan to the child's biological family as well as the entire Multi-disciplinary Treatment Team.

4.2 Kinship/Relative to Adoptive Care

Placement with a fit and willing relative, in and of itself, does not necessarily provide a child in foster care with permanency. Every child in the custody of the Department deserves to have a home that gives the child a sense of security

and belonging while also providing the caretaker with the tools and resources necessary to meet that child's individual needs. Kinship care can provide a child with permanency as well as providing the relative with the financial, medical and legal assistance necessary to raise the child to maturity through three (3) separate avenues.

4.21 Grandparents' Rights

According to the State Code, §49-3-1 (3), for purposes of any placement of a child for adoption by the department, the department shall first consider the suitability and willingness of any known grandparent or grandparents to adopt the child. Once any such grandparents who are interested in adopting the child have been identified, the department shall conduct a home study evaluation, including home visits and individual interviews by a licensed social worker. If the department determines, based on the home study evaluation, that the grandparents would be suitable foster/adoptive parents, it shall assure that the grandparents are offered the placement of the child prior to the consideration of any other prospective foster/adoptive parents.

4.22 Relative Adoption

The relative foster parent may elect to adopt the child placed in his home. This option allows the relative caretaker to become the legal parent of the child and receive all the benefits of legal custody. The relative may also receive a monthly maintenance adoption subsidy to assist with the additional expense of caring for the child. A medical card that covers the child's physical and mental health care needs is also available to the relative caretaker who adopts the child. In addition, a subsidy is available that covers one-thousand dollars (\$1,000.00) of the legal expenses incurred by the relative in adopting the child.

4.23 Legal Guardianship

The relative foster parent may elect to become the legal guardian of the child placed in his home. This option allows the relative caretaker to become the legal custodian of the child and receive all the benefits of legal custody. The relative may also receive a monthly maintenance legal guardianship subsidy for the child to assist the caretaker in covering the additional expenses of raising the child. A medical card that covers the child's physical and mental health care needs is also available to the relative caretaker who enters into a legal guardianship agreement for the child. In addition, a subsidy is available that covers

one thousand dollars (\$1,000.00) of the legal expenses incurred by the relative to cover attorney fees for the legal guardianship proceedings.

4.24 Transfer of Custody

If a relative is unwilling to become a foster/adoptive parent, or does not meet the requirements to become a foster/adoptive parent or legal guardian, the Department may elect to ask the court, at a dispositional hearing, to transfer legal custody of the child to the relative. This option does not provide the relative caretaker with any financial or medical support for the child. The relative may elect to receive TANF benefits for the child which also provides a medical card to cover the physical and mental health for the child. This transfer option may only be utilized under the following conditions:

1. Reunification, adoption and legal guardianship have been ruled out as possible permanency options for the child;
2. The child's worker has explained all the benefits of adoption and legal guardianship to the relative foster parent who decides not to pursue these options; or
3. The relative caretaker cannot meet the requirements necessary to become foster/adoptive parent or legal guardian;
4. The Multidisciplinary Treatment Team and the Court determine that this placement is in the best interest of the child and the relative is able to provide an appropriate and safe permanent home for the child.
5. The child's worker will request that the court transfer custody of the child to the relative caretaker at the dispositional hearing.

4.3 Adoption

Adoption is a way of providing security for, and meeting the developmental needs of, a child by legally transferring ongoing parental responsibility for the child from the birth parents to adoptive parents. Section §49-2-1 gives the Department the responsibility to provide child welfare services and to accept guardianship of children and consent to their adoption. In order for the Department to have the right to place a child for adoption and later give formal consent to his adoption, the Department must obtain legal guardianship of the child. This may occur through the termination of parental rights to the child either through a voluntary relinquishment or through a court order. The parental rights shall not be terminated if a child fourteen (14) years of age or older or otherwise of an age of discretion as determined by the court objects to such termination. The decision to pursue adoption as a permanency option should be

made by the Multidisciplinary Treatment Team which should include the child's worker, the supervisor, the private agency staff if any, the child, the child's foster parents, the regional adoption specialist and/or supervisor, and the Guardian Ad Litem.

Within the Child, Youth Family Case Plan, filed with the court prior to disposition, the child's worker must recommend adoption as the permanency plan for the child and detail the steps necessary to achieve permanency.

The Multidisciplinary Treatment Team should also act as the permanent placement review committee to monitor the implementation of the permanency plan for the child and report on the progress and developments in the case every three months until the child's adoption is finalized.

If an order of sibling separation has not been previously entered and the Child, Youth, Family Case Plan includes placement of a child in a placement separate from his or her siblings, the worker must secure a court order which finds that it is in the best interest of the child not to be placed in the same home as his or her sibling. The order must be documented on the Hearings Outcome, details screens, and document tracking in FACTS.

If not already completed, the child's worker must complete the Birth Parents' Background Information form (SS-FC-12) (*see section 3.4, # 19 and 3.10 # 8*) and the Birth and Medical History of the child form (SS-FC-12A) in FACTS. The worker must also obtain a certified copy of the birth parent's birth certificates and death certificates, if applicable.

4.4 Legal Guardianship

Legal guardianship is the permanent transfer of legal responsibility for a child in state custody to a relative or person other than his or her parents. Termination of parental rights is not necessary for this to occur.

4.41 Criteria for Legal Guardianship Permanency Plan

Legal guardianship should be considered for a child when the following conditions have been met:

1. The permanency goals of reunification and adoption have been ruled out by the Multidisciplinary Treatment Team for the child and the reasons are documented in the case record.
2. The child has resided with the prospective non-relative guardian for at least six (6) months immediately prior to establishing legal

guardianship. There is no time limit when the caretaker is related to the child.

3. The child must be at least twelve (12) years old if he or she is in the home of an unrelated caretaker. There is no age limit when the caretaker is related to the child.
4. The best interest determination must be documented in the child's case plan.
5. The child must have a strong attachment to the prospective legal guardian and the guardian must have a strong commitment to the child.
6. The child, if twelve (12) years of age or older, must consent to the legal guardianship arrangement.

For a child who does not meet these eligibility requirements for legal guardianship, the child's worker will work with the Multidisciplinary Treatment Team to develop an appropriate alternative permanent living arrangement to be included in the child's portion of the Child, Youth and Family Case Plan.

4.42 Custody Transfer Consent

For a child who meets the criteria for legal guardianship, the child's worker must assess the appropriateness of the case for this permanency plan. The child's worker will do the following:

1. The decision to pursue subsidized legal guardianship as a permanency option should be made by the Multidisciplinary Treatment Team which should include the child's worker, the supervisor, the regional adoption supervisor, prospective legal guardian, the child, the biological parents, and the Guardian Ad Litem.
2. Within the Child, Youth and Family Case Plan, filed with the court prior to disposition, the child's worker must recommend legal guardianship as the permanency plan for the child and detail the steps necessary to achieve permanency.
3. The worker will request an updated home study from the Homefinder if one has not been done within the past year or initiate the Interstate Compact on the Placement of Children process if the prospective legal guardian resides in another state.

4. The Multidisciplinary Treatment Team should also act as the permanent placement review committee to monitor the implementation of the permanency plan for the child and report on the progress and developments in the case every three months until the child's permanent placement is achieved.
5. A child may be considered for legal guardianship even though it is not the permanency goal for all children in a sibling group. If an order of sibling separation has not been previously entered and the Child, Youth, Family Case Plan includes placement of a child in a legal guardianship separate from his or her siblings, the worker must secure a court order which finds that it is in the best interest of the child not to be placed in the same home as his or her sibling. The order must be documented on the Hearings Outcome and the details permanency plan screens in FACTS.
6. In order for custody of a foster child to be transferred to a legal guardian, the Department must consent to the transfer of legal custody. The child's worker must request consent from the Regional Director or designee for the transfer of custody from the Department to the prospective legal guardian. The signed copy must be included in the child's paper record and reflected in Document Tracking in FACTS.

4.43 Subsidized Legal Guardianship

It is the responsibility of the child's worker to determine the child's eligibility for subsidized legal guardianship and to inform the interested caretaker of the child's eligibility. If the caretaker requests to receive subsidy benefits to aid in providing for the present and/or future needs of the child, the child's worker will complete a Subsidized Guardianship Application form in FACTS. This subsidy application must be completed, approved and an agreement signed by the legal guardian before the transfer of custody is finalized. After guardianship has been legally transferred, a new agreement for subsidy cannot be negotiated. If an eligible child has no immediate need for a subsidy, the legal guardian should be encouraged to at least enter into a deferred agreement to provide for the consideration and protection of the child's future needs. The following types of subsidy are available for an eligible child:

1. A one-time only payment, not to exceed one thousand dollars (\$1,000.00) per child, is available to cover legal fees, transportation costs, home study fees and other expenses related to the transfer of legal guardianship of a child in state custody.

All invoices/receipts for these funds must be collected and combined with the first monthly maintenance payment to the legal guardians.

2. The Department may assume financial responsibility for certain services the child may need in the future. Anyone providing special services under this deferred subsidy must be set up as a provider through the ASO system. Payments will be made directly to the provider upon receipt of invoices. Services offered will be only those services which are part of the Adoption Preservation Services through the ASO.
3. Planning for the child's medical subsidy shall include a review of any health insurance or medical coverage available to the child through the prospective legal guardian's insurance/medical coverage. To the fullest extent possible, the child will be included under the legal guardian's health insurance. Medical benefits as provided under Title XIX of the Social Security Act, (Medicaid) will be available to an eligible child who qualifies for subsidized legal guardianship through the issuance of a medical card based on this review. Medical and health services for children residing out-of-state will only be available from a West Virginia approved Medicaid provider.
4. The caretaker of an eligible child may receive an ongoing monthly cash payment in an amount not to exceed the established West Virginia family foster care rate, which is currently six hundred dollars (\$600.00). If the child resides with specialized foster care parents, the monthly subsidy would be the rate paid to the specialized foster parents by the child placing agency not the per diem paid by the Department to the agency. The monthly subsidy amount will be reduced by the amount of any federally funded, statutory or other support benefits for which the child is eligible. The subsidy may be paid on a monthly basis until the child is age eighteen (18) or the child is emancipated. However, the child and/or guardian may request from the Adoption Assistance Program Specialist to extend the subsidy beyond the child's eighteenth (18th) birthday if the child continues to attend an educational or training program. Because subsidized legal guardianship cases are not Title IV-E eligible, the subsidy agreement will continue if the guardian lives in or moves to a state other than West Virginia. However, if the child

moves to another state, he or she may not be covered under the new state's Medicaid program.

5. Former foster care youth who are placed in legal guardianship may be eligible to receive Chafee Education and Training Vouchers in the amount of \$5,000 per 12 month period to assist with the costs of higher education or vocational training. (See Section 11.7 for further information)
6. The child's worker will enter the type and amount of the subsidy in the appropriate screens in FACTS. The provider must be in FACTS and linked to the child on the legal guardianship screen.
7. The child's worker will generate the Subsidized Legal Guardianship Application (SLAG) report and the Subsidized Legal Guardianship Agreement (SLG0610) from FACTS and obtain the legal guardian's signature. There must be three original Subsidized Legal Guardianship Agreements signed by the legal guardian, who is requesting to be the child's permanent caretaker. The worker will update Document Tracking in FACTS.

4.44 Custody Transfer

Worker Actions

1. The child's worker will submit the subsidy application, all original agreements, and the Release and Consent of Guardian to the supervisor for review.
2. Once the legal guardianship documents are approved by the supervisor, the legal guardianship documents are sent to the Regional Director or designee for review and approval. If additional information is requested by the Regional Director or designee the worker will provide the information within a reasonable time frame.
3. After the legal guardianship documents are approved by the Regional Director or designee, he/she will sign all the attached applications, agreements, and consents. The Regional Director or designee will send the signed documents back to the worker. The worker will update Document Tracking in FACTS. The worker

will enter the signature date in FACTS and proceed to the court hearing process.

4. Court action is then necessary to transfer custody of the child from the Department to the legal guardian. The prospective legal guardian's attorney will petition the court to request the change in legal custody of the child.
5. A copy of the legal guardian's home study, a copy of the child's post-termination placement plan, any termination of parental rights documentation, original signed agreement and an original signed consent must be submitted to the attorney for the prospective legal guardian for filing with the petition.
6. The child's worker will ensure the prospective legal guardian, the child, the child's biological parents if TPR has not occurred and the child's attorney are notified of the date and location of the hearing.
7. At the hearing, the court will determine whether to grant the request for transfer of custody. The child's worker must attend the hearing and be prepared to respond to questions or requests for information from the presiding judge. The prospective legal guardians must also be present at the court hearing.

4.45 Documentation

Worker Actions

1. After the hearing, the child's worker will provide the legal guardians with one original signed agreement, a certified copy of the court order, and the child's original birth certificate.

2. After obtaining the court sanction of the legal guardianship placement, the child's worker will enter the date of the court order on the legal guardian screens and court screens in FACTS and request approval of the Regional Director or designee. The Regional Director or designee will then approve the request and FACTS will automatically populate the start date of the subsidy.
3. The child's worker will complete all necessary recordings within five (5) working days from the date the court hearing was held.
4. The legal guardian must provide the child's worker with all invoices or receipts to initiate payment for the one-time only expenses related to the transfer of legal guardianship. The payments will be entered in FACTS on the Subsidized Legal Guardianship screen.
5. If the child has a special account for unearned benefits such as SSA or SSI, the child's worker will notify the Financial Clerk and the appropriate agency that the transfer of guardianship has occurred and that a new representative payee should be appointed. The child's worker must close the child's client account if there is a current balance.

4.46 Review Process/Records Management

Worker Actions

1. Sixty days prior to the date of the guardianship consummation, the Subsidized Guardianship Annual Review form (SLG0608) containing the terms of the agreement, conditional services, and space to list the child's additional needs will be generated through FACTS. The child's worker will send this form to the legal guardian(s) as a self-declaratory review of eligibility and need for continued subsidy assistance. (FACTS will generate a tickler to notify the worker 60 days prior to the due date of the Annual Review.)
2. A cover letter with instructions for completing the form and explaining the deadline for the return will be sent with the review form.
3. The legal guardian must notify the child's worker of the following changes:
 - A. The child is no longer the legal responsibility of the guardian;

- B. The child no longer requires assistance for the special needs for which the subsidy was being provided;
 - C. The child becomes eligible for benefit payments such as SSI, Veterans benefits, Railroad Retirement benefits, inheritance payments, or financial settlements that would affect the monthly subsidy;
 - D. A change has occurred in the circumstances of the family that might affect the amount of the subsidy; or
 - E. There is a change of address of the guardian or the child.
4. The agreement will terminate when the child attains the age of eighteen (18) or is otherwise emancipated. However, the legal guardian may request approval of the child's worker to extend the subsidy beyond the child's eighteenth (18th) birthday if the child is attending an educational or training program. Under no circumstances shall a subsidy agreement extend beyond the child's twenty-first (21st) birthday.
 5. If the legal guardian requests appropriate changes from those listed in the agreement, the child's worker will create a new subsidized guardianship record, within the child's case, in FACTS by entering all appropriate data and request approval of the Regional Director or designee.
 6. If approved, the child's worker will send an amended agreement which documents the new subsidy benefits to the legal guardians for signature. If the request is denied, the child's worker will send a denial letter stating the reason for the decision and informing the legal guardian of the agency's appeal process. The signed review form will be filed in the child's case record and must be included in document tracking and save to the file cabinet in FACTS.
 7. After the establishment of legal guardianship, the child's state guardianship record, the family record and the legal guardian provider record will be forwarded to and maintained in the District Office. Family cases are closed by the child's worker if no child's case remains open.
 8. The child's state guardianship and provider records should be closed in FACTS upon closure of the subsidy. The paper file will be archived upon closure of the subsidy.

