

Nonplacement and Temporary Lodging of Children in Foster Care

Nonplacement refers to a child in foster care spending the night in a Department of Health and Human Resources office.

Temporary Lodging refers to a child in foster care spending the night in a hotel, motel, or inn due to no placement being available. Temporary lodging does not refer to a child staying the night in a hotel for routine travel purposes, such as travel to obtain evaluations for the child.

Nonplacement

Nonplacement of a child in foster care is not an acceptable practice but may occur in emergency situations. Circumstances that lead to an overnight occurrence of nonplacement are limited to the following emergency situations:

- A child is removed or displaced from their living situation in the middle of the night, and the child welfare worker is actively seeking appropriate placement.
- There is no safe or available temporary lodging accommodation within a reasonable vicinity of the DHHR office where the child is, at the time the need for temporary lodging arises. When determining a reasonable vicinity, the child welfare worker must consider if the location of the temporary lodging supports continuity in the child's education.

The child welfare worker must seek prior approval for nonplacement through their supervisor or the available on-call supervisor if afterhours. The supervisor is responsible for notifying the district's Social Services Manager, who will be required to seek approval from the bureau's Commissioner. The only exception to this requirement is if a worker has taken emergency custody of a child and the child will be brought to the office for a short period of time, while the worker makes referrals for placement. It is recommended two staff supervise a child during waking hours whenever possible; however, a minimum of two staff are required to supervise a child in a nonplacement during overnight hours and one staff must remain awake at all times. Whenever a child is permitted to stay in an office setting, the Social Service Manager will notify their Deputy Commissioner the following day.

Temporary Lodging

A child may only be temporarily lodged after determining there is no possibility of supporting the child, family, or placement provider with appropriate safety planning, or added services and supports. Efforts to maintain the child in a kinship/relative home or in their current placement may include but are not limited to a child welfare worker or safety service provider making daily visits to the child's current placement, so long as these efforts are intended and sufficient to ensure the child's safety. Prior to making the determination for nonplacement or temporary lodging, the child welfare worker must be able to demonstrate that there is no possibility of supporting the child or placement provider with safety planning, safety services, or additional services and supports, or that an attempt to do so through a safety plan has failed.

Children in foster care may only be temporarily lodged in limited circumstances, when all other attempts to secure appropriate placement for the child have been exhausted and failed. Prior to temporarily lodging a child in foster care, the child welfare worker must:

- Actively seek kinship/relative options, and ensure that **all** known, in-state kinship/relative options have been assessed.
- Ensure that a referral has been made to their region's Homefinding Unit.
- Ensure that a referral has been made to **all** Child Placing Agencies.
- Ensure that a referral has been made to **all** Emergency Shelter Care Facilities that may accept a child of their age/gender, and waivers for capacity and age have been requested.
- Ensure that a referral has been made to Emergency Foster Care, via the hotline (1-833-828-5437).

Once all known kinship/relative options have been considered and ruled out (due to CPS/APS history check, criminal history check, refusal to accept placement of the child, etc.), and the child welfare worker is unable to secure appropriate placement through the Homefinding Unit, Child Placing Agencies, Emergency Shelter Facilities, or Emergency Foster Care, the child welfare worker **must** obtain approval for temporary lodging through their supervisor or on-call supervisor. The approving supervisor must notify the district's Social Services Manager and Deputy Commissioner within 24 hours of the approval. Prior to approving temporary lodging, the supervisor, must ensure there is sufficient staff to safely transport and supervise a child in temporary lodging. It is recommended two staff supervise a child during waking hours whenever possible; however, a minimum of two staff are required to supervise a child in temporary lodging during overnight hours and one staff must remain awake at all times.

