DATE: April 5, 2011

To: Commissioner, Deputy Commissioners, Office Directors, Regional Directors, Community Services Managers, Program Managers, Regional Program Managers, Child Welfare Consultants, Social Service Coordinators, Social Service Supervisors, Homefinding Supervisors, Child Protective Services Supervisors, and Child Welfare Staff

FROM: Jane McCallister, Director, Children and Adult Services
By: Cliff Terrell, Foster Care Program Policy Specialist

SUBJECT: Visitation

The purpose of this memorandum is to remind all child welfare workers, Administrative Service Organization (ASO) providers, and placement agency’s staff of the importance of preserving children’s relationships and cultural connections with their families when they are in a foster care/out of home placement. Visitation with parents, siblings, and relatives is the primary mechanism through which family relationships are maintained while a child is in a foster care/out of home placement. Frequent visitation has consistently been found not only to benefit children emotionally, but also to contribute to the achievement of their permanency goal. With this being said, it is extremely vital that the treatment team is working together with the planning of family visitations and utilizing the transportation resources that are currently in place.

Per Foster Care Policy 13.9, visitation arrangements with parents, siblings, and extended families must be agreed upon as soon as possible after placement and documented in FACTS on the visitation plan screen. These arrangements must be made in agreement with the biological family, the provider and the child’s worker. Any restrictions on visitation arrangements by the worker or the court will be noted in the Uniform Case Plan or YS Youth Case Plan. All visits will be coordinated through consultation with the child’s worker.

The biological family is to be given a copy of the visitation agreement and a copy is given to the foster/adoptive parents or group residential provider. This agreement must include the visitation schedule, the visitation site, time, date, and transportation arrangements. If the child’s parents or other family members who are to visit with the child do not have transportation, the child’s worker must assist the family in finding transportation to assure the visitation takes place.
The child’s worker is responsible for ensuring that the visitation plan is followed. The child’s foster/adoptive parent should provide routine transportation for visitation, if possible. If transportation is a hardship for the foster/adoptive parent, the child’s worker will provide the transportation to enable the visit to occur. (Foster/adoptive parents may be reimbursed for some transportation activities as outlined in the [ASO Utilization Management Guidelines](#).)

Visitation between child and sibling is addressed in Foster Care Policy 13.9 as well. 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. If the child’s case plan includes placement of a child in a placement separate 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. In some circumstances, children in foster care may need to be placed separately from their siblings who are also in care. This may occur when one sibling is a danger to his or her sibling or when a large sibling group is being removed from their home and a placement resource, to allow all of the children to be placed together, is not readily available.

When siblings are placed separately in foster care, the Multidisciplinary Treatment Team must develop a visitation plan immediately, to maintain the sibling relationship. The visits must occur at least once every month and provide siblings an opportunity and time to maintain connections. The child’s worker is responsible for ensuring that the visitation plan is followed. The child’s provider should provide routine transportation for visitation and assist with the visitation, whenever possible. This plan must be contained in the Uniform Case Plan or YS Youth Case Plan.

Again, it is important that everyone works together in planning and assisting with transportation for the family visitations. All resources such as foster parent support, case aides, public transportation or non-emergency medical transportation must be explored and exhausted before a referral is made for ASO services. West Virginia DHHR staff and the ASO provider agency are to follow the case management expectations lined out in the [Socially Necessary Utilization Management Guidelines](#) for ASO Transportation Reimbursement.

The West Virginia Department of Health and Human Resources, Bureau for Children and Families’ staff, the [Specialized Foster Care Providers](#), the [Group Residential Providers](#) and the [Emergency Shelter Care Providers](#) have provider contract agreements in place and should be working together with transportation for family visitations as well. The above hyperlinks will take DHHR staff directly to the entire provider agreements on the Bureau for Children’s intranet website. Providers are unable to access the intranet. Please see provisions specifically to visitation and transportation for Specialized Foster Care, Group Residential, and Emergency Shelter Care providers below:

**Specialized Foster Care Provider Agreement**

**1.09 Visitation**—Unless another Administrative Service Organization (ASO) service pertaining to visits has been identified and authorized, the Provider will follow the standards outlined by the ASO when conducting visits required by the child’s visitation plan.

**1.10 Transportation**

1.10(a) Provider will follow the Utilization Management Guidelines for ASO Transportation Reimbursement.

1.10(b) Department will pay the Provider for ASO approved transportation costs incurred by the foster families which are covered through the socially necessary fee for services authorized by the administrative services organization. The Provider will reimburse the families according to the ASO reimbursement rate.
Group Residential Provider Agreement
1.08. Visitation and Transportation
1.08(a) Provider will arrange home visit plans in accordance with each youth's case plan, current DHHR policies, and court orders. Provider will be responsible for transportation and/or transportation costs for home visits within one hundred miles of the residential site when families are not able to travel to the residential site, or Provider will be available and able to transport (or arrange for transportation) for home visits through other mechanisms.
1.08(b) Provider will notify the DHHR caseworker or the caseworker's supervisor of scheduled home visits.
1.08(c) Provider is responsible for transport or transportation costs for the youth for medical appointments, court hearings, reviews, and treatment/education planning meetings.
1.08(d) Provider will not deny family visitation as a form of discipline, punishment, or behavior modification.
1.08(e) Provider will ensure the confidentiality and safety of children in their care by ensuring that no individual, other than those employed by the Provider or working for the Provider as an intern or volunteer, be present during transports of children, unless the DHHR caseworker has given prior approval for the individual to be present.

Emergency Shelter Care Provider Agreement
1.07. Visitation and Transportation
1.07(a) Provider will arrange home visits in accordance with each youth's case plan, current DHHR policies and court orders. Provider will be responsible for transportation or transportation costs for home visits in the shelter's general catchment area when the family is not able to travel to the shelter or arrange transportation for the youth.
1.07(b) Provider will notify the DHHR caseworker or supervisor of home visit plans.
1.07(c) Provider will furnish transportation for and attend medical appointments, hearings, treatment, educational planning and MDT meetings in the shelter's general catchment area.
1.07(d) Provider will not deny family visitation as a form of discipline, punishment, or behavior modification.
1.07(e) Provider will assure the confidentiality and safety of children in their care by ensuring that no individual, other than those employed by the Provider or working for the Provider as an intern or volunteer, be present during transports of children, unless the DHHR case worker has given prior approval for the individual to be present.
1.07(f) Provider and DHHR will work together and with family members to arrange transportation outside the shelter's general catchment area.

Should you have questions, you may consult with your Child Welfare Consultant or Regional Program Manager. Should they have questions, they may contact Cliff Terrell at cliff.s.terrell@wv.gov or by phone at (304) 356-4589.