4.5 Other Permanency Options

In addition to the four federally sanctioned permanency options, the court may sanction another permanency option to meet an individual child's needs. After considering and ruling out reunification, adoption, legal guardianship and kinship care as viable permanency options for the child, the child's worker, with the assistance of the Multi-disciplinary Treatment Team, may conclude that the most appropriate permanency plan for the child is placement in another planned permanent living arrangement.

4.51 Emancipation

For children who are over sixteen (16) years old, emancipation may become the permanency plan for those youth who are not able to return home or live with relatives and cannot or do not wish to be adopted or placed with a legal guardian.

Worker Actions

1. The decision to pursue emancipation as a permanency option should be made by the Multidisciplinary Treatment Team which should include the child's worker, the supervisor, the private agency staff if any, the child, the biological parents, and the Guardian Ad Litem.
2. Within the Child, Youth Family Case Plan, filed with the court prior to disposition, the child's worker must recommend emancipation as the permanency plan for the child and detail the steps necessary to achieve permanency.
3. The child's worker must document to the court the compelling reasons emancipation is in the best interest of the child.
4. If an order of sibling separation has not been previously entered and the Child, Youth, Family Case Plan includes placement of a child separate from his or her siblings, the worker must secure a court order which finds that it is in the best interest of the child not to be placed in the same home as his or her sibling. The order must be documented on the Hearings Outcome, details and document tracking screens in FACTS.

4.52 Continued Foster Care

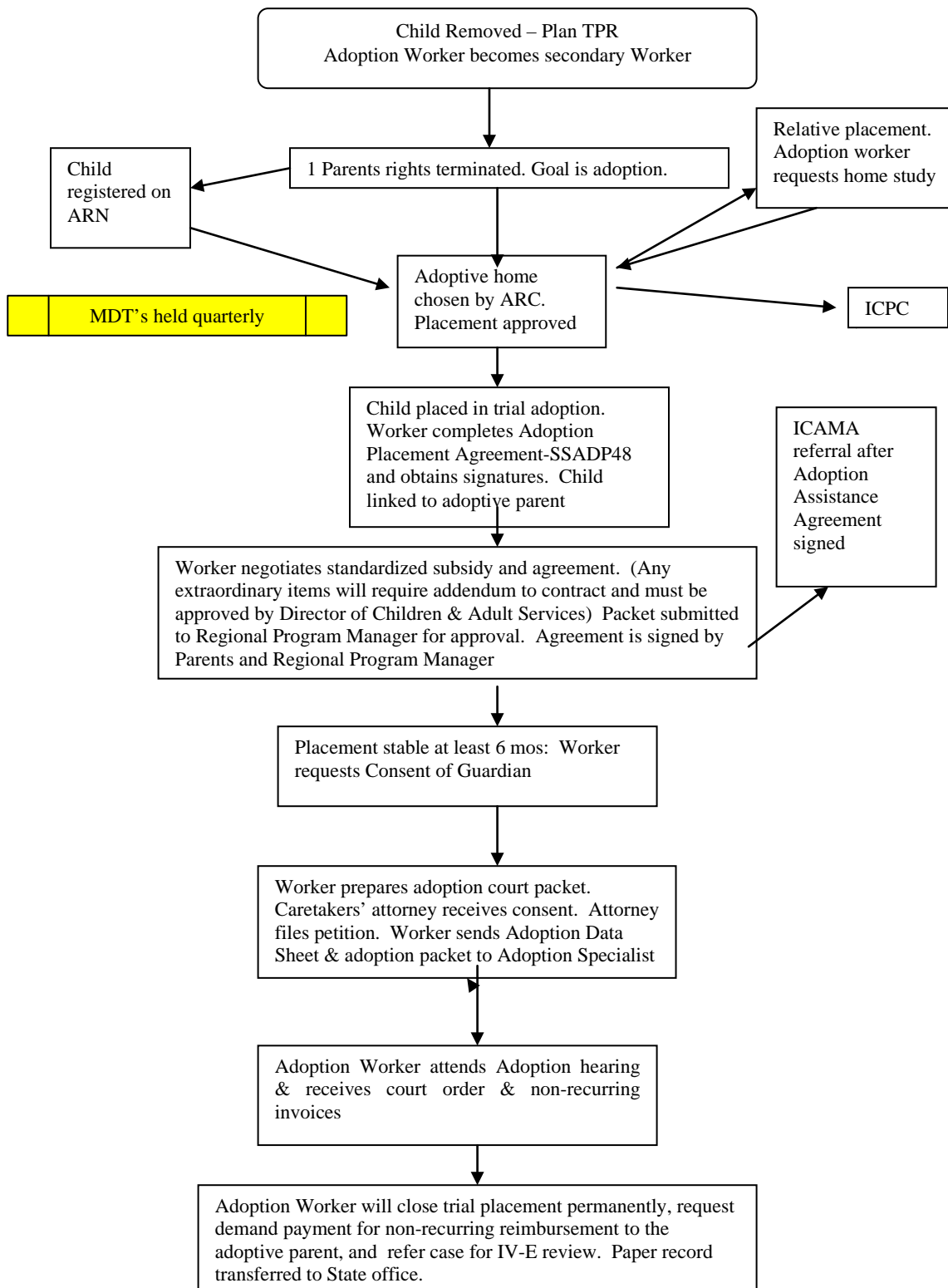
For a child age twelve (12) or older for which reunification, adoption, legal guardianship, and kinship care have been ruled out, continued foster care may be an appropriate plan. This permanency option is only appropriate when a parent and child have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising him to the age of majority and to facilitate visitation with the disabled parent.

Worker Actions

1. The decision to pursue continued foster care as a permanency option should be made by the Multidisciplinary Treatment Team which should include the child's worker, the supervisor, the private agency staff if any, the child, the biological parents, and the Guardian Ad Litem.
2. Within the Child, Youth Family Case Plan, filed with the court prior to disposition, the child's worker must recommend continued foster care as the permanency plan for the child and detail the steps necessary to achieve permanency.
3. The child's worker must document to the court the compelling reasons continuation in foster care is in the best interest of the child and show the reasons why reunification, adoption, legal guardianship and kinship care have been ruled out as permanency options for the child.
4. Request an updated homestudy from the Homefinder if one has not been done within the past year or initiate the Interstate Compact on the Placement of Children process if the foster parent lives in another state.
5. If an order of sibling separation has not been previously entered and the Child, Youth, Family Case Plan includes placement of a child separate from his or her siblings, the worker must secure a court order which finds that it is in the best interest of the child not to be placed in the same home as his or her sibling. The order must be documented on the Hearings Outcome screen, details screen and document tracking in FACTS.

6. The foster parents must agree that they will provide care for the child until the child exits foster care and must sign an agreement to this effect. This agreement will also detail the specific requirements for visitation with the child's parents and state the specific responsibilities of the foster parents.
7. The Department must assure that foster children whose permanency goals are continued foster care receive the same rights and protections provided to any child in the foster care system. This includes a six-month review of the child's case plan, an annual judicial review, life skills instruction, medical and mental health coverage, educational planning, etc.
8. All children in foster care must continue to participate in judicial reviews every twelve (12) months.

SECTION 5
**TRANSFER OF CHILD PROTECTIVE/
YOUTH SERVICES
CASE TO ADOPTION**



5.0 Transfer of Child Protective/Youth Services Case to Adoption

5.1 Termination of Parental Rights

Permanent guardianship of a child applies when a parent's rights to a child have been terminated by the court or through a voluntary relinquishment. If only one parent's rights have been terminated, the child is considered a state ward. If the state ward's permanency plan is adoption, any pre-adoptive placement would be a legal risk placement until the other parent's rights are terminated either by a voluntary relinquishment or court order.

If the termination of parental rights is via a court order, the court order shall specify all the parental rights to the child including the right to consent to adoption, marriage, visitation, etc. are to be transferred to the Department. The court order will determine whether or not there is an obligation for the parents to continue payment of child support after termination. If the court order states child support is to continue, payments are to be made to the Department until an adoption is consummated. The Department will also attempt to collect any arrearage of child support accrued prior to termination.

The age of the child should be considered in terminating a parent's rights. If a child is fourteen (14) years of age or older or otherwise an age of discretion, his parent's rights should not be terminated without his approval. The child should be involved in evaluating the agency's interest and concerns for his future when developing his permanency plan. Whether a child is "of an age of discretion" is determined by the court.

In accordance with the *Adoption and Safe Families Act of 1997*, a petition must be filed or joined by the state as defined in §49-6-5(b) to terminate the parental rights of a child who has been in the custody of the Department for 15 of the most recent twenty-two (22) months. In addition, a petition **must** be filed to terminate the parental rights of a child if:

1. The child has been abandoned
2. The court has determined the parent has committed murder or voluntary manslaughter of another of his or her children
3. The court has determined that the parent has attempted or conspired to commit such murder or voluntary manslaughter or has been an accessory before or after the fact of either crime
4. The court has determined that the parent has committed unlawful or malicious wounding resulting in serious bodily injury to the child or to another of his or her children or
5. The parental rights of the parent to a sibling have been terminated involuntarily.

The Department may determine **not** to seek termination of parental rights if:

1. At the option of the Department, the child has been placed with a relative;
2. The Department has documented in the Child, Youth and Family Case Plan that there exists a compelling reason that filing a petition would not be in the best interest of the child; or
3. The Department has not provided services to the child's family deemed necessary as a reasonable effort for the safe return of the child to the home.

When the court terminates parental rights and commits the child to the guardianship of the Department, the child's worker will do the following:

1. Initiate the permanency placement review process to review the child's case every 3 months;
2. If the child's permanency goal is adoption, the child must be referred to the Adoption Resource Network within thirty (30) days; and
3. Develop a post-termination placement plan which is to be submitted to the court and to the Multidisciplinary Treatment Team.

In accordance with state code, the district office will annually report to the court the status of all children for whom the Department has been granted permanent guardianship who have not been adopted. The report, in letter form, is to be directed to the circuit court through the prosecuting attorney's office. The child's name, birth date, legal status, and placement status are to be reported. Any changes from the reporting for the previous year are also to be noted in the letter to the court.

5.2 Right to Appeal Termination

A court order terminating parental rights is effective from the date of that order. During the following two (2) months, any of the involved parties may file a motion to appeal or to correct errors regarding the order. This appeal period may be extended by the Court if necessary. Any placement made during this period is considered a legal risk placement.

5.3 Post-Termination Counseling

State statute requires the Department to provide, upon request, pre-placement and post-placement counseling services. These services must be made available to any person whose consent or relinquishment to an adoption is required by statute. This means that these services must be made available to clients of the Department who execute a voluntary relinquishment and to clients of private agencies who execute a consent.

If counseling services are requested, the appropriate Regional Homefinding Supervisor will determine whether or not they will be provided by the Department staff or referred to another provider through the ASO process. Continuing services to birth parents after their rights have been terminated should include:

1. Helping them deal with the finality of the termination of their parental rights and to begin making immediate plans for their own lives;
2. Encouraging them to provide the agency with updated medical information of significance to the child; and
3. Providing them with all information they can legally be given.

5.4 Adoption Specialist as Secondary Worker

5.41 Conditions

When the CPS worker becomes aware a case is moving towards termination of parental rights or when the child has been in the Department's custody 15 out of 22 months, the CPS worker and the CPS Supervisor will staff the case. A joint decision must be made by the CPS worker and the CPS Supervisor to involve the Regional Adoption Unit as a secondary worker.

5.42 Staffing

Once a joint decision is made by the CPS worker and the CPS Supervisor to involve the Regional Adoption Unit, the case must be staffed with a Regional Adoption Supervisor. This staffing will determine the appropriateness of utilizing the adoption specialist as a secondary worker as well as the need to transfer the case to the Adoption Unit. It will outline the responsibilities of both the primary and the secondary workers following job description guidelines. This meeting will address missing information and decide which party is responsible to obtain such information. A timeframe will be determined for the case

transfer to occur. The staffing as well as any exceptions must be clearly documented in FACTS and agreed upon by both supervisors.

5.43 Transfer Plan

There may be some circumstances in which a case may not be appropriate for immediate transfer following the case staffing. If this occurs, a transfer plan should be developed by the CPS/YS Supervisor, the CPS/YS Worker, and the Regional Adoption Supervisor. The transfer plan should address reasons for the delay as well as project timing for the transfer to occur in the future and should be documented. **(See also ARN, Section 6.2. It is not necessary for children to be accepted by the Adoption Unit in order for them to be placed on the ARN. Children in state guardianship who have a plan of adoption are required to be registered on the Adoption Resource Network within 30 days of identification as being in need of a foster/adoptive family.)**

5.44 Mediation

If the Regional Adoption Supervisor and the CPS Supervisor cannot reach an agreement in the staffing, the Regional Program Manager and the District CSM should both be enlisted to mediate and assist in making a decision.

5.5 CPS/Youth Services Actions Prior to Transfer

5.51 Permanency Goal

Adoption should be recorded by the CPS/YS worker as the permanency goal in the child's written permanency plan and in FACTS

5.52 Court and Other Legal Records

The CPS/YS worker will obtain certified court orders sanctioning termination of parental rights (known, unknown, and deceased parents/guardians), certified documentation of relinquishment, sibling separation orders, and certified death certificate for any deceased parents,

5.53 Guardianship Record

The CPS/YS worker will setup the guardianship record in FACTS and as a paper file. This will include contacts copied from the family record, updated court screens, and MDT records. The worker should also document the date of the last Administrative Review and import all applicable files into the FACTS file cabinet.

5.54 Child's Documents

The CPS/YS worker will obtain/complete the following for the record:

1. Original birth certificate or documentation of request
2. Social Security Card
3. FC 12 and 12A completed
4. Documented efforts to locate relatives
5. Status of any home studies requested
6. Medical records: EPSDT, psychological records, birth records, assessments, immunization records.
7. School records, IEP's, etc
8. Complete child summary
9. AFCARS screen with no missing critical elements
10. IV-E determination completed in FACTS and paper file
11. A certified petition and certified court ordered Termination of Parental rights for all known and unknown persons having the right of parenting each child.
12. Documentation of any referrals or applications made on behalf of the child for any services or benefits.

5.6 CPS/YS Supervisor Actions

The CPS/YS Supervisor will review all documentation before the transfer and arrange case staffing with the Regional Adoption Supervisor.

5.7 Regional Adoption Supervisor Actions

The Adoption Supervisor will review and staff cases with CPS/YS Supervisor and worker and will assign each case to a Regional Adoption Specialist.

5.8 Adoption Specialist Actions

Prior to Transfer:

Prior to the actual transfer of a case to the Adoption Unit, the Adoption Specialist will attend Multi-Disciplinary Treatment Team meetings when permanency options are being considered. The Specialist will also attend any

staffing of State Ward cases and, if necessary, assist in obtaining the signed Intent to Adopt.

After Transfer:

The Adoption Specialist will have a face to face contact with the child within 14 days of the transfer in order to begin the child's assessment.