If it is anticipated the child will be temporarily lodged in a hotel for multiple days while alternative placement is secured, the Social Services Manager may email a request for approval for supervision of the child by a service provider. The Social Services Manager must email the request to their Deputy Commissioner, the DHHR BSS Payments mailbox (dhhrbsspayments@wv.gov), and the Program Manager II who oversees the socially necessary services program, Andrea.N.Ramsey-Mlitchell@wv.gov. Approval will be provided to Kepro to allow unlimited units as needed to avoid billing issues. The provider selected will designate one staff person and use the Supervised Visitation Two code (CPS 130170 or YS 230170) for reimbursement purposes. Depending on the circumstances, a Department worker may also need stay with the service provider and child.

If the child has exceptional behavior or mental health needs and requires supervision of two service providers, the agency will require approval from the Deputy Commissioner. If approved, the provider would use Supervised Visitation One code (CPS 130171 or YS 230171) and the Supervised Visitation Two code (CPS 130170 or YS 230170) to allow paraprofessionals to assist with providing the service. Transportation time and mileage will be available for reimbursement purposes on all cases, so Agency Transportation should also be referred to the agency providing supervision.

The process to locate appropriate placement must be repeated the following day, and any subsequent days the child remains in DHHR custody, until an appropriate placement is secured. The child welfare worker must update referrals with new information learned about the child's history, behaviors, specific needs, etc. Additionally, the child welfare worker **must** report daily to their supervisor all progress made towards securing appropriate placement. The worker's supervisor will be responsible for ensuring the information is shared with the district's Social Services Manager and Deputy Commissioner. Daily reporting must include all attempts at locating an appropriate placement, such as attempts to identify kinship/relative options, contact or attempted contact with potential kinship/relative providers (such as kinship/relative interest letters, phone calls, home studies, CPS/APS checks, etc.), as well as denials from Child Placing Agencies, Emergency Shelter Facilities, and Emergency Foster care, and the reason(s) for the

denials. Daily reporting should also include the child welfare worker's attempts to safely return the child to their home or attempts to place the child in a kinship/relative home with safety resources, or additional services and supports, if needed to ensure that placement would guarantee the child's safety.

Temporary lodging should be limited in use. If efforts to locate an appropriate placement by the child's worker, the worker's supervisor, and the districts Social Services Manager have been unsuccessful, the Social Services Manager must contact their Regional Program Manager for assistance by the second day in temporary lodging; children aged five and under must be referred within 24 hours of staying in a hotel.

Regional Program Manager's will assign a Child Welfare Consultant to assist the district in locating an appropriate placement. The Child Welfare Consultant will report to the Regional Program Manager their efforts to assist in locating an appropriate placement. If the Child Welfare Consultant is unable to locate an appropriate placement by the fourth day, or the second day for children aged five and under, the Child Welfare Consultant will inform the Regional Program Manager and the Deputy Commissioner of Field Operations.

While a child is being temporarily lodged, the child welfare worker must:

- Notify the child's assigned Aetna care manager to request:
 - Assistance in securing appropriate placement options.
 - An individualized special review for a child experiencing a crisis or placement disruption.
 - That the child be assigned to intensive level of care management.
 - If the child does not yet have an assigned Aetna care manager, the child welfare worker must contact the care coordinator manager for their region, as well as the Aetna Liaison, Executive Director for Mountain Health Promise, and the Clinical Liaison (See Appendix A for contact information).
- Ensure that the MDT team members, if applicable, are notified that the child is being temporarily lodged within 48 hours.
- Ensure children are provided necessary hygiene products and adequate time daily to take a shower or bath.
 - Infants under the age of six months require the use of a baby tub.
 - Children who require assistance bathing require the presence of two staff. Generally, children aged eight and older can bathe independently.
- Ensure that the child is being transported to and from school, on days when school is in session.
 - On days when school is not in session, the child welfare worker must ensure that the child is being provided with daily, age-appropriate activities.
 - If the child is not currently enrolled in school, or needs to be enrolled in a different school, the child welfare worker will ensure this occurs within three business days by sending a [referral to Education Recovery Specialists](#) so they may assist in beginning the transfer process.
 - Ensure that the child is receiving adequate meals and their hygiene needs are being met appropriately, including that the child is receiving any necessary medical care and/or prescribed medication(s): If the child has medication, the medication must be stored at all times with a medication log (See Appendix B) in a locked box.
 - Medication lock boxes may be purchased by the local DHHR district office and should remain on-hand for use in emergency situations.

