

COMMENT DUE DATE: June 28, 2021

Date: June 16, 2021

Shirley Russell, CWS

405-595-7873

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It is important that you provide your comments regarding the **draft copy** of policy by the comment due date. Comments are directed to *STO.LegalServices.Policy@okdhs.org. The proposed policy is **EMERGENCY**.

SUBJECT:

CHAPTER 75. CHILD WELFARE SERVICES

Subchapter 1. General Provisions of Child Welfare Services

Part 10. Oklahoma Children's Services

340:75-1-150 [AMENDED]

340:75-1-152 [AMENDED]

340:75-1-152.3 [AMENDED]

340:75-1-152.5 [AMENDED]

340:75-1-152.6 [AMENDED]

340:75-1-152.7 [AMENDED]

340:75-1-152.9 [AMENDED]

340:75-1-155 [AMENDED]

Subchapter 4. Family-Centered Services

340:75-4-9 [AMENDED]

340:75-4-12.1 [AMENDED]

Subchapter 13. Other Child Welfare Services and Medical Services for Children in Out-of-Home Care

Part 2. Title IV-E Eligibility and Reimbursability

340:75-14-16 [AMENDED]

(Reference WF 21-01)

SUMMARY:

The proposed amendments to Chapter 75 Subchapter 1: (1) update Oklahoma Children's Services (OCS) to utilize Title IV-E prevention services to prevent a child from entering foster care; (2) expand the OCS program to include Title IV-E prevention services; (3) establish a process for requesting 12-month extensions for Title IV-E prevention services; and (4) clarify responsibilities of the OCS contract liaison.

The proposed amendments to Chapter 75 Subchapter 4: (1) update the legal base and authority for establishing preventive and pre-placement services to include the Family First Prevention Services Act, Title IV-E; and (2) clarify the authorization of community-based contracted services.

The proposed amendment to Chapter 75 Subchapter 13 update the legal base and authority for claiming foster care maintenance payment (FCMP) for a child in qualified

residential treatment program (QRTP), per the Family First Prevention Services Act, Title IV-E.

EMERGENCY APPROVAL is requested to receive Prevention Services and Program funds under Section 473 of Title IV-E of the Social Security Act, as amended by the Family First Prevention Services Act (FFPSA) Public Law 115-123. Oklahoma Human Services (OKDHS), Child Welfare Services (CWS) developed a five-year Title IV-E Prevention Program Plan (Plan). FFPSA emphasizes reducing the number of children that come into care by providing evidenced-based prevention services. The Plan as designed by CWS, with input from the Children's Bureau, Administration on Children and Families, Dallas regional office, incorporates FFPSA requirements into a hope-centered, trauma-informed Plan. As part of implementing the Plan, amendments to existing OKDHS administrative rules are required prior to October 1, 2021.

LEGAL AUTHORITY: Director of Human Services; Section 162 of Title 56 of the Oklahoma Statutes (56 O.S. § 162).

10A O.S. §§ 1-1-102, 1-1-105, 1-7-112, 1-9-110; 56 O.S. § 162; Titles IV-A, IV-B, and IV-E of the Social Security Act, as amended by the Family First Prevention Services Act (FFPSA), Public Law 115-123, Section 472 of the Social Security Act (42 United States Code (U.S.C.) § 672), 42 U.S.C. § 675.



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



To: Programs administrator
Legal Services

From: Deborah Shropshire, M.D., Director

Date: May 3, 2021

Re: CHAPTER 75. CHILD WELFARE SERVICES

Subchapter 1. General Provisions of Child Welfare Services

Part 10. Oklahoma Children's Services

340:75-1-150 [AMENDED]

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340:75-1-152.7 [AMENDED]

340:75-1-152.9 [AMENDED]

340:75-1-155 [AMENDED]

Subchapter 4. Family-Centered Services

340:75-4-9 [AMENDED]

340:75-4-12.1 [AMENDED]

Subchapter 13. Other Child Welfare Services and Medical Services for Children in Out-of-Home Care

Part 2. Title IV-E Eligibility and Reimbursability

340:75-14-16 [AMENDED]

(Reference WF 21-01)

Contact: Shirley Russell, Policy Programs Administrator, 405-595-7873

A. Brief description of the purpose of the proposed rule:

The proposed amendments to Chapter 75 Subchapter 1: (1) update Oklahoma Children's Services (OCS) to utilize Title IV-E prevention services to prevent a child from entering foster care; (2) expand the OCS program to include Title IV-E prevention services; (3) establish a process for requesting 12-month extensions for Title IV-E prevention services; and (4) clarify responsibilities of the OCS contract liaison.