SECTION 6
RECRUITMENT OF
AN ADOPTIVE HOME

6.0 Recruitment of an Adoptive Home

Child specific recruitment must be done for every child who has at least one parent's rights terminated and adoption is the child's permanency plan.

6.1 Grandparents Rights

Grandparents or relatives by blood or marriage will be given the opportunity to become a foster/adoptive resource unless they have been party to the abuse and neglect by action or inaction. Once grandparents who are interested in adopting the child have been identified, the department will conduct a complete home study of the Grandparents and their home. Grandparents must meet all requirements to be a WVDHHR certified foster/adopt family in order to be considered for placement. (Grandparents residing out-of-state must be certified by a licensed social worker in that state.) If the department determines, based on the home study evaluation, that the grandparents would be suitable adoptive parents, it must offer the placement of the child to the grandparents prior to considering any other prospective foster/adopt parents. *See also Foster Care Policy Section 3.2 (WV Code 49-3-1-3)*

6.2 Adoption Resource Network

The Bureau for Children and Families, Children and Adult Services, 350 Capitol Street, Room 691, Charleston, W. V. 25301, operates the state adoption exchange, known as the Adoption Resource Network (ARN). This program provides a way to exchange information statewide and with other states about the West Virginia children with special needs waiting to be adopted. It also provides information about certified foster/adoptive families who are approved to adopt children with special needs. Children available for adoption are listed on the internet national adoption site, www.adoptuskids.org. The Bureau hosts an internet photo listing site of available West Virginia children on the Department of Health and Human Resources' web pages, www.wvdhhr.org/oss/children/adoption.htm or www.adoptawvchild.org. The photo listing is offered monthly on digital disk to specialized providers.

6.21 Identification of Children for the Exchange

Most children in state guardianship who have a plan of adoption are required to be registered on the Adoption Resource Network (ARN) within 30 days of identification as being in need of a foster/adoptive family. Children do not have to be registered with the ARN if there is a

completed Adoption Placement Agreement or signed Intent to Adopt Agreement. Children will not be registered if no parental rights have been terminated, their permanency plan does not include adoption as the goal, or they are 12 years old or older and do not wish to be adopted or registered on the ARN.

Any children who have been previously registered on the ARN and withdrawn but are again legally free, appropriate for adoption, and do not have a completed Adoption Placement Agreement or a signed Intent to Adopt Agreement must be registered within ten (10) days of the changed status.

It is not necessary for children to be accepted by the Adoption Unit in order for them to be placed on the ARN.

Children 12 years of age or older must be consulted and must expressly approve the use of information, photographs, etc., on the ARN. This consent or refusal must be documented as a contact in FACTS.

6.22 Registration

The ARN referral form, WV Adoption Resource Network (Child Data Form ARN-0602) should be printed to Word Perfect. All information on the referral form must be completed and a narrative of at least 110 words written for each child or sibling group (**Refer to the ARN Instruction for detailed information about completing this form and writing narratives**)

The child's worker will save the completed form to each child's file cabinet in FACTS. The worker will then notify the ARN via e-mail of the completed referral, including the child's name and FACTS case number.

The ARN is responsible for transferring all information to the internet sites.

6.23 Submission of Photographs to the ARN

A good quality, digital or sharp, original, close-up picture must be taken as soon as the case is referred to the ARN. This photo may be mailed to the ARN (with identifying information written on the back) or downloaded digitally to the SSARN folder after being renamed with the worker's region number, County number, Child's last name, and sequence number. ARN should be notified of any downloads.

Updates to the ARN will be available to DHHR staff on the second and fourth Fridays of each month.

6.24 Updating Photographs

Updates to the ARN with new photographs must be completed every six months in conjunction with the child's administrative review.

6.25 Change of Information

The ARN should be notified of any changes, including changes of workers, within 15 working days of the change.

6.26 Placing Holds

The ARN must be notified via E-mail for a child to be placed on hold status on the internet in either of the following instances:

- ❖ If a Placement Review Committee meeting has been scheduled, the ARN should be notified 5 business days before the meeting.
- ❖ If the volume of responses is high and worker chooses to limit additional inquiries.
- ❖ If inquiries are no longer to be accepted.
- ❖ If an Intent to Adopt Agreement or an Adoption Placement Agreement has been signed.
- ❖ If a child is having pre-placement visits or placed for trial adoption.

When an adoption is finalized or adoption is no longer the permanency plan, the ARN must be notified so the child may be **withdrawn** from the Network.

6.27 Internet Inquiries

When adoptive parents inquire about a specific child through the various internet sites or through the ARN Family Registration database, the ARN will notify the child's worker. The child's worker should respond to the inquiring family's worker within a reasonable time, but no later than fifteen (15) days from the date the inquiry was forwarded to the worker. Families with approved home studies who are identified as

appropriate for the child will be presented to the Placement Review Committee for consideration and a placement recommendation.

Home studies submitted from agencies other than WV DHHR must have been written by a licensed social worker, must be current (within 1 year) and must meet all requirements to be a Certified Adoptive Home in the state of West Virginia.

6.28 Laptop Computer and Camera

Each adoption worker and homefinder is assigned a laptop computer and a digital camera for work-related use in adoption. The main function of the laptop is to enable the worker to share current ARN information with potential adoptive parents in the field. It may also be used by the worker to update FACTS or complete a child study, home study or review while in the field. It is configured for dial-up access to the worker's DHHR mainframe with access to the WV ARN photo listings, FACTS, Word Perfect, Power Point and Group Wise. (For problems/questions, refer to local equipment coordinator, MIS Policy, Laptop Usage Manual, MIS Help Desk, or ARN.)

A digital camera is provided to workers in order for them to easily update pictures for the ARN or to help in recruiting by such activities as sending pictures to prospective adoptive parents.

6.3 Regional Homefinders

Federal regulations require states to provide for the diligent recruitment of potential foster/adoptive families to care for the children in the custody of the Department. Recruitment efforts to find foster/adoptive families and to promote community awareness of the adoption and foster care programs is the primary responsibility of the Regional Homefinding staff. The Homefinder is also responsible for conducting home assessments of potential providers, annual recertification of existing providers, and assisting with locating appropriate, approved foster homes for children in the Department's custody.

When seeking a home for specific children, the Regional Homefinder should be the first resource used.

6.31 Family Assessment (Home Study)

The foster/adoptive family assessment is an enabling and educational process in which the prospective foster/adoptive family's strengths are

evaluated to determine their capacity for parenting and to acquaint them with the regulations of the foster care and adoptive programs. This assessment consists of the following:

1. An application to become a foster and/or adoptive parent;
2. The home assessment which determines the suitability of the family's home, financial resources, health, and ability to parent;
3. Interviews with all members of the foster/adoptive parent's household to ascertain the ability, willingness, and motivation of the family to care for a foster and/or adopted child. At least three meetings will be face-to-face interviews and at least one interview will be held in the family home.
4. Reference checks with at least five (5) individuals who know the family well enough to address their ability to parent, how they react to conflict, experience in parenting, strengths and weaknesses, etc. Two of these will be in-person interviews.
5. Criminal records and child/adult protective services checks to assure that the individuals who wish to become foster/adoptive parents do not have a criminal or abusive background

6.32 Contracted Home Studies

In some circumstances, the Home Finding Supervisor may elect to utilize a contracted worker to perform the family assessment portion of the home study. The Home Finding Supervisor will be responsible for choosing that contractor, reviewing the family assessment upon completion to assure that it meets all of the standards and requirements, and having the home study entered into the FACTS system. The Home Finding Supervisor will also enter an ASO referral and provide documentation of completion to the contractor for submission for payment. (See Foster Care Policy for complete instructions.)

6.33 Eligibility Criteria

In Order to be considered to become a foster/adoptive parent, the applicant must meet the following eligibility criteria:

1. The applicant must be at least twenty-one (21) years of age or older at the time of application and generally be of an age to have naturally parented the age of the child he or she wishes to have placed in his or her home unless the applicant is a relative of a specific child he/she wishes to parent. Approval for a relative under the age of 21 must be given by the Foster Care Program Specialist in the Bureau for Children and Families.

2. Applicants must be nurturing, responsible, patient, stable, flexible, mature, healthy adults capable of meeting the individual needs of children referred for placement services.
3. A couple who wish to be foster/adoptive parents must demonstrate their relationship will provide an environment of stability for children.
4. The decision to become a foster/adoptive parent shall be agreed to by all members of the household, including children over the age of twelve (12).
5. The prospective foster/adoptive parent must be willing and able to accept the level of involvement and supervision provided by the Department and/or specialized foster care agency for children placed in their home.
6. The prospective foster/adoptive parent must be a United States citizen and a resident of West Virginia.
7. The prospective foster/adoptive parent may not function as a day care provider, adult family care provider, specialized foster parent, or any other social service provider without prior approval of the Foster Care Program Specialist in the Bureau for Children and Families.
8. Foster/adoptive parents shall accept children for foster/adoptive care only from the Department of Health and Human Resources unless, under specific circumstances, they are dual providers sanctioned by the Foster Care Program Specialist in the Bureau for Children and Families.
9. The number of children placed in a home shall be determined by the stamina, capacities, skill of the parents, physical accommodations of the home and the effect of a child's placement on the equilibrium of the family as a unit. As required by Foster Care policy, no more than six (6) children, including foster children and the foster/adoptive parent's own children under the age of eighteen (18) living at home shall reside in the foster home at any given time. The only exception may be for the placement of a sibling group with the prior approval of the Homefinding Supervisor who will then notify the Foster Care Program Specialist in the Bureau for Children and Families by the next working day.
10. No more than two (2) children under the age of two (2) are to be placed in a foster/adoptive home at the same time.
11. No more than two (2) children who are medically fragile or non-ambulatory shall reside in a foster home at the same time.

6.34 Training

The purpose of Pre-Service Training is to give interested persons an opportunity to learn more about the foster/adopt program of the Department and to decide if they wish to continue with the application process. Pre-Service sessions are held as a group process which provides prospective parents the chance to learn from each other. Families who attend training are not obligating themselves to accept a child nor is the Department obligating itself to certify a prospective applicant for foster care or adoption. Each prospective parent must attend all the required training units.

Training in each region is scheduled and conducted by the Social Work Education Consortium (SWEC) staff from various universities in West Virginia using the PRIDE model for the development and support of resource families. PRIDE (Parent Resources for Information, Development, and Education) was developed through a project initiated by the Illinois Department of Children and Family Services and the Child Welfare League of America. The thirty (30) hour course (10 – 3 hour sessions) includes five essential competencies: protecting and nurturing children; meeting children’s developmental needs and addressing developmental delays; supporting relationships between children and their families; connecting children to safe, nurturing relationships intended to last a lifetime; and working as a member of a professional team. After approval, providers are expected to complete an additional 27 hours (9 – 3 hour sessions) of PRIDE in-service training in the second year. In future years, providers are required to have 12 hours of in-service training annually to maintain certification.

6.35 Foster to Adopt

Although it is very beneficial to have loving, temporary foster care homes for those children for whom adoption will never be the permanency plan, it is essential to have more homes that are certified to foster and adopt. (It is estimated that 40% to 90% of children nationally, with special needs, are adopted by their foster parents). The Department encourages families who can accept children who will be reunited with their family, but who are also prepared to adopt the children if they become available for adoption. The child’s adoption worker will discuss placement options with the foster/adopt parent within 30 days of the child becoming legally free for adoption and transferred to the Adoption Unit for placement. Unless the plan is for a relative placement, the foster parent has the right to be considered along with

other appropriate homes for adoptive placement. If the foster parent expresses an interest in adopting the child, the worker will obtain an Adoption Agreement. If the foster parent has no interest in adoption or any other permanency option, the worker will obtain a written statement to that effect.

A foster parent who has parented a child for 18 months or longer may proceed to adoption as long as the Adoption Placement Review Committee agrees the placement is in the best interest of the child. Should the long term foster parent of 18 months or longer elect not to pursue adoption, the worker will inform the foster family that adoptive placement will be pursued and will obtain a written statement from the family declining to adopt. The worker will notify the court of the probable relocation of the child and obtain its sanction for the move.

6.4 Media Promotions

6.41 Adopt US Kids

In partnership with the Children's Bureau, the Administration for Child and Families, and the Advertising Council, Adopt US Kids launched a national ad campaign to encourage adults to adopt children who are in foster care. This multi-media advertising campaign which launched in the spring of 2004 is a five year project. The television, radio, print and Internet public service announcements for this campaign were created and distributed by the Ad Council. Responses to these ads are being taken nationally by Adopt US Kids and relayed to Mission W. V. for distribution to appropriate DHHR offices for follow-up.

6.42 Mission West Virginia – One Church, One Child

The Department has partnered with Mission West Virginia to develop the One Church-One Child program throughout the state. This program is designed to recruit prospective African-American families to foster and/or adopt children in the custody of the state. While the ongoing program responsibility for One Church-One Child will be held by Mission West Virginia and the Adoption Recruitment Specialist, the Homefinding staff will have direct contact and case work responsibility for families recruited through this program.

6.43 Child Watch

This public service television event sponsored by Wendy's Restaurants and the Dave Thomas Foundation recruits families for specific children. This program, with News Anchor, Sandra Cole, features individual children or sibling groups who want to be adopted. It is shown during the 6 o'clock news on Tuesdays on WOWK TV, Channel 13, in Charleston.

6.44 Wednesday's Child

This is a public service interview of specific children done by Denise Alex of WTAP-TV in Parkersburg. This program airs on the second Wednesday of each month, also on the 6 o'clock news.

6.5 Resources Known to the Child

An excellent source of potential adoptive providers can be found with those people who have had or currently have contact with the child. Relatives, neighbors, teachers, counselors, church members, previous foster parents, etc., who the child already knows, can often become the best providers for the child. It is important for the worker to consider these resources as well as those who may seem more apparent.

6.6 Legal Risk Placement

In some instances, it may be in the best interest of the child to place the child in a pre-adoptive situation pending the appeal of the termination of parental rights. Such placement is termed a legal risk placement or risk placement. The child may be placed with an approved foster/adopt family with the understanding that, if and when the parents' rights are terminated, this family will become the adoptive family.

Legal risk placement may be considered under the following circumstances:

- The birth mother has voluntarily relinquished her parental rights, but the birth father is unknown or unavailable, publication is needed, or court action is needed to terminate his parental rights.
- An infant or young child has been abandoned and a petition for guardianship has been filed. (The degree of risk in this situation may prove to be very high)

- Guardianship has been granted to the Department without the consent of the birth parents and one or both parents are expected to appeal the termination of their parental rights.

The foster/adoptive family should be advised as to the risk involved and should be kept informed of any progress of the case through the legal system. If guardianship is not received and reunification with birth parents or extended family becomes the plan, foster care reunification procedures will apply.

If the risk placement has been for six months or more when all parental rights are terminated and appeal periods have expired, the family may proceed immediately to petition for the adoption.

SECTION 7.0
ADOPTION PLACEMENT
REVIEW COMMITTEE
(APRC)

7.0 Adoption Placement Review Committee (APRC)

7.1 Membership

Each region will establish and maintain an Adoption Placement Review Committee with a minimum of five (5) members. The Adoption Review Committee will meet either upon request of the child's adoptive worker or upon a Regional preset monthly schedule. The Committee may be comprised of departmental staff and the child's Guardian Ad Litem. Other appropriate persons with an interest in the child or who have participated in MDT staffing may be included at the discretion of the Adoption Program Manger, or Adoption Supervisor or their designee. This committee will be the vehicle for the selection process in cases in which an adoptive choice has not previously been made by the Multi-Disciplinary Committee or in the event of a disruption of a placement.

