



TITLE	POLICY NUMBER	
Caregiver Selection Protocols	DCS 19-03	
RESPONSIBLE AREA	EFFECTIVE DATE	REVISION
Placement Administration	10/01/21	4

**I. POLICY STATEMENT**

In accordance with [42 U.S.C. § 675\(5\)](#), the Department of Child Safety (DCS) is committed to the least restrictive and most clinically appropriate placement for youth who cannot remain at home to meet their needs safely and effectively. This policy affirms the Department’s goal of increasing family-like placements and reducing the use of congregate care.

**II. APPLICABILITY**

This policy applies to the processes utilized by Placement Administration to find the most appropriate DCS funded living arrangement for youth in DCS care. This policy does not apply to the placement of children in Medicaid-funded treatment.

**III. AUTHORITY**

- [AHCCCS Medical Policy Manual Section 320-W](#) Therapeutic Foster Care for Children
- [A.R.S. § 8-514](#) Placement in foster homes
- [A.R.S § 8-529](#) Children in foster care; rights
- [DCS Program Policy Chapter 4, Section 5](#) Selecting an Out-of-Home Care Provider
- [DCS Program Policy Chapter 4, Section 6](#) Placing Children in Out-of-Home

Care

[P.L. 115-123, Title VII, Part IV, Sec. 50742](#)

Family First Prevention Services Act

#### IV. DEFINITIONS

Caregiver Assessment Tool: A decision-making tool utilized by DCS Placement Administration to determine the most appropriate, least restrictive caregiver setting for all children entering out-of-home care.

Child and Family Team (CFT): A defined group of individuals that includes, at a minimum, the child and his or her family, a behavioral health representative, and any individuals important in the child's life that are identified and invited to participate by the child and family.

Cohort: An assortment of caregivers that offer services tailored to address specific populations.

Department or DCS: The Arizona Department of Child Safety.

Foster home: A home maintained by any individual(s) having the care or control of minor children, other than those related to each other by blood or marriage, or related to such individuals, or who are legal wards of such individuals.

Group home: a licensed regular or special foster home that is suitable for placement of more than five minor children but not more than ten minor children.

Licensed caregiver: A kinship or non-kinship caregiver who has completed the licensing process and been granted a foster care license through the Office of Licensing and Regulation (OLR).

High Needs Foster Care (HNFC): A family-based placement option in which care is provided by a licensed foster parent who has received specialized training within a support system of clinical and consultative services to children with serious behavioral or emotional needs. HNFC is the term that applies to DCS-funded care, whereas the term Therapeutic Foster Care (TFC) applies to Medicaid-funded care.

High Needs Case Manager (HNCM): An employee of a contractor who is responsible for conducting assessments and coordinating behavioral health services to children with high

intensity service needs, offering case management and other support and rehabilitation services.

Kinship caregiver: An adult relative or person in the family network who has a significant relationship with, and is the caregiver for, a child in the care, custody, and control of DCS.

Medically necessary: A covered service provided by a physician or other licensed practitioner of the health arts within the scope of practice under State law to prevent disease, disability or other adverse conditions or their progression, or to prolong life ([A.A.C. R9- 22-101](#)).

Notice of Adverse Benefit Determination (NOA): The denial or limited authorization of service request, or the reduction, suspension, or termination of a previously approved service.

Notice of Extension (NOE): A written notice to extend the timeframe for making either an expedited or standard authorization decision by up to fourteen days if criteria for a service authorization extension are met.

Placement/Living Arrangement: This may include the parent's home, a foster home, significant person's home, adoptive home, child care agency, institution, hospital, or medical facility.

Qualified individual: A trained professional or licensed clinician who is qualified to conduct a QRTP assessment, is not an employee of DCS, and is not connected to or affiliated with any placement setting in which children are placed by the state. For the purposes of this policy, the High Needs Case Manager will be considered a qualified individual. Additionally, Placement Administration shall have designated Specialists trained in the practices and policies of QRTP placements to complete portions of the QRTP assessment process.