- Initiate the medication log by indicating the information written on each prescription bottle, including the name and dosage of the medication, listed instructions for administering the medication, date and time the medication was administered, how much of the medication remains after the dose was given, and printed name and signature of the person administering the medication.
- Over-the-counter medications or supplements should be treated in the same manner as prescribed medication, but in place of prescribing doctor, the log should indicate the reason the over-the-counter medication or supplement was administered.

Placement Disruption Plan

Temporary lodging shouldn't occur more than once per child per episode of care. To avoid repeated temporary lodging, all children who experience nonplacement or temporary lodging must have a placement disruption plan documented and uploaded in the FACTS file cabinet within seven business days of appropriate placement being secured. The placement disruption plan should include a list of all known kinship/relatives, regardless of whether the kinship/relative has expressed an interest in being a potential caregiver for the child. Per Foster Care Policy 2.4.2, no later than seven calendar days after a petition alleging abuse and neglect of a child is filed, the Department shall file with the Court a list of all relatives and fictive kin of the child known to the Department at the time of the filing. If an abuse and neglect petition is how the child entered care, then the child welfare worker may utilize this list as a starting point for the placement disruption plan. For every identified kinship/relative, the placement disruption plan should include a notation whether the kinship/relative is or is not willing to accept placement and care for the child. If the kinship/relative expresses an unwillingness to accept placement and care for the child, a notation should be made for the reason(s) why; this will allow for future reconsideration if there is a change in circumstances. The placement disruption plan should also note any conditions the kinship/relative may have for accepting placement and care of the child, such as time limitations. Kinship/relatives who may not be willing to provide long-term or permanent care of the child, may still be willing to accept short-term placement and care of the child and must always be considered for temporary placement prior to consideration of nonplacement or temporary lodging.

The disruption plan should be regularly updated as new kinship/relatives become known, and as the child continues to develop new relationships throughout their time in care.

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Appendix A

Regional Aetna Care Coordinator Managers

Region	Care Coordinator Manager
<u>Central Region:</u> Braxton, Calhoun, Clay, Fayette, Gilmer, Kanawha, Nicholas, Roane, Webster	Laura White: WhiteL8@aetna.com
<u>Eastern Region:</u> Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, Pendleton, Preston, Randolph, Tucker	Tabitha Barrett: BarrettT3@aetna.com
<u>Western Region:</u> Cabell, Jackson, Lincoln, Mason, Putnam, Wayne, Wirt, Wood	Joann Good: GoodJ1@aetna.com
<u>Southern Region:</u> Boone, Greenbrier, Logan, McDowell, Mercer, Mingo, Monroe, Pocahontas, Raleigh, Summers, Wyoming	Promise Prather: PratherP@aetna.com
<u>Northern Region:</u> Barbour, Brooke, Doddridge, Hancock, Harrison, Lewis, Marion, Marshall, Monongalia, Ohio, Pleasants, Ritchie, Taylor, Tyler, Upshur, Wetzel	Andrea Judy: JudyA@aetna.com
<u>All Regions (CSED-W):</u>	Kayla Sustakoski SustakoskiK@aetna.com
<u>Aetna Liaison (All Regions)</u>	Christie Fortney Christie.A.Fortney@wv.gov
<u>Clinical Liaison (All Regions)</u>	Lora Dunn DunnL1@aetna.com
<u>Executive Director for Mountain Health Promise (All Regions)</u>	Kathy Szafran

Appendix B

Medication Log

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