The child's worker has the option of being the presenter and/or a voting member.

Any Homefinder who has submitted a home study for consideration should exclude him/herself from voting.

The foster parents may be involved in the placement presentation unless they are being considered as a potential adoptive placement.

7.2 Preparation for a Placement Review

The child's Adoption Worker will prepare a complete child assessment summary which will detail the child's needs, strengths, talents, disabilities, special needs, behaviors and weaknesses. Medical and psychological information will be included in this summary as well as the most resent IEP. The adoption worker may prepare digital pictures or a video of the child to share with the review committee. Copies of the child's information along with home studies of potential adoptive families must be distributed to the members of the APRC five (5) working days prior to the scheduled meeting.

Families or Home Finders may also submit digital pictures, photographs or videos along with their home studies.

7.3 Selection Criteria

Adoptive families will be evaluated based on their ability to meet the social, emotional, physical and financial needs of the child as well as any special needs the child may have. Each child's cultural heritage must be respected in any

transracial/trans-cultural placement consideration. Sibling visitation and location must be considered if a separation has been sanctioned by the court. Community resources must also be a major consideration in looking at potential placements.

The cross jurisdictional location of a potential adoptive family is never to be a barrier in the placement of a child if placement with that family is in the child's best interest. The Interstate Compact on the Placement of Children, the Interstate Compact on Adoption Medical Assistance, the Adoption Resource Network, adoption assistance and Socially Necessary Services are available to assist with cross jurisdictional adoptive placements.

Preference to an adult relative over a non-related caregiver when determining a placement for a child shall be considered, provided that the relative caregiver meets all relevant safety standards for foster/adopt families and the placement with the relative caregiver is in the child's best interests.

West Virginia Code § 49-3-1(a) provides for grandparent preference in determining adoptive placement for a child where parental rights have been terminated and also incorporates a best interests analysis within that determination by including the requirement that the DHHR find that the grandparents would be suitable adoptive parents prior to granting custody to the grandparents. The statute contemplates that placement with grandparents is presumptively in the best interests of the child, and the preference for grandparent placement may be overcome only where the record reviewed in its entirety establishes that such placement is not in the best interests of the child.

However, the WV Supreme Court of Appeals has clarified that such a preference is not an absolute directive to place children with their grandparents in all circumstances.

The Court held the opinion that an integral part of the implementation of the grandparent preference, as with all decisions concerning minor children, is the best interests of the child. The WV Supreme Court has opined many times that the welfare of the infant is the **polar star** by which the discretion of the court is to be guided in making its award of legal custody. The WV Supreme Court has further stated that adoption by a child's grandparents is permitted only if such adoptive placement serves the child's best interests. If, upon a thorough review of the entire record, the circuit court believes that a grandparental adoption is not in the subject child's best interests, it is not obligated to prefer the grandparents over another, alternative placement that does serve the child's best interests. *See* Syl. pts. 4 & 5, *Napoleon S. v. Walker*, 217 W.Va. 254, 617 S.E.2d 801.

7.4 Adoption Review Committee Recommendation

All placement choices will be made by a majority of the Committee members and must be documented in FACTS as contacts under Adoption Review Committee. The committee will also provide documentation of each family being considered on a review form containing narrative and rating information. In cases where the Adoption worker received a large number of applications, the worker will choose the top ten to be considered by the committee. The committee will then choose the top four (4) of these ten (10) to be ranked. The Committee will rank those four choices in order of best meeting the needs of the child. All participating members will sign the Review form with notation of any dissension.

7.5 Notification of Selection of Adoptive Resource

The Adoption Worker will contact the chosen family or the Home Finder of the chosen family within five (5) working days in order to begin the steps involved in the placement process. The potential adoptive parent must confirm their interest within five (5) working days of the Adoption worker's contact. If this family elects not to accept this child, a placement offer will be made to the next family in the ranking and so on until all ranked families have been given the opportunity of refusal.

If the family contacted by the adoption worker expresses an interest in the child, the adoption worker will arrange an appointment in the family's home within five (5) working days in order to share more specific information about the child, to meet the potential adoptive parents and to begin the steps involved in the placement process. If the family wants to proceed, arrangements are made for a face-to-face contact in the family's home, if possible, or a location agreeable to all and in which the child will be comfortable. If this visit does not occur within two weeks, the offer of placement will be withdrawn and the child will be offered to the next ranked home. After meeting, if the family and child do not connect and it is apparent a mismatch has occurred, the adoptive worker should encourage the family to withdraw their interest in this child and, where appropriate, withdraw the offer of trial placement. The Adoptive worker will then approach the next ranked family and begin the placement process again.

The potential adoptive parent must make a final commitment regarding the trial adoptive placement within 60 days of the first pre-placement visitation. If no pre-adoptive placement has been made within four (4) months of the Adoptive Review, the Adoption Placement Review Committee may reconvene to

reexamine the waiting families and the child to better match the adoptive resource.

The Adoption Worker will notify the Home Finders or workers of the families not chosen within five (5) working days of the selection. The Home Finders or workers should then promptly notify the families of the results.

7.6 Pre-Placement Visitation

Providing a positive environment for parents and the child to get to know each other requires preparation and planning. Ideally, all parties, including the child's foster parents, the adoptive parents, and the Adoption worker are involved in this planning.

1. The first meeting should be held in a place where the child feels most comfortable. It is never an overnight visit. For subsequent visits, the worker should encourage the adoptive family to visit in the foster home at different times of the day in order to observe the child in different activities and to learn his routines. The visits should increase in length to overnight.
2. Pre-placement visits are not for the purpose of seeing whether the placement is going to work. Rather, they are to provide an opportunity for increasing familiarity and to begin the attachment process.
3. Visits should generally take place in a two to three week period. A longer visitation period may confuse the child by implying that the family has not really decided to adopt him. Proximity between the child's residence and the new family's home will, in part, determine the number and duration of visits. Other considerations are the child's needs and the extent to which the foster family and the adoptive family are willing to cooperate in a placement plan.
4. A MINIMUM visiting plan is as follows:
 - For long-distance placements, a minimum of one visit in the foster home.
 - One weekend visit to give the child an opportunity to spend several days in the new home.
 - One return visit to the foster home to say final good-byes is recommended.
 - In the case of interstate placement, the family is expected to come to West Virginia for the presentation of the child and part of the pre-placement and placement process.

7.7 Travel Expenses for Interviews and Visits by Pre-Adoptive Parents

If necessary, potential adoptive parents may be invited to attend a selection committee meeting or MDT to be interviewed for the placement of a particular child or children. Any invitation to attend a selection committee meeting should clearly inform a prospective parent that any travel will be done at their own expense and not at the expense of the Department. If the family chooses to attend, they may do so at their own expense. This rule will apply to potential parents who are either in-state or out-of-state. If needed, after selection of an approved pre-adoptive parent, the Department will assist with travel expenses for required pre-placement visits by the chosen parents.

As an alternative to in-person interviews with potential adoptive parents, other forms of communication such as conference telephone interviews, teleconferences, video presentations or telephone calls may be as effective and should be utilized.

7.8 Moving to a Trial Adoption Placement

The placement day is one of the most significant events in a child's life. Because of its importance, all parties to the placement must be clear as to the actual date the placement will occur and pre-placement visiting should not run into the placement without signaling a specific day or "moving-in day". Steps to help in the transition might include the following:

1. The foster parents should be assisted in saying their good-byes in a clear helpful manner.
2. The child should bring his clothing, favorite toys and other possessions which meaning. The child's Lifebook must be hand carried by the adoptive worker to assure it does not get "lost" in the move.
3. When placing an older child, there should be a provision for ongoing contact with significant individuals in the previous placement (i. e. foster parents, child's worker, extended birth family). For some children, maintenance of such contact may continue throughout their lives.

7.9 Trial Adoption Placement/Discipline Agreement

On the day of placement, the Adoption Worker will review the *Trial Adoption Placement Agreement* with the family and clarify the mutual rights and responsibilities in regard to the placement.

A Trial Adoption Placement/Discipline Agreement, form SS-ADP-48, will be completed and signed in triplicate by the worker and the adoptive parents upon placement of the child in the adoptive home. One original is to be placed in the state ward record; one is to be included in the adoption assistance packet; and the third is to be given to the adoptive parents.

At the time of placement, the adoptive parents will be provided with an up-to-date child summary, a copy of school records, current medical information, and a non-identifying medical/social history of the birth family. The adoptive parents and the child's worker will complete and sign a declaration of receipt of this information.

SECTION 8
INTERSTATE COMPACT
On the Placement
Of Children
(ICPC)

8.0 Interstate Compact on the Placement of Children (ICPC)

8.1 Out of State Placements

Interstate Compact for the Placement of Children (ICPC) is a legal agreement between West Virginia and other states as outlined in WV Code §49-2A-1 to regulate placement activities that occur between states. If a proposed placement is located outside the state of West Virginia, a referral through the ICPC is required. Complete ICPC referral packets must be forwarded, in triplicate, to the W. V. ICPC office for all types of proposed out of state placements including parental placements, relative/kinship placements, foster care, specialized foster care, group care residential care and adoptive placements.

All out of state placements of children in the custody of the Department must be approved by the ICPC office of the receiving state prior to placement. Only the Compact Administrator in the receiving state is authorized to give approval for placement in their state. Any other approval source (i.e. court, probation officer, out of state facility) is not sufficient to meet the requirements specified in the state code.

Children should be placed out of state ONLY if one of the following conditions occur:

- 1) The child is placed with a parent or relative who lives out of state.
- 2) The child is placed in a pre-adoptive placement.
- 3) The child has a treatment need for which no service exists or can be created in a reasonable period of time in West Virginia.
- 4) The out of state placement is in closer proximity to the child's home than a comparable in-state program.
- 5) The child's current foster family moves out of state and the child's permanency plan indicates continued placement with this foster family.

8.2 Referral Process/Documentation

8.21 Cover Letter

This letter, on official letterhead stationery, will outline the following:

- Reason for out-of-state placement;
- Statement indicating the entity having legal custody of the child;

- Plans for meeting the cost of care in the receiving state;
- Permanency goal and brief statement of case plan;
- Child's Title IV-E eligibility;
- Name and address of person to be studied.

8.22 Required Documents

- 1) **Form ICPC-100A –Placement Request**-Completed by the child's Adoption Worker in FACTS. This is the sending agency's formal written notice to the receiving state of its intention to make an interstate placement and a request for a finding as to whether the placement would or would not be contrary to the interests of the child. With most placements, it is also a formal request for a home study. Following review by the receiving state, this form becomes the official notification that the proposed placement may or may not be made. **(Original and 4 copies)**
- Or
- 2) **Form ICPC-100B-Placement Status**-This form is used to confirm an approved placement has occurred, to indicate any changes in the placement, to show case planning status, or to confirm termination of the ICPC contract. **(Original and 4 copies)**
 - 3) **Court Orders**-Indicating court has jurisdiction over the child, who has legal/physical custody, and termination of parental rights. **(3 copies)**
 - 4) **Child Summary**-This form can be produced in FACTS and will contain identifying information on birth parents, family history, child's race/ethnicity, Permanency Plan, reason child is in care, current adjustment, previous placement history, reason out-of-state placement is required, child's special needs, goals and anticipated length of placement, and post-placement plans. **(3 copies)**
 - 5) **Home Study**-Attach a current home study (Within 12 months) if one is not being requested. **(3copies)**
 - 6) **Medical/Financial Plan**-This consists of a statement describing how the child's need for food, clothing, shelter, medical care and related maintenance will be met in the prospective out-of-state placement and who will meet it. In accordance with WV Code

§49-2A-1, Article V, the sending agency is financially responsible for the maintenance of the child. (3 copies)

7) Statement of IV-E Eligibility (3 copies)

8.3 Education

There are some state's Boards of Education that will not provide a free public education for a foster child in a pre-adoptive placement. They consider the child a resident of West Virginia and expect payment from West Virginia for the child's education. Arrangements must be made with the Contract Specialist for payment that school system so the child might attend a public school in the community of the pre-adoptive parent.

8.4 Placement Notification

The ICPC Specialist will notify the Adoption Worker of approval of a home. The child may not be placed in an out-of-state placement until the worker has received this notification.

8.5 Worker Contact

Purpose:

Regular contact between the child and the Adoption Worker allows the child to have ample opportunity to express concerns, fears, problems with the placement, or other special issues. These meetings also provide the child's worker with an opportunity to directly assess the child's progress. The frequency and intensity of contacts between the child's worker, the child and the foster/adoptive family will be determined by the individual needs and problems of the child and his family.

Worker Actions

The child's worker is required to maintain contact with the child either by telephone or face-to-face to assure the placement is meeting the child's needs.

During each visit, the worker will provide an opportunity to have time alone with the child to address any concerns or issues related to the child's needs or placement. *(If the child is physically, emotionally or developmentally unable to communicate, the worker may fulfill this requirement by discussing the child's progress with the caretaker.)*

Requirements for worker and child visits are as follows:

1. The child's worker will have telephone or face-to-face contact with the child and foster/adoptive parent within 72 hours of placement to assess the child's adjustment to the placement.

2. The child's worker will have continuing meaningful contact with the child and foster/adoptive parents, at least once a month. The child's worker **must** have face-to-face contact with the child and foster/adoptive parents at least once every three (3) months.
3. The child's worker is expected to meet with the child during the worker's visits to the home. The worker will be required to visit the out-of-state foster/adoptive home at least once every three (3) months. **Out-of-state visits require the approval of the Regional Director. Out-of-state travel regulations apply.**
4. The child's worker will have face-to-face contact with the child's parents on a monthly basis while the child is in foster care or until parental rights are terminated, unless ordered by the court.
5. The child's worker will have contact with the out-of-state agency staff at least once a month to assure monthly contacts are being made with the child and foster/adoptive parents or to assess and/or address any placement issues or concerns.
6. In addition to the required, monthly contact with the child and the requirements for face-to-face contact with the child, the child's worker will utilize other opportunities, such as Multidisciplinary Treatment Team meetings, Individualized Educational Plan Meetings, child and parent visits, etc., to meet individually with the child.
7. The child's worker must document all contacts with the child, foster/adoptive parents, other agency staff and child's parents in FACTS, in the CONTACTS SCREEN, within **five (5) working days** of the contact being made. The documentation must contain the **DATE** and **CONTENT** of the contact.

There are circumstances that may require special attention or more frequent contacts with the child such as the following:

1. The child has experienced separation or loss, is in need of medical care or hospitalization, has other disturbing experiences, or has social or school problems.
2. There is going to be a transfer of the child's worker.
3. There are new or additional problems in the child's biological family.
4. A child has severe problems of maladjustment and difficult behavior.

8.6 Supervision of Placement

8.61 Supervisory Services

The Adoption Worker will indicate on the ICPC 100A what type of Supervisory Services are requested. It is usually the public social service agency which will be asked to provide supervision following an approved home study and subsequent placement. If other options are to be used, the worker will place an X in the appropriate box:

- 1) Request Receiving State to Arrange Supervision: This applies if West Virginia cannot supervise and does not have a contractual or other agreement with a pre-determined agency to provide these services.
- 2) Another Agency Agreed to Supervise: Mark this box if W. V. has received the formal agreement of a pre-determined supervisory agency. This is most likely to be marked in agency adoptive placements in which an agency in the receiving state has provided an adoptive home study and will be providing ongoing services to the adoptive family.
In this situation, the worker must contact OSS, Division of Contracts, Grants and Agreements, Contract Specialist for Out of State/Adoption in order to arrange the supervision contract and payment for this service prior to the child entering any trial placement.
- 3) Sending Agency to Supervise: Mark this box if it is logistically feasible, it is the best case plan, and the receiving state has granted DHHR permission to provide services in the state.