Qualified Residential Treatment Program (QRTP): An accredited, non-family setting for which DCS can seek federal reimbursement under Title IV-E. A QRTP must meet the definition specified in section [472\(k\)\(4\)](#) of the Social Security Act. See the Qualified Residential Treatment Program Certification policy ([DCS 15-13](#)) for further definition.

Qualified Residential Treatment Program Assessment: An evaluation by a qualified individual that assesses the strengths and needs of the child that includes using an age-appropriate, evidence-based, validated, functional assessment tool as described in [42](#)

[U.S.C. § 675a\(c\)\(1\)](#). The Department utilizes the Child and Adolescent Level of Care Utilization System (CALOCUS) and the Caregiver Assessment Tool in order to complete a QRTP assessment.

Shelter: A licensed group care setting which is available for children in need of immediate placement.

Therapeutic Foster Care (TFC): A synonym for High Needs Foster Care (see definition above), this is the term applied to Medicaid-funded care, whereas High Needs Foster Care applies to DCS-funded care. TFC is a family-based placement option for children with serious behavioral or emotional needs who can be served in the community with intensive support.

## V. POLICY

### A. Caregiver Selection Hierarchy

Youth shall be placed in the least restrictive type of placement available, consistent with their best interests. Placement Coordinators and DCS Specialists shall make every reasonable effort to locate a family-like placement for youth removed from a parent or guardian. Additionally, keeping siblings together is of paramount importance. Placement Administration staff shall follow the order of caregiver preference described in the [Selecting an Out of Home Caregiver](#) policy.

Placement Administration shall use the Department's scorecards, management tools, and out-of-home placement reports to monitor caregiver availability, metrics, trends, and assess the data regarding youth placed in out-of-home care.

When making placement decisions, Placement Administration shall utilize the Caregiver Assessment Tool and Provider Match and answer the following questions regarding potential placements, listed in descending order:

1. whether a youth is kinship-ready and there is an available kinship caregiver who can meet the youth's needs with supports;
2. if there was a previous caregiver, whether the youth is ready to return to that caregiver and it is in the youth's best interest to do so, and whether the caregiver is available to serve in that capacity again;

3. whether the youth is qualified for services from the Division of Developmental Disabilities (DDD) and if so whether there is an available DDD caregiver with the skills to support the youth;
4. whether the youth is ready for a foster home and if there is an available foster home that can meet the needs of the youth;
5. whether the youth is appropriate for High Needs Foster Care (HNFC) or Therapeutic Foster Care (TFC) and if such services are available;
6. whether the youth is eligible and ready for Independent Living services;
7. whether the youth meets criteria outlined in VI.H. of this policy for QRTP placement, and if the youth has been assessed with the Child and Adolescent Level of Care Utilization System (CALOCUS) tool indicating the existence of conditions that would benefit from placement at Qualified Residential Treatment Program (QRTP), and a QRTP is available;
8. whether the youth requires a higher level of care. This question shall be discussed with the CFT;
  - a. if the answer is yes, treatment in a higher level of care shall be pursued as outlined in [Behavioral Health & Substance Abuse Services for Children and Young Adults](#);
  - b. if the answer is no, the youth may be placed temporarily in a traditional group home or shelter, until such time a more appropriate living arrangement is secured.

If prior authorization for higher level of care has been authorized, supervisory approval must be granted before placing a youth for treatment in a medically necessary TFC, BHRF, or BHIF. If supervisory approval is denied, the youth may be placed in a traditional group home or shelter.

Additionally, Placement Administration shall consider other factors such as the preference for youth to remain in their current school (best interest determination), all pertinent information and recommendations from the Child and Family Team (CFT), and other relevant circumstances. The Placement Administration shall take into consideration the youth's perception regarding the living arrangement that will enhance their safety and security. The Department

shall make diligent efforts to assign transgender and gender diverse individuals to a living arrangement that conforms with their affirmed gender identity, which may or may not be consistent with the sex marker on the child's birth certificate.