The proposed amendments to Chapter 75 Subchapter 4: (1) update the legal base and authority for establishing preventive and pre-placement services to include the Family First Prevention Services Act, Title IV-E; and (2) clarify the authorization of community-based contracted services.

The proposed amendment to Chapter 75 Subchapter 13 update the legal base and authority for claiming foster care maintenance payment (FCMP) for a child in qualified residential treatment program (QRTP), per the Family First Prevention Services Act, Title IV-E.

Purpose. To receive Prevention Services and Program funds under Section 473 of Title IV-E of the Social Security Act, as amended by the Family First Prevention Services Act (FFPSA) Public Law 115-123, Oklahoma Human Services (OKDHS), Child Welfare Services (CWS) developed a five-year Title IV-E Prevention Program Plan (Plan). FFPSA emphasizes reducing the number of children that come into care by providing evidenced-based prevention services. The Plan as designed by CWS, with input from the Children's Bureau, Administration on Children and Families, Dallas regional office, incorporates FFPSA requirements into a hope-centered, trauma-informed Plan. As part of implementing the Plan, amendments to existing OKDHS administrative rules are required prior to October 1, 2021.

Strategic Plan Impact.

The proposed amendments to Chapter 75 Subchapter 1 achieve OKDHS goals by ensuring CWS policy reflects Oklahoma's Title IV-E Prevention Program Plan developed in compliance with FFPSA requirements that emphasize providing services to prevent child removal and strengthen families.

The proposed amendments to Chapter 75 Subchapter 4 achieve OKDHS goals by ensuring CWS policy reflects Oklahoma's Title IV-E Prevention Program Plan developed in compliance with FFPSA.

The proposed amendment to Chapter 75 Subchapter 13 achieves OKDHS goals by ensuring CWS policy addresses FCMP for a child placed in a QRTP.

Substantive changes.

Subchapter 1. General Provisions of Child Welfare Services

Part 10. Oklahoma Children's Services

OAC 340:75-1-150 is amended to expand community-based contracted services to include services that address a child's, parent's, or kin caregiver's needs to prevent a child from entering foster care, per Section 473 of the Social Security Act.

OAC 340:75-1-152 is amended to note OCS consists of Comprehensive Home-Based Services (CHBS), Parent Aide Services, and Title IV-E prevention services.

OAC 340:75-1-152.3 is amended to clarify that OCS includes Title IV-E prevention services.

OAC 340:75-1-152.5 is amended to update the requirements and timeframe for an extension of OCS services.

OAC 340:75-1-152.6 is amended to clarify who arranges for additional CHBS visits.

OAC 340:75-1-152.7 is amended to specify the conditions under which early termination of OCS may be recommended by the contractor.

OAC 340:75-1-152.9 is amended to clarify who is responsible for submitting a Critical Incident Report to Child Welfare Services.

OAC 340:75-1-155 is amended to clarify that OCS includes Title IV-E prevention services.

Subchapter 4. Family-Centered Services

OAC 340:75-4-9 is amended to add the FFPSA, Title IV-E, to the list of federal statutes that mandate preventive and pre-placement services to children and families.

OAC 340:75-4-12.1 is amended to update the OCS description of community-based contracted services, per Section 1-9-110 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-9-110).

Subchapter 13. Other Child Welfare Services and Medical Services for Children in Out-of-Home Care

Part 2. Title IV-E Eligibility and Reimbursability

OAC 340:75-13-16 is amended to update requirements for receiving FCMP when a child is placed in a QRTP.

Reasons.

Chapter 75 Subchapter 1: The proposed amendments address implementation of OKDHS' Title IV-E Prevention Program Plan as required, per FFPSA.

Chapter 75 Subchapter 4: The proposed amendments address implementation of OKDHS' Title IV-E Prevention Program Plan as required, per FFPSA.