8.62 Supervisory Reports

This section of the ICPC 100A should be completed even though placement may not be a certainty. The worker must indicate the desired frequency of receiving progress reports. The most common is Quarterly. The worker will select Other if another time frame is requested—such as monthly or annually (time frame should be indicated).

SECTION 9
CASE MANAGEMENT

9.0 Case Management

9.1 Journey Notebook

A Child/Youth Journey Placement Notebook is given by the worker to the foster/pre-adoptive parent of each child in care. It is to be kept in a secure place by the Provider until the child is returned home or moved to another placement. The Journey Placement Notebook is to stay with the child and will contain information about the child such as the Foster Care Plan, Child Summary, Birth and Medical History, Child's Case Plan, clothing inventory, medical and educational contact information, etc. The notebook also contains blank Out-of-Home Observation Reports to be completed monthly by the foster parent and provided to the MDT. The provider may also use this notebook to document any changes in medications or treatment, list important addresses and phone numbers, prepare for appointments, and file health history information.

9.2 Life Book

A life book is a family album that must be started for all foster children coming into placement. It is a combination of a photo album and a scrap book that chronicles events and memories in the child's life. If the child does not have one, the foster/adoptive parent must purchase one. The worker should attempt to obtain pictures and information about the child's milestones. (i.e. age they lost their first tooth, when they began walking, talking, etc.)

The foster/adoptive parents should keep this book up to date by adding photographs, drawings, awards, report cards, etc. If a child is moved, it is imperative that the worker assure their life book is hand carried to the new placement.

9.3 SAFEKIDS PIX Identification Program

When children enter the foster care program, we do not always have an updated photo of the child. The SAFEKIDS program will provide an identification card for every child who enters the system from 2 years old to 15 years. The identification will follow the child throughout their stay in the foster care system and may be utilized as a way to track a child who may become missing. **This card should be renewed every two years.**

The child's worker is responsible for providing necessary paperwork to the foster/adopt parents, following up with the parents to insure the identification card was obtained, transferring the card to new foster/adopt parents, and informing the foster/adopt parents on the renewal process when necessary.

9.4 Reunification and Separation of Siblings

W. V. code § 49-2-14(d) requires the Department to place siblings together when placing a child in foster care who also has siblings in care or previously adopted. Siblings are defined by 49-1-3 as “Children who have at least one biological parent in common or who have been legally adopted by the same parents or parent.” When a child is placed into foster care or becomes eligible for adoption and a sibling or siblings have previously been placed in foster care or have been adopted, the Department shall notify the foster/adoptive parents of the previously placed siblings of the child’s availability for foster/adopt placement to determine if the foster/adoptive parents are desirous of seeking a foster/adopt arrangement of the child. *(Provided, that the department may petition the court to waive notification to the foster parents or adoptive parents of the child’s siblings. This waiver may be granted upon a showing of compelling circumstances.)*

In some circumstances, children in foster care may need to be placed separately from their siblings who are also in care or have been previously adopted. This may occur when one sibling is a danger to his or her siblings or when a large group is being removed from their home and a placement resource, to allow all of the children to be placed together, is not available. If a child’s case plan includes placement of the child separately from his or her sibling, the worker must secure a court order which finds that it is in the child’s best interest not to be placed in the same home as his or her sibling. This order must be documented on the Hearings Outcome screen, Details screen, and in Document Tracking in FACTS.

9.5 Sibling Visitation

The child’s worker is responsible for ensuring the visitation plan is followed. The worker will provide a copy of the visitation plan to the child’s foster/adopt parents. These parents should provide routine transportation for visitation, if possible. If transportation is a hardship for the foster/adopt parent, the child’s worker will provide the transportation to enable the visit to occur. The child’s worker will document the visitation plan in FACTS on the Visitation Plan screen.

9.6 Worker Contacts/Visits

Level of Care	Initial After Placement F/F	With Child F/F	With Caretaker F/F	With Family F/f	With Other Agency SW
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					and Staff Telephone or F/F
Kinship/Relative	72 hrs-face to face at kinship home	Monthly at kinship home	Monthly at kinship home	Monthly until TPR or other court order	N/A
DHHR Foster to Adopt Including approved relative Foster/Adopt	72 hrs-face to face at foster home	Monthly at foster home	Monthly at foster home	Monthly until TPR or other court order	N/A
Specialized Agency Foster to Adopt	72 hrs-face to face by <i>Specialized Agency Staff</i>	Telephone and/or face to face monthly; Every 3 mo at foster home	Telephone and/or face to face monthly; Every 3 mo at foster home	Monthly until TPR or other court order	Monthly with Specialized Agency staff regarding their contacts and services
Group Care (Residential or PRIF)	72 hrs. telephone or face to face	Telephone and/or f/f monthly; Every 3 mo f/f at facility	Telephone and/or f/f monthly; Every 3 mo f/f	Monthly until TPR or other court order	Monthly with residential staff
Medley Supervised by specialized agency	72 hrs face to face by DHHR or Specialized Agency Worker	Telephone and/or f/f monthly; Every 3 mos f/f at medley home	Every 3 mos face to face	Monthly until TPR or other court order	N/A
Out of State	72 hrs. telephone or face to face	Telephone and/or f/f monthly; Every 3 mos f/f at facility or home	Every 3 mos. at facility	Monthly until TPR or other court order. Worker should also visit child during home visit with parents	Monthly with residential staff or with Specialized Agency staff regarding their contacts and services

****Visits should include private time with the child.**

This chart does not include contacts that occur at school, MDT's, court hearings, and other settings

9.61 Contacts with In-State DHHR Foster/Adoptive Homes

Regular contact between the child and the Adoption Worker allows the child to have ample opportunity to express concerns, fears, problems with the placement, or other special issues. These meetings also provide the child's worker with an opportunity to directly assess the child's progress. The frequency and intensity of contacts between the child's worker, the child and the foster/adoptive family will be determined by the individual needs and problems of the child and his family. The

period of post placement services extends from the date the SS-ADP-48 is signed to the finalization of the adoption.

Worker Actions

The child's worker is required to maintain contact with the child either by telephone or face-to-face to assure the placement is meeting the child's needs. **During each visit, the worker will provide an opportunity for time alone with the child to address any concerns or issues related to the child's needs or placement.** *(If the child is physically, emotionally or developmentally unable to communicate, the worker may fulfill this requirement by discussing the child's progress with the caretaker.)*

Requirements for worker and child visits are as follows:

1. The child's worker will have face-to-face contact with the child and caretaker at the foster home within 72 hours of placement to assess the child's adjustment to the placement.
2. The child's worker will have continuing face-to-face contact with the child and caretaker, in the foster/adoptive home, at least once a month. A minimum of six (6) home visits will be made during the post-placement period. At least three of the visits will be in the home.
3. The child's worker will have face-to-face contact with the child's parents on a monthly basis while the child is in foster care or until parental rights are terminated, unless ordered by the court. Contact should be made by telephone with the child and the family at least twice a month or as needed.
4. In addition to the required, monthly, in-home visits, the child's worker will utilize other opportunities, such as Multidisciplinary Treatment Team meetings, Individualized Educational Plan Meetings, child and parent visits, etc., to meet individually with the child.
5. The child's worker must document all contacts with the child, foster/adoptive parents and child's parents in FACTS, in the CONTACTS SCREEN, within **five (5) working days** of the contact being made. The documentation must contain the **DATE** and **CONTENT** of the contact.

There are circumstances that may require special attention or more frequent contacts with the child such as the following:

1. The child has experienced separation or loss, is in need of medical care or hospitalization, has other disturbing experiences, or has social or school problems.
2. There is going to be a transfer of the child's worker.

3. There are new or additional problems in the child's biological family.
4. A child has severe problems of maladjustment and difficult behavior.

9.62 Contacts with Specialized Agency Homes

The above standards will be followed with Specialized Agency homes with the following exceptions:

1. The Specialized Agency staff worker (Instead of the Adoption Worker) will be required to have face-to-face contact with the child and caretaker, at the foster home, within 72 hours of placement to assess the child's adjustment to the placement.
2. The child's worker will have meaningful contact with the child and the caretaker either by telephone or face-to-face at least once a month. **The child's worker must have face-to-face contact with the child and caretaker, at the foster home, at least once every three (3) months. It is highly recommended that face-to-face contact be made more frequently for those children placed within the District.**
3. The child's worker will have contact with the specialized foster care agency staff at least once a month to assure that bimonthly contacts are occurring with the child and caretaker and to assess and/or address any placement issues or concerns.

9.63 Contacts with Residential Treatment Homes

Regular contact with a child in a residential home will follow the same standards as those for a child in an in-state DHHR adoptive home with the following exceptions:

1. The majority of contacts between the child and the child's worker will be made at the **residential treatment facility**.
2. The child's worker will have telephone **or** face-to-face contact with the child and provider, at the facility, within 72 hours of placement to assess the child's adjustment to the placement.
3. The child's worker will have meaningful contact with the child either by telephone or face-to-face, at the facility, at least once a month. **The child's worker must have face-to-face contact with the child and the caretaker, at the facility, at least every three (3) months. It is highly recommended that face-to-face contact be made more frequently for those children placed within the district.**

4. The child's worker will also have contact with the group/residential care agency staff at least once a month to assess and/or address any placement issues or concerns.

9.64 Contacts with Out-of-state Adoptive Homes

The child's worker will be expected to maintain the same standards for contacts as with in-state DHHR homes with the following exceptions:

1. The child's worker will have telephone or face-to-face contact with the child and provider within 72 hours of placement to assess the child's adjustment to the placement.
2. The child's worker will have meaningful contact with the child and provider either by telephone or face-to-face at least once a month. **The child's worker must have face-to-face contact with the child and caretaker at the foster/adoptive home at least once every three (3) months.**
3. **Out-of-state visits require the approval of the Regional Director and out-of-state travel regulations apply.**
4. The child's worker will have contact with any out-of-state agency staff involved in the case at least once a month to assure that monthly contacts are being made with the child and provider or to assess and/or address any placement issues or concerns.

9.7 Continual Assessments/Case Plan

Continual assessments are an integral part of foster care and foster/adopt placements. Statute requires that the status of each child be reviewed at least every three months to determine:

1. The continuing need for placement
2. The continuing appropriateness of the placement,
3. Compliance with the case plan, and
4. A likely date by which the child may achieve permanency.

Throughout the casework process and the court proceedings, the Child, Youth and Family Case Plan may change. Modifications should be made in FACTS, saved to the FACTS File Cabinet and distributed to all members of the MDT and filed with the court as appropriate.

In the case of a child whose permanency plan is adoption, documentation must be made of the steps being taken to find a permanent living arrangement including child specific recruitment efforts.

9.8 Permanency Placement Reviews

When the court terminates parental rights and commits the child to the guardianship of the Department, the child's worker will initiate the permanency placement review process. If the child's permanency plan is adoption:

1. The child's case must be transferred to the Adoption Unit within 30 days of the receipt of the court order of the final Termination of Parental Rights.
2. The child must be referred to the Adoption Resource Network within 30 days of termination of at least one parent's rights for inclusion on the state's adoption web page and for statewide child specific recruitment programs..
3. The worker must develop the post-termination placement plan and submit it to the court, Guardian Ad Litem, and all Multidisciplinary Treatment Team members. This plan must be submitted within ninety (90) days of the date of the hearing at which parental rights were terminated. This plan must describe the Department's progress toward arranging an adoptive home or other permanent placement; a schedule and description of the steps necessary to place the child in an adoptive home; a discussion of any special barriers preventing placement of the child for adoption or other permanent placement and how they can be overcome; and a discussion of whether an adoption subsidy is needed and if so, the likely amount and type of subsidy required.
4. An updated post-termination placement plan must be prepared and submitted prior to each permanent placement review conference.
5. The court must submit an order determining whether or not permanent placement has been achieved. This order must also verify the hearing meets the judicial review requirements if a judicial review has not been conducted within the preceding twelve (12) months.
6. If the permanent plan has not been achieved within eighteen (18) months of the child entering foster care, the child's worker must present to the court the reasons for the delay in achieving the child's permanency plan and request that the court find on the record whether or not extraordinary reasons were sufficient to justify the delay in permanency.
7. If a child is removed from a permanent placement, the permanent placement review process must be initiated. The child's worker will promptly report the change in the child's circumstances to the court, Prosecuting Attorney, and Guardian Ad Litem and request that the court schedule a permanent placement review conference within two (2) months of the child's removal.

8. The Adoption Worker must document the court review in FACTS on the court screens including whether or not a finding of reasonable efforts to finalize the permanency plan for the child was obtained.

9.9 Life Skills

Foster care or pre-adoptive care is a transitional living arrangement. For those children, the Department has the responsibility to help them develop into self-sufficient adults. For all foster children over the age fourteen (14), the child's caseworker or Adoption Worker is responsible for conducting an assessment of the child's potential for eventual independence. Once the assessment has been completed, the worker must develop an appropriate plan for securing and providing necessary services to assist each youth to achieve independence. Continuous reviewing and modifying of this plan may be necessary until the child achieves his permanency goal.

9.91 Daniel Life Skills Assessment

The Daniel Life Skills Assessment is the tool used to assess the child's potential for independence. It may be administered by the Adoption Worker, foster parent, or Agency staff of group/residential settings. The Assessment interview must be administered no later than sixty (60) days following the child's 14th birthday or within 60 days of the child entering foster care if the youth has already reached the age of fourteen. Re-assessment of the Daniel Life Skills will be done bi-annually (every two years) until an adoption is finalized or the youth is discharged from foster care.

The Adoption Worker must develop a personalized transition plan for each youth no later than ninety (90) days following the youth's fourteenth birthday or entrance into foster care if the child is already age fourteen or older. This plan must specify the needs of each youth and the strategies planned for developing his life skills.

The child's goals and objectives based on the Daniel Life Skills Assessment should be developed and incorporated into the Child, Youth, and Family Case Plan and made available to the youth. The progress of the child must be documented on the Child's Life Skills Progress Book as well as the Plan-Independent Living screen in FACTS.

9.92 Phillip Roy, Inc. Life Skills Curriculum

The Phillip Roy, Inc. Life Skills Curriculum is the formal instruction method used for life skills improvement for W. V. foster children. The learning topics are arranged in order of priority and enable the child to improve basic living skills and to better manage independence.

9.93 Life Skills Payment

The foster parent/staff will maintain a Life Skills Progress Book in which the successful completion of each module is recorded. The parent/staff will also provide a copy of these pages as part of the regularly scheduled progress report.

The Chafee Transitional Living Program staff will approve a \$10.00 incentive payment to each youth submitting documentation of successful achievement of each of the life skills units. A copy of the completed pages of the record book will serve as appropriate documentation. The copy of the completed module along with a written request for payment approval must be forwarded to the Chafee Transitional Living Program Manager. Once the payment is approved, the child's worker may enter a demand payment to the youth using FACTS Demand Payment Type – Educational Services and Supplies.