B. Congregate Care Considerations

Youth in DCS care shall only reside in group homes or shelters when no other viable options exist. Only Placement Administration may place youth in group homes or shelters. Placement Coordinators must obtain approval from their Supervisor, Program Manager, or Program Administrator prior to placing a youth in a group home or shelter, regardless of the youth's age.

1. When a youth is placed in a congregate care setting, the reasons for such placement shall be thoroughly documented. This documentation shall include:
  - a. the reasons why the youth's needs are not best served in a family home, or:
  - b. an indication that the youth is being placed in congregate care because no appropriate family home is available.
2. The Department shall revisit at regular intervals the appropriateness of the placement of youth who are living in congregate care settings, and the possibility of moving the youth to a family-like setting.

C. Sibling Group Considerations

1. A youth who enters care within 60 days of a sibling shall be placed with that sibling if it is appropriate to do so.
2. When siblings are not placed together, the reasons for the separation shall be addressed in clinical supervision.
3. If a youth is a member of a sibling group, the Placement Administration shall determine if there is a kinship placement available, and if so place the sibling group with them if they are able to meet all of the children's needs with available supports.
4. If no kinship placement is available, Placement Administration shall

contact previous foster placements and if they are willing to serve as a foster placement, and if it is in the sibling group's best interest, place the youth with them.

5. If no previous foster home or new foster home is available, Placement Administration shall determine if the sibling group is DDD eligible, and if so, place the group in a DDD Child Developmental Home A non-DDD child may be placed with siblings in a DDD Child Development Home. If the sibling group is not DDD eligible, Placement Administration shall proceed to the next most desirable placement in the hierarchy cited in the Policy section.
6. If neither kinship, previous foster home, nor DDD placement is available, Placement Administration shall seek a foster home that can accommodate the needs and ages of the entire sibling group with available supports.

#### D. Service Approvals

Placement Administration is responsible for the review of the Service Approval, confirmation that the placement meets the above criteria, and for sending it to the Service Approval Unit. The Service Approval Unit is responsible for processing new, and renewing existing, Service Approvals for foster homes, group homes, shelters, and behavioral health caregivers.

## VI. PROCEDURES

### A. Referrals to Placement Administration

1. The DCS Specialist shall submit a new Service Request in Guardian to initiate the process of identifying a placement. Placement Administration shall sort referrals into an *Emergency* or *Non-Emergency* category.
  - a. Emergency referrals are those that require placement with a caregiver within seven days. Examples include children being released from a hospital, detention facility, or other setting necessitating the urgent selection of a caregiver. The Emergency Placement Team Emergency will manage emergency referrals.
  - b. All other referrals are classified as non-emergency, allowing more

than seven days to seek an appropriate caregiver. The Non-Emergency Placement Team will manage non-emergency referrals.

2. The respective Placement Teams (Emergency or Non-Emergency) enter all available information into the Caregiver Assessment Tool to identify an appropriate caretaker based on the youth's needs. A Placement Coordinator contacts the DCS Specialist if information is missing, and documents the following information in the Caregiver Assessment Tool:
  - a. why the youth's needs either are or are not best served in a family-like setting;
  - b. if a family-like setting is available;
  - c. the ability to place siblings together, including an explanation when they are not.
3. If there are concerns about a caregiver's inability to meet a youth's needs, the DCS Specialist or the caregiver shall notify the Placement Team. If the referral was generated by a caregiver due to a disruption, the Placement Coordinator will contact the caregiver and the DCS Specialist to confirm that the caregiver has followed the proper disruption protocols and the placement cannot be stabilized.

#### B. Kinship Placements

Placement Administration shall determine if there is a kinship placement available and if so place the youth with kin if they are able to meet the youth's needs with available supports. If a kinship living arrangement is not located, the Placement Coordinator:

1. follows the Decision Tree to identify another caregiver;
2. checks the youth's removal zip code and school zip code to locate a geographically appropriate caregiver;
3. calls and emails caregivers that are a match from the Distribution List.