9.10 Socially Necessary Services

9.101 Definition

Socially Necessary Services are interventions that are necessary to improve relationships and social functioning with the goals of preserving the individual's tenure in the community or the integrity of the family.

9.102 Administrative Service Organization (ASO)

An Administrative Service Organization (ASO) is an agency that is contracted to provide administrative services to enforce the purchaser's policies. In West Virginia, APS Healthcare, Inc. was selected to become the state's ASO. In this capacity, APS Healthcare will:

- Develop Utilization Management Guidelines for socially necessary services provided by the Bureau for Children and Families for family foster care, family preservation and reunification, family support and adoption services.
- Require prior authorization to obtain these services thus assuring children and families will receive the right service, for the right amount and in the right place.
- Provide a consistent service array and reimbursement to all regions.
- Assist BCF providers to increase efficiency and quality
- Assure consistent application of BCF policies in service delivery and payment.
- Identify service gaps and availability.

9.103 Utilization Management Guidelines

The manual of socially necessary services is titled Utilization Management Guidelines. This manual contains all of the information about the services available to the clients and is organized into two parts: Child Protective Services and Youth Services. The Manual is available for download at www.apshealthcare.com. Click on WV State seal, then click library/downloads.

The Utilization Management Guidelines offers the following data on each service provider:

- **Definition** – Describes the service in detail and what the service should accomplish
- **Target Population and Program Option**
- **Initial Authorization** – Describes the units of service available and the duration of the service.
- **Re-authorization** – Indicates if service can continue after initial authorization.
- **Admission Criteria** – Describes the conditions that must be present for a client to be eligible for a service.
- **Continuing Stay Criteria** – Describes under what conditions a service would end.
- **Service Exclusions** – Describes what services could preclude another service being offered.
- **Clinical Exclusions** – Considers the severity of the clinical picture that may preclude using a socially necessary service.
- **Documentation** – Describes what paperwork needs to be a part of the permanent case record.

- **Credentials** – Describes what qualifications are needed for the staff providing the service.

9.104 Services Offered - Foster Care

Services begin after a child is removed from the home and placed in family foster care or residential care. Services for foster or pre-adoptive children include the following:

- CAPS Family Assessment
- CAPS Case Management Services
- Adult Life Skills
- General Parenting
- Individualized Parenting
- Family Crisis Response
- Emergency Respite
- Daily Respite
- Tutoring
- Transportation Services
- Lodging and Meals
- Supervised Visitation
- Intensive Therapeutic Recreation Experience
- Home Studies (In-state and Out-of-State)

9.105 Services Offered – Adoption Preservation

The services offered for adoption preservation are to be determined.

9.106 Accessing the Services

The following process will be followed when making a referral for socially necessary services: To be determined

9.107 Denied Provider

If a denied provider disagrees with this determination, he may appeal via a multi-step process: Any appeal would first be reviewed by an APS Care Manager. If the denial is upheld by the Manager, it would next be reviewed by the ASO Internal Review process. After denial by this review, the provider may appeal to the WVDHHR Review Committee and finally request a fair hearing.

SECTION 10
ADOPTION PROCESS

10.0 Adoption Process

10.1 Placement

10.1-1 Adoption Agreement

The day a trial adoption placement begins, the Adoption and Discipline Agreement (SS-ADP-48) will be completed and signed and a copy given to the adoptive parents. If a foster/adopt parent for the child's current placement has agreed to adopt, an Adoption Agreement will be completed.

The adoptive parent should be given a current child summary, medical information, and non-identifying birth parent medical information, FC-12 (Birth and Medical History of Child) and FC-12A (Birth Parent Background information-merge forms).

The worker will exit the child from any foster care placement and enter him into the adoptive record. This will generate a boarding care check and a medical card.

10.1-2 Child's Information/Possessions

The child's life book, journey notebook, clothing and personal belongings must follow the child into the placement.

10.2 Placement Support

10.21 Support Groups/Mentors

It is important for foster/adoptive families to be supported in their efforts to provide care and nurture the children placed in their homes. One way to do this is through regular contact between Department staff and the foster/adoptive parents. In addition, there are other opportunities that Home Finding staff and the Adoption Worker should pursue to provide support for families.

1. Local foster parent associations provide members with an opportunity to interact with others who may be encountering similar experiences. These meetings often function as support groups, training opportunities, recreational activities, etc.
2. For new foster/adopt parents who may need more direct assistance and support than that provided by the local foster parent association, or in areas where there is no foster parent

association, the Adoption Worker with help of the Home Finder should identify an established foster/adoptive family to mentor the new family. Mentoring by an established foster/adoptive family provides guidance, support, and direction to new foster/adoptive parents through the many obstacles and difficult situations that may occur.

10.22 Initial Clothing Allowance

All children must have an adequate basic wardrobe for all seasons and routine functions. If a child does not have an adequate basic wardrobe at the time of placement, items of clothing may be purchased by the foster/adopt parents, relative or agency using a clothing allowance. This clothing payment is to only be made when a child initially enters foster care. The child's worker is not to issue another clothing payment for a child if the child moves from one placement to the next. The child's clothing brought from his home and purchased with the initial clothing payment must follow the child. The child's worker must use the Clothing Allowance Demand Payment type to generate a payment to the child's placement provider. A child's initial foster care placement clothing allowance may not exceed \$300.00. It is the responsibility of the child's foster parents or group residential care staff to ensure that the child continues to have an adequate wardrobe after placement.

Fifteen percent (15%) or \$90.00 per month of the monthly boarding care payment is to be used to purchase necessary clothing items as required by the child's change in height or weight.

10.23 School Clothing Allowance

Currently, the Department provides a school clothing allowance for children in the custody of the department. This allowance is normally mailed to foster care providers in July and is presently \$100.00. The allowance will cease at finalization of the adoption.

10.3 Requests for Consent of Guardian

In order for a child who is in the custody of the Department to be adopted, the Department must consent to the adoption. **The petition for adoption must be accompanied by the Consent of Guardian at the time of filing.** The consent cannot be granted until the child to be adopted has lived with the adoptive parents for a period of five (5) months and the required worker visits have been made and documented. The Adoption Worker will prepare, in triplicate, the

Release and Consent for Adoption and forward it to the Regional Director or designee to be signed and notarized.

One original will be retained in the child's adoptive paper file. The second original will be given to the adoptive parents' attorney. The third original will be included in the information packet to be sent to the Adoption Program Specialist at the Bureau for Children and Families.

10.4 Application for Adoption Services

The Application for Adoption Services (ADP-0016) is an agreement negotiated between the adoptive parent(s) and the Department which defines the type of adoption assistance the adoptive parents are eligible to receive for the child. This agreement must be entered into prior to the finalization of the adoption.

10.5 Adoption Packet

The Adoption Worker will prepare a complete adoption court packet to be given to the adoptive parent's attorney. This packet will contain everything needed to complete the adoption including the following:

1. One certified copy of the court order(s) terminating parental rights for all persons identified as having such rights or a certified copy of the Death Certificate for a birth parent who died prior to termination of rights. If the parent relinquished rights, the packet will contain a notarized copy of the child's Placement Agreement giving custody to the Department or a notarized copy of the child's relinquishment with court order ratifying this relinquishment.
2. One Certified copy of the child's birth certificate.
3. One Certified court order of Sibling Separation and/or any court orders relating to Grandparents or other relatives' rights.
4. One original of the Adoptive Home Study and any updates.
5. One original of the child's Social Summary.
6. One original of the initial signed Adoption Agreement and any modifications or addendums.
7. One original, signed and notarized Consent to Adopt statement.

10.6 Filing of the Petition

The adoption petition may be filed by the attorney for the adoptive parents at any time after the child has lived in the home for five months. Once the petition is filed, there is a forty-five (45) day waiting period before the adoption hearing may be held.

10.7 Absent or Unknown Parent

In the case of an unknown father (A biological father whose identity the biological mother swears is unknown to her before adoption), the court will consider all evidence and determine whether the father can be identified. This consideration will be accomplished as soon as practicable after filing of the petition, but no later than sixty (60) days before the final hearing on the adoption petition.

If the court identifies a father, then notice of the proceeding for adoption must be served on the father.

If the court decides the father is unknown, it may decide whether or not to order the publication of a notice in a newspaper in order to notify the father.

10.8 Notice of Proceeding

Unless waived, notice of a proceeding for adoption must be served within twenty days after the petition is filed upon:

1. Any person whose consent is required (WV code 48-22-301). Notice does not have to be served on a parent/guardian whose status has been terminated.
2. Anyone claiming to be the father of the child and whose paternity has been established.
3. Anyone other than the petitioner who has legal or physical custody of or visitation rights with the child under an existing court order.
4. The spouse of the petitioner if the spouse is not part of the petition.
5. A grandparent of the child if the grandparent's child is a deceased parent of the child and the deceased parent had not consented or relinquished or been terminated prior to death.
6. Anyone the court feels can provide relevant information that the court wants to hear.

The notice will inform these recipients that their parental rights, if any, may be terminated in the proceeding and that they may appear and defend these rights within the required time after service.

10.9 Confidential Report to Judge

The Adoption worker will prepare a confidential report to be submitted to the judge prior to the hearing. This report will contain written information about

the child and the home and will also consist of the Adoption Worker's opinion of whether or not the family should be approved to adopt the child.

10.10 Adoption Hearing

The Adoption worker will attend the adoption hearing and be prepared to respond to questions or a request for information from the presiding judge. At the conclusion of the hearing, the worker must request a certified copy of the adoption order.

At the final hearing, the judge will examine the petitioners to assure they are of good moral character, have respectable standing in the community, are able to properly maintain and educate the child, and that the best interests of the child would be promoted by the adoption. The judge will then make an order of the facts and the name by which the child will be known. He will declare that from the date of the order, the rights, duties, privileges and relations, previously existing between the child and anyone with previous parental rights, will end. He will also declare the rights, duties, privileges and relations between the child and his or her parent or parents by adoption shall be the same, including the rights of inheritance, as if the child had been born to the adoptive parents.

10.11 Recording the Order and Birth Certificate

The adoption order shall be recorded in the office of the clerk of the circuit court in a sealed file. Non-identifying information shall be provided to the adoptive parents or an adult adoptee by their submitting a request to the clerk of the court. Either birth parent may submit additional social, medical or genetic history for the adoptee. This information will be placed in the court file by the clerk who will also notify the court. The court will then transmit all non-identifying medical, social, or genetic information to the adoptive parents or adult adoptee.

Immediately upon the entry of the adoption order, the court shall have delivered to the state registrar of vital statistics a certificate under the seal of the court showing:

1. The date and place of birth of the child;
2. The name of the mother of the child, if known and the name of the legal or determined father of the child, if known;
3. The name by which the child has previously been known;
4. The names and addresses of the adopting parents;
5. The name by which the child is to be known; and
6. Any other information required by Vital Statistics.

Upon receipt of the certificate, the registrar of vital statistics shall issue and deliver by mail to the adopting parents at their last-known address and to the clerk of the county commission of the county in which the order was entered a birth certificate. The name of the child shown on this certificate shall be the name given him or her by the order of adoption. The clerk will record the birth certificate.

10.12 Notification to Child Support

After consummation of the adoption, the Adoption Worker will notify Child Support of the finalization in order to stop accrual of child support obligations.

SECTION 11
**ADOPTION ASSISTANCE/
SUBSIDY**

11.0 Adoption Assistance/Subsidy

11.1 Purpose

The purpose of the adoption assistance program is to provide medical and financial help on behalf of special needs children in order for adoptive families of any economic level to properly care for them. These services are designed to supplement rather than replace the resources of the adoptive family and community.

11.2 Eligibility

11.2.1

Eligibility for subsidized adoption must be determined for every child who is to be placed for adoption. The eligibility is determined with the child and is without regard to adoptive family income. In order to qualify for an adoption subsidy, a child must be a West Virginia resident in the guardianship of the Department or a private licensed adoption agency. The child must be legally free for adoption and classified as a Special Needs child and reasonable effort must have been made to place the child without adoption assistance. Children are determined as “Special Needs” either because they:

- (a) Have established emotional ties with prospective adoptive parents while in their care; or
- (b) Are not likely to be adopted or become a ward of a legal guardian because of one or more of the following:
 - (1) They have a physical or mental disability;
 - (2) They are emotionally disturbed;
 - (3) They are older children; (WV DHHR policy determines this to be age 8 or older)
 - (4) They are part of a sibling group;
 - (5) They are a member of a racial or ethnic minority; or
 - (6) They have any combination of these conditions.
- (c) In any case where the child meets the requirements of section 473(a)(2) of the Social Security Act (Act), the State/Tribe may make adoption assistance payments to adoptive parents, directly through the State/Tribal agency or through another public or nonprofit private agency, in amounts so determined through an adoption assistance agreement

11.2.2 Federal Reimbursement Eligibility

In order to be federally reimbursed through Title IV-E of the Social Security Act, these criteria must be met. However this determination is to be made by the Resource Development Unit (RDU) and does not affect current subsidy determination practice.

Beginning in fiscal year 2010, an applicable child is:

- a. a child for whom an adoption assistance agreement is entered into under section 473 of the Act during any fiscal year described in 473(e)(1)(B) of the Act -

In the case of fiscal year: The applicable age is:

2010	16
2011	14
2012	12
2013	10
2014	8
2015	6
2016	4
2017	2
2018 or thereafter	any age.

if the child attained the applicable age pursuant to that paragraph for that fiscal year before the end of that fiscal year; or

- b. a child of any age on the date on which an adoption assistance agreement is entered into on behalf of the child under section 473 of the Act if the child has been in foster care under the responsibility of the State/Tribal agency for at least 60 consecutive months and meets the requirements of paragraph 473(a)(2)(A)(ii) of the Act –

in the case of a child who is an applicable child for the fiscal year (as so defined), the child—

(l)(aa) at the time of initiation of adoption proceedings was in the care of a public or licensed private child placement agency or Indian tribal organization pursuant to—

(AA) 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

(BB) a voluntary placement agreement or voluntary relinquishment;

(bb) meets all medical or disability requirements of title XVI with respect to eligibility for supplemental security income benefits; or

(cc) 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—

(AA) 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

(BB) a voluntary placement agreement or voluntary relinquishment; and

(II) has been determined by the State, pursuant to subsection (c)(2), to be a child with special needs.

or

c. a child of any age on the date on which an adoption assistance agreement is entered into on behalf of the child under this section without regard to whether the child is described in 473(e)(2)(A) of the Act -has been in foster care under the responsibility of the State for at least 60 consecutive months - if the child:

i. is a sibling of a child who is an applicable child for the fiscal year under paragraphs 473(e)(1) or (2) of the Act; and

ii. is to be placed in the same adoption placement as their sibling who is an applicable child for the fiscal year; and

iii. meets the requirements of 473 (a)(2)(A)(ii) of the Act –

(ii)in the case of a child who is an applicable child for the fiscal year (as so defined), the child—

(l)(aa) at the time of initiation of adoption proceedings was in the care of a public or licensed private child placement agency or Indian tribal organization pursuant to—

(AA) 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

(BB) a voluntary placement agreement or voluntary relinquishment;

(bb) meets all medical or disability requirements of title XVI with respect to eligibility for supplemental security income benefits; or

(cc) 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—

(AA) 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

(BB) a voluntary placement agreement or voluntary relinquishment; and

(II) has been determined by the State, pursuant to subsection (c)(2), to be a child with special needs

11.3 Subsidy Categories

11.31 Financial Subsidy

Effective October 1, 2004, a monthly maintenance payment up to \$600.00 per child will be paid to adoptive DHHR parents of children with special needs. Payments to adoptive parents who provided foster care for the adoptive child prior to adoption through a specialized agency will receive a maintenance payment based on and not to exceed the specialized foster care rate. The monthly subsidy amount will be reduced by the amount of any federally funded, statutory or other support benefits which the child currently receives. The adoptive parents are required to inform the State/Tribal agency of circumstances that would make them ineligible for adoption assistance payments or eligible for adoption assistance payments in a different amount.

The amount of the financial subsidy must be specified in the adoption agreement. The subsidy may be paid on a monthly basis until the child is age eighteen (18) or the child is emancipated. The adoptive parent may request approval from the Adoption Assistance Program Specialist to

extend the subsidy beyond the child's eighteenth (18th) birthday if the child continues to make satisfactory progress in a full-time educational or training program. Adoptive parents may also request approval from the Adoption Assistance Program Specialist to extend the subsidy beyond the child's eighteenth (18th) birthday upon verification of a mental or physical disability which would warrant continuation of assistance while the Adoptive Parents pursue SSI benefits on behalf of the child. The adoption subsidy may be adjusted periodically with the concurrence of the adoptive parents to reflect changing circumstances. A letter of request must be accompanied by documentation of school enrollment and sent to the Bureau for Children and Families, Children and Adult Services, 350 Capitol Street, Room 691, Charleston, W. V. 25301, attention: Adoption Assistance Program Specialist.

11.32 Medical Subsidy

Medical service is provided to all children receiving adoption assistance through the federal Medicaid program. In West Virginia, this service is provided regardless of IV-E eligibility. Where possible, the adoptive parent must add the child to their private health insurance after the adoption.

Medicaid is available regardless of the state of residence and most states have a Medicaid agreement of reciprocity through ICAMA. If the child moves to a state that does not have a reciprocity agreement, the adoptive parent will continue to receive a West Virginia Medicaid card and must locate providers who are willing to become W. V. Medicaid providers. If the adoptive parent is unable to locate willing providers, requests for reimbursement will be considered on a case-by-case basis by the Adoption Assistance Program Specialist at the State office.

11.33 One-Time Non-Recurring Adoption Expenses

A one-time only payment, not to exceed one thousand dollars (\$1,000.00) per child, is available to cover legal fees, transportation costs, home study fees and other expenses related to the adoption of a child in state custody. This payment is available regardless of the child being eligible for adoption subsidy. The adoptive parent may make application for non-recurring adoption expenses at any time prior to the finalization of the adoption of a special needs child. The following criteria must be met for the special needs child to qualify:

1. The child cannot be returned to the home of his parents because:
 - the parents have signed voluntary consents or relinquishments for adoption; or
 - Parental rights have been terminated through court action; or
 - The parents are deceased; or

- A combination of the above.
2. The Department was unable to find a placement for the child without assistance because the child:
 - Is a member of a minority or ethnic group;
 - Is over the age of 8
 - Is a member of a sibling group needing placement together;
 - Has mental, physical or emotional handicaps.
 3. Reasonable efforts have been made to place the child without providing assistance with no success.
 4. The child's ethnic, racial or minority background.

If the child is receiving adoption assistance from another state, the state paying the assistance is responsible for reimbursement of non-recurring costs. The rules and laws of that state will determine eligibility.

A child who is not eligible for ongoing adoption assistance and for whom non-recurring expenses are paid, is not eligible for Title XIX (Medicaid)

In order to receive reimbursement, the adoptive parent must forward to the Department the following documents:

- A copy of the adoption petition
- A certified copy of the final order, and
- Copies of the bills, receipts, or invoices reflecting the allowable costs incurred by the adoptive parent.

The Adoption Assistance Program Specialist will enter a demand payment within 14 days of receipt in order to reimburse the adoptive parent. The providers (attorney, adoption agency, etc) may not be paid directly.

11.34 Conditional Subsidy

If the child qualifies for assistance at the time of the adoption, but the Adoptive Parents elect not to receive part or all of the assistance, the family must sign the refusal clause of the Adoption Agreement. This clause allows for reapplication for assistance, in the future, if needed by the child.

11.35 Interstate Compact on Medical Assistance (ICAMA)

The Interstate Compact on Medical Assistance (ICAMA) is the mechanism by which Medicaid is provided on an interstate basis to IV-E and non IV-E children. It assures reciprocity of Medicaid coverage to a IV-E child residing in member states. A member state must choose a Cobra option as part of the state plan in order to provide Medicaid or adoption assistance to non-IV-E children.

A. Referral to Another State

When a potential adoptive family resides in another state, a referral to the ICAMA administrator must be made by the Adoption Assistance Program Specialist in order for the child to receive Medicaid in the state of residence. Once the adoption assistance agreement is in effect, the ICAMA Administrator will complete one ICAMA Referral Form 601 for the child/children being adopted. (Sibling groups require one form only). A copy of the initial adoption assistance agreement is attached to the 601 form. A copy of the adoption order and re-determination of IV-E eligibility may also be included. This ICAMA packet is sent to the ICAMA Administrator in the receiving state by the W. V. ICAMA Administrator.

An ICAMA Form 602 will be sent by the W. V. ICAMA Administrator to the adoptive parents to notify them of the referral. An ICAMA Form 603 will be used by the W. V. ICAMA Administrator to notify the other state of any change in case status or address.

B. Referral Received From Another State

The W. V. Administrator will receive the ICAMA 601 referral form with a copy of the initial agreement and the adoption order if the adoption has been consummated. The Resource Development Unit (RDU) Specialist will determine W. V. Medicaid eligibility and process the medical card for IV-E eligible children and for non IV-E children who are receiving assistance from another state.

The RDU Specialist will open a FACTS case for eligible children and notify the adoptive parent, the sending state, and the W. V. ICAMA Administrator of the case approval and date of eligibility.

11.4 Adoption Agreements

The Department will enter into one of two types of written contracts with any family who is adopting a child in the Department's custody: an Adoption Assistance Agreement (for children who are eligible as "special needs" and/or as federally reimbursable as described in section 11.2.2 for a financial subsidy) or a Deferred Adoption Agreement (for children who are not currently eligible but who may become eligible in the future).

11.41 Adoption Assistance Agreement

An Adoption Assistance Agreement is a written agreement, binding on all parties, between the Department, other relevant agencies and the prospective adoptive parent(s). It must specify the following:

- A statement that the child is a “special needs child”;
- The duration of the agreement;
- The nature and amount of adoption assistance payments;
- An explanation and duration of any additional services or assistance to be provided by the department;
- A statement defining the nature and amount of any non-recurring expenses;
- Assurance the agreement will remain in effect regardless of the child’s state of residence;
- An explanation of the review process;
- Instructions specifying when and how the Department should be notified of any changes in the needs of the child;
- Conditions under which the adoption assistance may be terminated;
- An explanation of the fair hearing process
- **This agreement must be dated and signed by the adoptive parents and a Regional Director of the Bureau for Children and Families, Children & Adult Services or designee. (In most regions, the Adoption Program Manager will be the designee who will sign the agreement) and is in effect before adoption assistance payments are made under Title IV-E, but no later than finalization of the adoption.**

Once in effect, this agreement can be terminated only under the following circumstances:

1. The child has attained the age of 18 (or the age of 21 if the State has determined the child has a mental or physical disability which would warrant continuation of assistance).
2. The state determines the adoptive parents are no longer legally responsible for support of the child; or
3. The state determines the adoptive parents are no longer providing support to the child.
4. the child has not attained 18 year of age, if the title IV-E agency determines that the parents are no longer legally responsible for the support of the child

11.42 Deferred Adoption Assistance Agreement

A Deferred Adoption Assistance Agreement allows the adoptive parent who is not presently requesting assistance or who is not approved for

assistance to receive assistance in the future if the child should develop a condition directly related to the birth parents' history or congenital in nature. In order to qualify for this deferral, there must be factors in the child's background or birth parent's histories that could predispose the child to future special needs. The parent must request the deferral prior to the adoption finalization.

If a condition develops in the child, the adoptive parent may submit a written request with medical documentation to the Bureau for Children and Families to activate the child's adoption assistance. Medicaid, cash assistance, and/or a conditional subsidy may be requested. Any assistance will not be retroactive; rather, it will become effective when the child's eligibility for special needs assistance has been established.

11.5 Extended Medicaid Coverage

All children up to the age of 21, who come into the custody of the Department and are placed in foster care may be eligible for continued Medicaid coverage upon discharge from a foster care placement. (This includes DHHR foster homes, therapeutic foster homes, specialized family care (Medley), group residential, psychiatric hospitals, psychiatric treatment facilities, medical hospitals, trial adoptive homes, transitional living, emergency shelter care, family emergency shelter care, and schools for children with special needs.)

A child's eligibility for extended Medicaid is initially determined by time of placement and continues for twelve months, whether or not they remain in placement. Eligibility is re-determined annually on the placement anniversary. A child must be in custody for the coverage to be extended.

At discharge, the worker will document the child's address in FACTS and exit the child from placement. Facts will automatically generate a Notification of Extended Medicaid Coverage letter which is to be signed in duplicate by the parent/child/guardian. This form indicates that this coverage is free for children exiting foster care and that the parent must notify the department of any changes in living arrangements or resources. One copy of this letter will be maintained in the child's record; the other copy will be given to the parents/child/guardian. If the parents refuse this coverage, the worker must document the refusal in FACTS under the medical insurance screen.

The Department will automatically notify the parent prior to the end of the coverage period and termination of coverage. The parents have the right to appeal any decision.

(See Foster Care Policy Section 13.3 for further details.)

11.6 Chafee Education and Training Vouchers (ETV)

As a result of Congressional legislation that re-authorized the Independent Living Program, re-titled Chafee Foster Care Independence Program, funding has been made available to states to assist with the costs of higher education or vocational training for youth who were adopted from foster care after the age of 16 years, youth who have aged out of foster care, and youth who are placed in guardianship. Youth who meet any of these criteria are eligible to receive educational assistance up to \$5,000 per calendar year. This money may be used to cover the costs of attending college or vocational training, including all expenses related to a course of study such as computers, special clothing, shoes or boots, books, housing transportation, etc.

The child's adoption worker must, when completing the Subsidy Agreement for a child over the age of 16 years, specify the child's right to this educational assistance (to the degree funds continue to be able) in an addendum to the Subsidy Agreement. This addendum must be signed by the adoptive parents and the Regional Director or designee.

The adopted child may apply for this assistance at any time prior to his/her 21st birthday. The ETV funding will continue to be available until age 23 for youth who are enrolled and making satisfactory progress in an educational or vocational program on his/her 21st birthday. The Adoption Assistance Program Specialist must review and approve the request, determine if a new vendor number is needed and, if so, obtain the W9 and request the Bureau's Division of Administration open the new vendor in FACTS. The Adoption Assistance Program Specialist is also responsible for obtaining the youth's education plan, for obtaining and approving invoices for payment, and for forwarding those invoices to the Bureau's Division of Administration for payment processing. The Adoption Assistance Program Specialist will provide the Chafee program manager the name of the individuals and the amount of all payments and approvals.

11.7 Social Security Income and Pension Benefits

If there is a possibility the child might qualify for SSI, the adoption worker must work with the Health Check and the Social Security Office to secure benefits prior to the filing of the petition for adoption. Continued eligibility after adoption will depend on the adoptive parents' income; however, establishing this SSI eligibility will qualify the child for adoption assistance IV-E eligibility and help the child reestablish the benefit, if needed, as an adult.

If one or both of the birth parents are deceased, the adoption worker must explore the possibility of dependent benefits from such pensions as Social Security, Veterans Administration, Railroad Retirement, Black Lung, United Mine Worker's, etc. Once established, the child will continue to be eligible for these benefits once adopted.

11.8 Medley at Risk

If the child meets the criteria of a Medley at Risk child due to severe mental retardation or a combination of mental retardation and a mental illness or an incapacitating physical disability, the adoption worker should refer the child to the Medley program during the trial adoption period. Some of these services may be available after adoption.

The child could also be eligible for either a Medicaid personal care service or Title XIX waiver service and family support from the OBS. These programs offer the adoptive parents ongoing service such as case management, personal care, in-home nursing level care, respite, medical equipment, home modification, etc.

11.9 Children with Special Health Care Needs Program

If the child has a congenital defect, the adoption worker must work with the EPSDT provider for referral to the Children with Special Health Care Needs Program. This program provides specialized, medical and surgical coverage, nutritional supplements, braces, orthopedic shoes, etc. Once approved, the child will remain eligible for these services after adoption until age 21.

11.10 W. V. Vocational Rehabilitation

If the child is age 16 or above with a physical or mental disability, they should be referred to the West Virginia Vocational Rehabilitation Program by their public school counselor. (This includes ADHD children.)

11.11 Reviews/Records

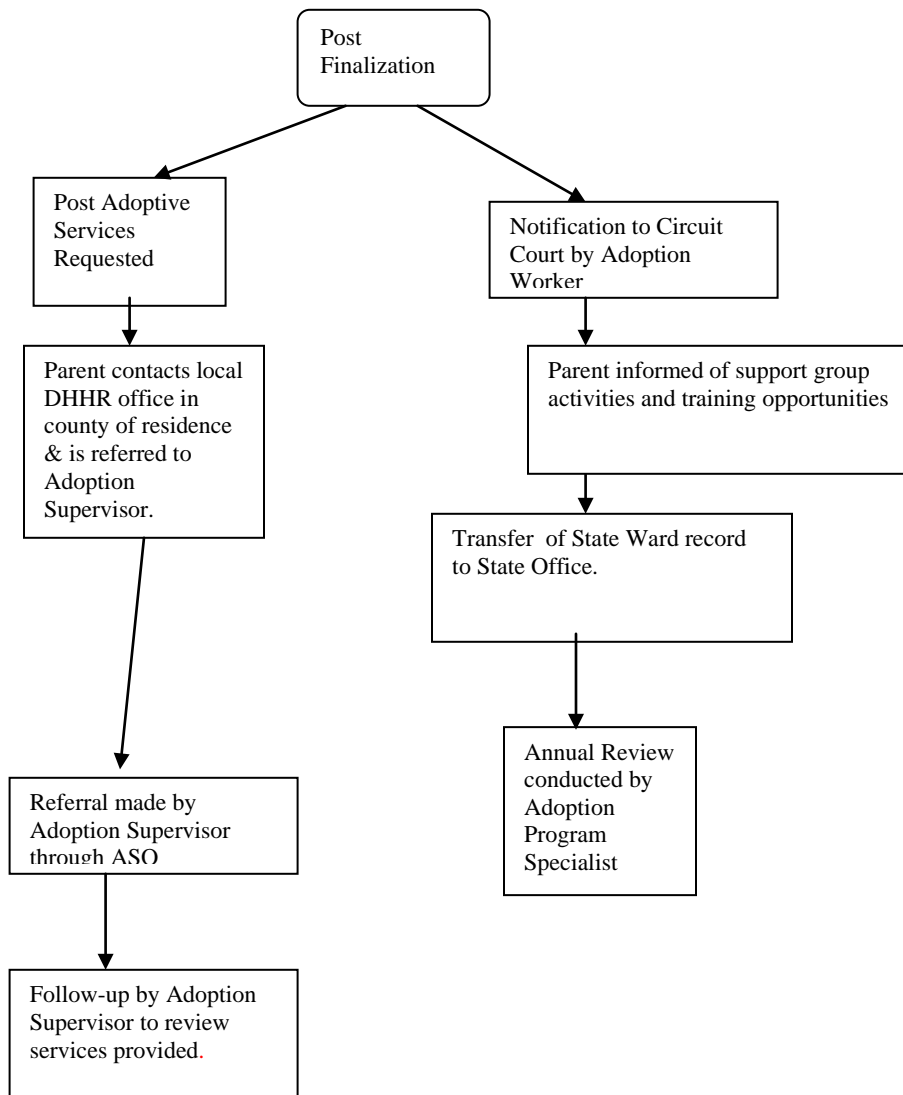
Reviews will be conducted periodically by the Adoption Assistance Program Specialist located in the State office. All final adoption records and state ward records will be archived in the State office.