#### C. Previous Foster Homes



The Placement Coordinator shall assess the youth's readiness to return to a former foster home as well as the foster parents' availability to serve as a placement. If there is a good match, the Placement Coordinator shall:

1. place the youth and provide the placement packet to the caregiver;
2. email the DCS Specialist with the caregiver's contact information;
3. enter the placement information (secure email) into the narrative of the Service Approval;
4. submit the Service Approval to the Service Approval Unit for processing.

D. Division of Developmental Disability Likely Eligible Youth

1. Upon receipt of a DDD Service Approval, the Placement Coordinator reviews the Service Approval for DDD eligibility.
  - a. If eligible, the Service Approval will be submitted to the Service Approval Unit for processing.
  - b. If ineligible, but the Placement Coordinator believes that DDD needs may exist, the DCS Specialist will be contacted to discuss the matter.
2. If observation of the youth at the Welcome Center leads to a conclusion that DDD needs exist, the Placement Coordinator will complete a Likely Eligible Tool (LET) and forward it to the Program Manager, or designee. If approved, the Placement Coordinator sends the referral to DDD and calls them to discuss the youth's needs.
3. After DDD identifies potential caregiver matches, the Placement Coordinator shall review and select one, notify the DCS Specialist of the selection, and transport the youth to the caregiver.

E. Foster Homes

1. The Placement Coordinator contacts foster care agencies or foster caregivers listed on the Space Availability Report.

- a. If a family-like setting is located, the Placement Coordinator shall:
  - i. enter the case number into Guardian, and include the caregiver phone number and address in the narrative of the Service Approval;
  - ii. email the DCS Specialist with the caregiver's contact information;
  - iii. enter the caregiver information on the Service Approval narrative and submit it to the Service Approval Unit for processing.
- b. If a family-like setting is located, the Service Approval Unit shall:
  - i. contact the DCS Specialist and DCS Supervisor to ensure that placement occurred;
- c. If a family-like setting is not located, the Placement Coordinator:
  - i. follows the Decision Tree to identify another caregiver;
  - ii. checks the youth's removal zip code and school zip code to locate a geographically appropriate caregiver;
  - iii. calls and emails caregivers that are a match from the Distribution List until a match is found.

#### F. High Needs Foster Care

1. DCS-Funded High Needs Foster Care shall, to the extent appropriate and in accordance with the youth's wishes, facilitate family participation in the youth's permanency plan by contacting family members (including siblings, known biological family, and fictive kin) and integrating them into the plan.

There are three pathways to DCS-funded HNFC:

- if medical necessity is declined but the Placement Coordinator, DCS Specialist, or CHP SOC Coordinator believes that the youth

will benefit from DCS-funded HNFC, they shall make a referral to Placement Administration;

- if there has been a disruption from a placement and the youth meets the criteria for DCS-funded HNFC; and
- if the Non-Emergency Team identifies a youth who will benefit from DCS-funded HNFC.

Additionally, if a youth is in Medicaid-funded TFC but that funding is ending imminently, the CFT shall address the prospect of a transition to DCS-funded HNFC.

Regarding youth whose clinical presentations do not meet the threshold for Medicaid funding but could benefit from HNFC, the TFC Coordinator shall follow the *Criteria for High Needs Foster Care* policy ([DCS 19-01](#)) and the *Staffing Guide for Placing a Non-Medically Necessary Child into HNFC* to determine if established criteria is met, and send a referral to the Placement Administrator. The criteria include the following:

- a. a youth who requires HNFC services due to the severity of the abuse or neglect;
- b. a youth whose injuries require emergency services or hospitalization, including but not limited to fractures, head or facial injuries, burns, extensive bruising, and sexual abuse;
- c. a youth who has witnessed the death of a parent, sibling, or guardian due to domestic violence;
- d. a youth who has disrupted from caregivers in the last year (including risk of disrupting from current caregiver), and whose behavior is not reasonably expected to improve while continuing to reside in a traditional foster home, group home, or shelter placement. The reasons for the disruption include but are not limited to:
  - i. continuous running away behavior;
  - ii. physical or verbal aggression;

- iii. harm to animals;
  - iv. prior history of frequent hospitalizations, and a recent clinical assessment finding that the youth does not need a higher level of care such as inpatient stabilization, BHIF, or BHRF;
  - v. prior history of being a danger to themselves or others, and a recent clinical assessment finding that the youth does not need a higher level of care such as inpatient stabilization, BHIF, or BHRF;
  - vi. prior history of suicidal or homicidal ideation/behaviors, and a recent clinical assessment finding that the youth does not need a higher level of care such as inpatient stabilization, BHIF, or BHRF;
  - vii. arrests/detentions.
- e. A caregiver report, during a congregate care review, that the youth has evidenced an increase in behavioral or emotional dysregulation jeopardizing the stability of the placement despite consistent behavioral health services. Additionally, the existence of the following criteria should be considered:
- i. a higher level of care was denied by Mercy Care within the last 90 days;
  - ii. efforts to secure a family-like setting have been unsuccessful due to the youth's behavior and/or emotional needs;
  - iii. the CFT believes that services to maintain the youth's stability with the current caregiver are in place but the youth is not showing improvement.

If no criteria are met, the youth shall remain in the current placement.

If any of the above-listed criteria are met, the Placement Coordinator, DCS Specialist, or CHP SOC Coordinator sends a request to the Placement Administrator to seek placement in DCS-funded HNFC. If none of the criteria is met, the Placement Coordinator, DCS Specialist, or CHP SOC Coordinator seeks a QRTP, cohort group home, or assesses the case for a special rate at a foster home as outlined in [Foster Care Rates, Allowances & Payments](#).

2. Placement Administrator and TFC Coordinator Duties

- a. Upon receipt of the referral, the Placement Administrator, or designee, shall review:
  - i. the services offered by the behavioral health provider;
  - ii. the CFT recommendation for placement/treatment, if applicable;
  - iii. previous placements and time in placement;
  - iv. the youth's behavioral health concerns/needs that preclude placement in a standard foster home;
  - v. incident reports;
  - vi. youth's transitional/case plan;
  - vii. whether it is in youth's best interest for placement in a family-like setting.

If the Placement Administrator, or designee, determines that a HNFC recommendation is not required for the youth to stabilize, the case will be referred back to the TFC Coordinator or DCS Specialist, who will continue to make efforts to seek a QRTP/cohort group home or assess the case for a special rate at a foster home. If the Placement Administrator, or designee, determines that HNFC placement is warranted, a referral will be sent to the TFC Coordinator.

- b. The TFC Coordinator receives a referral to locate DCS-funded HNFC from the Placement Administrator and shall:
- i. gather information from resources including DCS database, caregiver, hospital, behavioral health case manager, CFT, DCS Specialist, etc.;
  - ii. determine the status of any out-of-home packet, depending on the urgency of the placement;
  - iii. staff the case with the DCS Supervisor, DCS Specialist, and, if necessary, the CHP SOC (Comprehensive Health Plan System of Care) Team;
  - iv. if applicable, connect with the High Needs Case Manager to acquire additional information;
  - v. contact the TFC Licensing Specialist and/or agency to locate a HNFC caregiver;
  - vi. once a caregiver is identified, contact the TFC Licensing Worker or agency Match Specialist to determine if the youth and the caregiver are a good match (this process will continue until a good match is identified);
  - vii. conduct a professional staffing with the TFC Licensing Worker, HNFC provider, CFT, behavioral health providers, and DCS Specialist or Supervisor to discuss the youth's strengths, needs, services, goals, etc.;
  - viii. conduct a staffing with the Placement Administrator regarding the HNFC that has been identified;
  - ix. coordinate a "meet and greet" and transitional visits if the TFC Licensing Worker and caregiver decide to proceed;
  - x. if applicable, convene a CFT convene to ensure that the formal prior authorization request for TFC is submitted to the Health Plan if the youth meets medical necessity per [AHCCCS Policy 320 W](#);

- xi. complete the placement service approval;
- xii. update the placement service approval when TFC funding is approved;
- xiii. complete the tracking log;
- xiv. attend ongoing CFTs to ensure appropriate service provisions are implemented and provide TFC support;
- xv. continue to monitor every 90 days throughout duration of youth's TFC placement to assist with stepping down once the team has determined that TFC level of care is no longer needed.