11.12 Appeals/Fair Hearing

Adoptive parents or prospective adoptive parents may appeal any decision that affects their adoption subsidy. If the family's request is denied or if the subsidy is discontinued for any reason other than required by law the family may request a hearing in the county of their choice. This request must be in writing to the Bureau for Children and Families and received within 90 days of the denial for adoption assistance.

If a request for Adoption Preservation services is denied, it will be the service provider's responsibility to appeal this decision. If the denial continues to be upheld by the WVDHHR Review Committee, the adoptive parent may then request a fair hearing to review their request for services.

SECTION 12
POST FINALIZATION



12.0 Post Finalization

12.1 Adoption Preservation Services

Adoption Preservation Services will be offered to families of post-finalized adoptive children from W. V. DHHR foster care or from private adoptions in order to preserve an adoption that may be at risk of disruption or dissolution. Services offered through the Administrative Service Organization system may include Family Assessment, Case Management, Family Crisis Response, Emergency Respite, Daily Respite, Adoption Issues Counseling and Tutoring. (Specific services to be offered through the ASO for Adoption Preservation have not been determined)

In addition to services offered through the ASO, many counties also offer Foster/Adopt Support Groups and pairing of new adoptive families with more tenured families for support and advice.

12.2 Archiving of State Ward Records

The Bureau for Children and Families/Adoption Unit shall be responsible for the archiving of the State Ward records of children who have been adopted from the Public Welfare/Foster Care. Upon finalization, the Adoption Worker will have all material filed in the child's state ward record and will forward it to the Adoption Assistance Program Specialist for archiving for 99 years. The Adoption Assistance Program Specialist will be responsible for maintaining a cross reference archive index of adoption cases.

The Bureau for Children and Families maintains an adoptive file on all children who receive adoption assistance until the child reaches the age of twenty-one, at which time the record will be forwarded to be filed with State Ward records.

12.3 Non-identifying Information

During the adoptive process, the Adoption Worker will provide the adoptive parent with all non-identifying information known to the department regarding the social, medical or genetic history of the child and the birth family. The adoptive parent or the adult adoptee may submit a request to the Bureau for Children and Families or to the clerk of the circuit court to solicit copies of non-identifying information contained in the state ward record or in the sealed adoptive court record. Either birth parent may also submit additional social, medical or genetic history for the adoptee. This information will be placed in the adoptive file and shared with the adoptive parents upon receipt or with the adult adoptee upon request.

12.4 Mutual Consent Adoption Registry

The purpose of this registry is to provide a centralized location wherein birth parents and the adult adoptee may register their willingness to have their identity and whereabouts disclosed and to provide for the disclosure of such information provided each individual voluntarily registers. The information placed in the child's adoptive record will only be available upon request of an eligible person after the child and all siblings in an adoptive placement have reached the age of eighteen or upon court order for good cause shown.

The adoption record shall be added to the archived State Ward record upon the closure of the FACTS case after their twenty-first birthday.

The initial registration request may be via phone or letter to the Mutual Consent Registry, Bureau for Children and Families, Children & Adult Services, 350 Capitol Street, Room 691, Charleston, W. V. 25301. Telephone: 304.558.7980. Upon receipt of request, BCF staff will forward a Registry Inquiry Form to be completed by the applicant with notarized signature and returned with proof of the applicant's identity (photo ID and birth certificate and social security card.) A file will be maintained on each registrant for a period of 10 years.

Upon registering, the applicant will participate in not less than one hour of counseling with a social worker or social service worker employed by the Department's registry. If a birth parent or adult adoptee resides outside the state, the Department will obtain counseling from a social worker employed by a licensed agency in that state.

12.5 Adoption Dissolutions/Re-adoption

If an adoption dissolves or the adoptive parents die, the child must be readopted in order to receive cash, medical or conditional subsidy. If the child's parents have made arrangement for someone to care for and possibly adopt the child in the event of the parent's death, this person does not have to complete a home study or training. The person readopting the special needs child may make an application for non-recurring assistance and enter into negotiations and an agreement prior to the re-adoption becoming final. An addendum to the child's initial agreement will be entered into with the new adoptive parent.

12.6 Grievance Process/Fair Hearings

The Adoptive Parents may appeal the Agency's decisions to reduce, change or terminate adoption assistance in accordance with rules and procedures of the State's fair hearing and appeal process.

SECTION 13
DEFINITIONS

13.0 Definitions

Abandonment

Any conduct by the birth mother, legal father, determined father, unknown father or putative father that demonstrates a purpose to forego all duties and relinquish all parental claims to the child.

Adoptee

A person who has been legally adopted in the state of West Virginia.

Adoption

The judicial act of creating the relationship of parent and child where it did not previously exist.

Adoptive Parents

Those persons who, after adoption, are the mother and father of the child.

Adult

A person who is eighteen years of age or older.

Agency

A public or private entity, including the Department of Health and Human Resources, that is authorized by law to place children for adoption.

Birth Father

The biological father of the child.

Birth Mother

The biological mother of the child.

Boarder Babies

Newborn babies who have had prenatal drug exposure and/or are HIV positive. Although medically ready for hospital discharge, these babies have been abandoned by their birth parents and no placement is available for them.

Closed Adoption

An adoption in which identifying information about the birth parents and adoptive parents is considered confidential and is not made available as a result of state law and/or court order.

Concurrent Planning

A Permanency planning strategy for assuring an expedient permanent placement for a child by simultaneously planning for reunification and an alternative permanent placement such as adoption.

Consent

The voluntary surrender to an individual, not an agency, by a minor child's parent or guardian, for purposes of the child's adoption, of the rights of the parent or guardian with respect to the child, including the legal and physical custody of the child.

Criminal Identification Bureau Record – (CIB)

A fingerprinting process that identifies those who have been arrested or convicted of a criminal act or behavior.

Determined Father

Before adoption, a person: (1) In whom paternity has been established pursuant to the provisions of article 24-101 and section 16-5-12 of the W. V. Code, by adjudication or acknowledgement; or (2) who has been otherwise judicially determined to be the biological father of the child entitled to parental rights; or (3) who has asserted his paternity of the child in an action that is pending at the time of the filing of the adoption petition.

Disruption

An occurrence that results in the decision by the pre-adoptive parent or mutually by the child and pre-adoptive parent that the placement will not continue or the adoption will not be consummated.

Genetic and Social History

A comprehensive report on the birth parents, siblings, grandparents, etc, which shall contain the following information: Medical history, health status, cause of and age at death, height, weight, eye and hair color, ethnic origins, levels of educational and professional achievement, and religion.

Guardian Ad Litem (GAL)

The court appointed attorney assigned to the child during the abuse and neglect proceedings. This person's responsibility to the child continues until permanency is achieved.

Health History

A comprehensive report of the child's health status at the time of placement for adoption and medical history, including neonatal, psychological, physiological and medical care history.

Legal Father

Before adoption, the male person having the legal relationship of parent to a child: (1)Who is married to its mother at the time of conception; or (2)who is married to its mother at the time of birth of the child; or (3)who is the biological father of the child and who marries the mother before an adoption of the child.

Legal Risk Placement

The placement of a child whose parents' rights have not yet been terminated with a family approved as both foster parents and adoptive parents.

Open Adoption

An arrangement that recognizes the child's connection to both the birth family and the adoptive family by supporting interaction among the birth parent, adoptive parents and the child through telephone calls, correspondence or personal contact.

Outsider Father

The biological father of a child born to or conceived by the mother while she is married to another man who is not the biological father of the child.

Putative Father

Before adoption, any man named by the mother as a possible biological father of the child pursuant to the provisions of section 22-502, W. V. Code, who is not a legal or determined father.

Relinquishment

The voluntary surrender to an agency by a minor child's parent or guardian, for purposes of the child's adoption, of the rights of the parent

or guardian with respect to the child, including the legal and physical custody of the child.

Stepparent Adoption

An adoption in which the petitioner for adoption is married to one of the birth parents or adoptive parents of the child.

Unknown Father

A biological father whose identity the biological mother swears is unknown to her before adoption.

INDEX

Abandonment	8	Birth Parents' Background Information form (SS-FC-12)	40
Absent Parent	99	CAPS Case Management Services	93
Administrative Service Organization... ..	92	CAPS Family Assessment	11, 93
Adopt US Kids.....	60, 67	Case Management	83
Adoption.....	39, 55	Case Plan	27, 88
Adoption Agreement.....	96	Child's	23
<i>Adoption and Safe Families Act of 1997</i> , 53		Family's	25
Adoption Assistance Agreement .	107, 108	Review	50
<i>Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)</i>	3	Case review	34
Adoption Assistance/Subsidy	103	Certified Adoptive Home.....	63
Adoption Dissolution	115	Chafee Education and Training Vouchers	109
Adoption Expenses.....	104	Chafee Transitional Living Program ..	91
Adoption Hearing.....	100	<i>Child Abuse Prevention and Treatment Act (CAPTA, P.L. 93-247)</i>	4
Adoption Packet	98	Child Assessment	11
Adoption Placement Agreement	61, 75	Child Data Form.....	61
Adoption Placement Review Committee (APRC)	71	Child Protective Services Case Plan	28
Adoption Preservation	114	Child Summary.....	78
Adoption Resource Network.....	60	Child Support	53, 101
Family Registration.....	62	Child Watch	68
Hold Status.....	62	Child, Youth and Family Case Plan ...	28, 32, 33
Photographs.....	61	Child's Case Plan.....	23
Registration	61	Children with Special Health Care Needs	111
Withdrawal.....	62	Clothing Allowance Initial	97
Adult Life Skills.....	93	Concurrent Planning.....	32
Adult Services.....	31	Conditional Subsidy	106
AFCARS	57	Confidentiality statement.....	23, 30
Appeals/Fair Hearing	111	Consent of Guardian	42, 97
Application for Adoption Services	98	Consent to the transfer	42
APS Healthcare, Inc.....	92	Continued Foster Care.....	49
Birth and Medical History of the child form (SS-FC-12A).....	40		
Birth Certificate.	101		

Contracted Home Study	64	Interstate Compact	77
Daily Respite.....	93	Interstate Compact on Medical Assistance (ICAMA).....	106
Daniel Life Skills Assessment.....	90	Journey Notebook.....	83
Deferred Adoption Assistance Agreement	108	Judicial Reviews	50
Denied Provider ASO.....	94	<i>Keeping Children and Families Safe Act of 2003 (P.L. 108-36)</i>	4
Discipline Agreement.....	75	Kinship/Relative	37
Disrupted Placements	29	Legal Authority for Adoption	6
Dissolution	115	Legal Guardianship.....	38, 40
Education	79	Annual Review	46
Emancipation.....	48	Legal risk placement	53, 69
Emergency Respite.....	93	Life Book	83
Family Assessment	11, 64	Life Skills.....	90
Family Case Plan.....	25	Life Skills Curriculum	91
Family Crisis Response.....	93	Life Skills Payment.....	91
<i>Family Preservation and Family Support Services Program (P.L. 103-66)</i>	3	Life Skills Progress Book	91
Family Registration database	62	Medicaid	108
Filing of the Petition.....	99	Medical subsidy	43
Financial Subsidy	103	Medical Subsidy.....	104
Form ICPC-100A	78	Medical/Financial Plan	78
Form ICPC-100B-Placement Status	78	Medley at Risk	110
Foster Parent Associations	96	Mentors.....	96
Foster to Adopt.....	66	Mission.....	2
General Parenting.....	93	Mission West Virginia.....	67
Grandparents Rights	60	Multi-disciplinary Treatment Team Conclusion of meeting.....	26
Grandparents' Rights.....	38	Definition.....	20
Grievance Process	116	Disrupted placements	29
Guardianship.....	40	Establishment of	21
Guardianship Record	57	Members	20
Home Study	64, 78, 93	Notification of meetings	22
Contracted	64	On-going.....	30
Homefinders	63	Purpose	20
ICPC.....	77	Multi-Ethnic Placement Act	3, 18
Indian Child Welfare Act.....	18	Mutual Consent Adoption Registry... ..	115
Individualized Parenting.....	93	Notice of Proceeding.....	99
Intensive Therapeutic Recreation Experience	93	One Church, One Child	67
Intent to Adopt Agreement	61	One-Time Non-Recurring Adoption Expenses.....	104
Interethnic Placement Provisions (P.L. 104-188).....	3	Order of adoption	100
Internet Inquiries	62	Out of State Placements	77
		Out-of-Home Observation Report	31

Paternity Issues	33	Social Work Education Consortium	
Pension Benefits	110	(SWEC)	66
Permanency Goal	56	Socially Necessary Services.....	91
Permanency Placement Reviews	89	Staffing	55
Permanency Planning.....	32	State Ward	53, 58
Permanent placement review committee		State Ward Records	114
.....	40	Statement of IV-E Eligibility	79
Personalized Transition Plan	90	Subsidized Adoption	
Petition	99	Eligibility	103
Phillip Roy, Inc.....	91	Subsidized Legal Guardianship	42, 44
Placement.....	96	Subsidy	
Placement Notification.....	79	Medical.....	43
Placement Request	78	Monthly	43
Placement Review Committee	62, 71	Supervised Visitation	93
Placement Support.....	96	Supervision of Placement.....	81
Pre-Service Training.....	66	Supervisory Reports.....	81
PRIDE Training.....	66	Supervisory Services	81
Re-adoption	115	Support Groups	96
Recruitment	60	Termination of Parental Rights .	8, 39, 53
Regional Adoption Supervisor	57	Title IV-E.....	34
Regional Homefinders	63	Title XIX waiver	110
Relatives.....	11	Training.....	66
Release and Consent of Guardian	44	Transfer of Custody	39
Relinquishment	7	Transfer plan	56
Revocation	9	Transition Plan	90
Request for Consent.....	97	Transportation Services.....	93
Resource Development Unit.....	34	Travel Expenses.....	74
Re-unification	37	Trial Adoption Placement.....	75
Reunification of Siblings.....	84	Tutoring.....	93
Reviews.....	111	Unknown Parent.....	99
SAFEKIDS PIX.....	83	Utilization Management Guidelines	92
Secondary Worker	55	Vocational Rehabilitation	111
Separation of Siblings.....	84	Voluntary Placement.....	6, 27
Services Offered – Adoption		Wednesday’s Child.....	68
Preservation	93	<i>West Virginia Code</i>	4
Sibling placements	17, 40, 42	Worker Contact	79, 85
Sibling Visitation	84	Youth Services	
Social Security Income	110	Documentation	27