#### G. Independent Living

Placement Administration shall determine if a youth may benefit from the Young Adult Program/Independent Living Program and if so, facilitate such a living arrangement.

#### H. Qualified Residential Treatment Programs (QRTP)

1. Only Placement Administration may arrange for QRTP placements, including those ordered by the court. If a youth's needs can be met in a foster home, the lack of a foster home is not an acceptable reason to place a youth in a QRTP.

Additionally, Placement Administration shall collaborate with the Department of Juvenile Corrections and the Juvenile Justice Services Division of the Administrative Office of the Courts and allocate approximately a half-dozen QRTP beds for non-DCS youth involved with the juvenile justice system who require services for sexually maladaptive behaviors. Placement Administration shall monitor this utilization and assess bed capacity on an ongoing basis with the aforementioned partners.

Placement Administration shall have a specialist trained in the practices and policies of Placement Administration who shall facilitate QRTP placements and complete the admission form. Upon acceptance of a

*Service Request for Placement* form from a DCS Specialist, Placement Administration staff shall employ the *Caregiver Assessment Tool* and review the CALOCUS score. (If the score is more than 90 days old, or is not available, request at the CFT that the HNCM conduct another assessment).

2. The QRTP Coordinator staffs the case with a supervisor, who obtains the approval of the Placement Administrator or Program Manager (or designee) prior to placing the youth at a QRTP, and completes the *QRTP Admission Tool*. The DCS Specialist requests a CFT, and Mercy Care DCS CHP is notified of the impending QRTP placement. If supervisory approval is denied, the youth may be placed in a traditional group home or shelter.
3. If the placement preferences of the CFT and the youth are not the placement setting recommended by the qualified individual conducting the assessment, the qualified individual shall document the reasons why the preferences of the CFT and the youth were not recommended in a case note.
4. When the QRTP accepts the referral, the youth is transported to the QRTP and the *QRTP Admission Assessment* is presented to the caregiver. There are two mandatory notice requirements:
  - a. **24 Hour Notice to the Parties** - The DCS Specialist shall notify the parties and the Attorney General's Office (AGO) within 24 hours (excluding weekends and holidays) of the placement. This may be done orally or via email but must be emailed to the AGO RF/Fax email address. The email to the AGO shall contain "QRTP" in the subject line, and include the youth's name, JD#, and the date the youth was placed in the QRTP.
  - b. **5 Day Notice to Court** –The AGO files the formal Notice to the Court that is required within 5 days of the youth's placement in the QRTP. Upon receipt of the 24-hour notice email from DCS, the AGO will prepare and file the formal Notice to the Court.
5. The QRTP Coordinator provides the DCS Specialist with all of the information needed to complete the Motion to Approve QRTP Placement and file the QRTP Motion with the Juvenile Court. The DCS Specialist



shall email the Motion worksheet via RF/Fax email to the AGO as soon as possible after receipt of the QRTP assessment in order to allow enough time to draft and file the pleadings. If the assessment was completed no more than 30 days prior to placement, the QRTP Motion must be filed no later than 10 days after placement; if the assessment is completed after placement, the QRTP Motion must be filed no later than 10 days after receipt of the assessment.

6. At every subsequent hearing, the DCS Specialist shall provide a report to the court that addresses:
  - a. the youth's service plan;
  - b. the youth's progress and whether they are succeeding in the QRTP;
  - c. the expected length of time in the QRTP; and
  - d. efforts to transition the youth to a family-like setting.
  
7. Within 21 days, the QRTP completes the intake assessment, assesses how the youth has acclimated to the QRTP, and sends a report to the DCS Specialist and the QRTP Coordinator. Subsequently, the QRTP shall issue a status report every 45 days to the assigned DCS Specialist and QRTP Coordinator.

At 21 days, if the youth is not successful in the QRTP, a TDM or CFT meeting shall be held, and the placement process will begin anew.

8. If the court determines that QRTP placement *is not* in the youth's best interest, the DCS Specialist shall submit a request to the Placement Administration and request a CFT. The youth will remain at the QRTP for up to 30 days while the CFT considers the most appropriate options, including reunification or transition to a family-like setting.

If the court determines that QRTP placement *is* in the youth's best interest, the QRTP shall determine whether the youth is ready to transition to a family-like setting every 45 days and issue a report to the DCS Specialist and the QRTP Coordinator. Within 60 days of placement, and at every permanency hearing thereafter, the Juvenile Court shall assess whether there is a continuing need for QRTP placement.

9. If the youth successfully completes the program, the DCS Specialist shall request a CFT to design a discharge plan with the assistance of the QRTP Coordinator and Mercy Care DCS CHP. A CPC must be filed before discharge from QRTP unless exigent circumstances exist, in which case a CPC shall be filed as soon as practicable. Accordingly, the DCS Specialist shall send a Motion worksheet to the AGO through RF/Fax email address before a youth is discharged. The youth will transition to a family-like setting and receive up to six months of support services.
  10. Placement Administration shall request the signed approval of the DCS Director if a youth has remained in a QRTP placement for more than 12 consecutive months or 18 cumulative months (6 months if youth is age 13 or younger) by sending a [\*QRTP Placement Extension Request\*](#) to the Director. The DCS Director shall report the case of any youth who exceeds these time limits to the U.S Department of Health and Human Services. This report shall include all documentation relating to the youth, including the most recent versions of the evidence and documentation specified at the permanency hearing for the continued placement of the youth in that setting.
- I. Transfers from Congregate Care to Family-Like Setting
1. When Placement Administration identifies a youth to move from congregate care to a family-like setting, the Placement Coordinator shall:
    - a. review the previous placement form and obtain information from the DCS Specialist, Guardian, or caregiver;
    - b. review the availability of foster care agencies;
    - c. email the placement form to foster care agencies and await replies;
    - d. identify a family-like setting to contact.
  2. If a family-like placement is available to care for the youth, the Placement Coordinator shall:
    - a. email the DCS Specialist that a family-like setting has been identified and inquire if a relative is available to serve as caregiver;

- b. request permission to set up a “meet and greet” and transitional visits;
- c. contact the family-like setting to arrange placement of the youth;
- d. complete the placement packet and notice for the caregiver;
- e. contact the congregate care placement to advise them that a Case Aide will pick up the youth’s belongings and medications at a specified time, and notify the Case Aide of the agreed-upon time;
- f. add placement information as a key issue note in Guardian;
- g. email the DCS Specialist with the caregiver information;
- h. enter the youth’s information and service approval in the worksheet.

3. The Case Aide shall:

- a. meet the youth at the congregate care placement and collect their belongings, clothes, medications, and other personal effects;
- b. transport the youth to the family-like setting.

J. Transfers from Placements Facilitated by Mercy Care DCS CHP

- 1. When a youth is ready to step down from a Medically Necessary Therapeutic Foster Care, Behavioral Health Residential Facility (BHRF), or Behavioral Health Inpatient Facility (BHIF), the Placement Administration if available shall participate in the CFT process to facilitate that youth’s transfer to an appropriate living arrangement.

K. Youth Exiting the Welcome Center

- 1. The Placement Coordinator will:
  - a. ensure that the placement packet is completed in Guardian and print a copy for the caregiver to sign when the youth is transferred

to their care;

- b. inter-office the signed placement packet to the assigned DCS Specialist (this task may be assigned to a case aide or secretary);
- c. communicate the caregiver information to the youth if age/developmental level appropriate within 15 minutes of securing the caregiver;
- d. arrange transportation with the caregiver, a case aide, or facilitate transportation personally if other options are unavailable.

## **VII. FORMS INDEX**

[Child Information \(CSO-1045A\)](#)

[Placement Action Request Form \(DCS-1755\)](#)

[Placement Administration Bed Hold Authorization \(CSO-2495\)](#)

[QRTP Placement Extension Request \(CSO-3174B\)](#)

[Welcome Center Approval Checklist \(DCS-2449\)](#)