Chapter 75 Subchapter 13: The proposed amendment addresses requirements of OKDHS' Title IV-E Plan, per FFPSA.

Repercussions.

Legal authority. Director of Human Services; Section 162 of Title 56 of the Oklahoma Statutes (56 O.S. § 162).

10A O.S. §§ 1-1-102, 1-1-105, 1-7-112, 1-9-110; 56 O.S. § 162; Titles IV-A, IV-B, and IV-E of the Social Security Act, as amended by the Family First Prevention Services Act (FFPSA), Public Law 115-123, Section 472 of the Social Security Act (42 United States Code (U.S.C.) § 672), 42 U.S.C. § 675.

Emergency rulemaking approval is requested.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the costs of the proposed rule, and any information on cost impacts received by the Agency from any private or public entities:

Chapter 75 Subchapter 1: The classes of persons most likely to be affected by the proposed amendments are CWS staff, children and families. The affected classes bear no costs associated with the implementation of the rules.

Chapter 75 Subchapter 4: The classes of persons most likely to be affected by the proposed amendments are CWS staff, children, families, and preventative services providers.

Chapter 75 Subchapter 13: The classes of persons most likely to be affected by the proposed amendment is CWS staff, children, families, and placement providers.

- C. A description of the classes of persons who will benefit from the proposed rule:**
Chapter 75 Subchapter 1: The classes of persons who will benefit are CWS staff, children, and families.
Chapter 75 Subchapter 4: The classes of persons who will benefit are CWS staff, children, families, and preventative services providers.
Chapter 75 Subchapter 13: The classes of persons who will benefit are CWS staff, children, families, and placement providers.
- D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:** The proposed amendments do not have an economic impact on the affected entities.
- E. The probable costs and benefits to the Agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the Agency:** OKDHS includes the cost of printing and distributing the rules, which is estimated to be less than \$20. The proposed amendments will result in enhanced delivery of services to positively impact placement providers, families, and OKDHS staff.
- F. A determination whether implementation of the proposed rule will have an impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:** The proposed amendments do not have an economic impact on any political subdivision, nor will the cooperation of any political subdivisions be required in implementation or enforcement of the rules.
- G. A determination whether implementation of the proposed rule will have an adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:** There are no anticipated adverse effects on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.
- H. An explanation of the measures the Agency has taken to minimize compliance costs and a determination whether there are less costly or nonregulatory methods or less intrusive methods for achieving the purpose of the proposed rule:** Less costly, non-regulatory, or less intrusive methods are not available for achieving the purpose of the proposed amendments.
- I. A determination of the effect of the proposed rule on the public health, safety, and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety, and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:** Implementation of the proposed amendments clarifies and updates rules that facilitate

quicker, more efficient service delivery to children and families and may reduce risks to children's health, safety, and environment.

- J. A determination of any detrimental effect on the public health, safety, and environment if the proposed rule is not implemented:** If the proposed amendments are not implemented, processes may not be followed as intended, delaying services to persons in need and placing children at risk.
- K. The date the rule impact statement was prepared and, if modified, the date modified:** Prepared May 3, 2021; modified June 14, 2021

SUBCHAPTER 1. GENERAL PROVISIONS OF CHILD WELFARE SERVICES

PART 10. OKLAHOMA CHILDREN'S SERVICES

340:75-1-150. Oklahoma Children's Services

Revised 9-15-16 5-5-21

Oklahoma Children's Services (OCS) is a community-based contracted services program authorized by Section 1-9-110 of Title 10A of the Oklahoma Statutes (10A O. S. § 1-9-110) available throughout Oklahoma. ~~Contracts are awarded to one lead agency in each of the five Oklahoma Department of Human Services (DHS) Child Welfare Services regions. OCS offers services is designed to meet a child's, parent's, or kin caregiver's needs directly related to help ensure and enhance the child's safety, permanency, and well-being, or to prevent the child from entering foster care and social functioning of the child and the child's family. OCS is supported under Titles IV-A, IV-B, and IV-E of the Social Security Act. The OCS service components include:~~

- (1) Comprehensive Home-Based Services; and
- (2) Parent Aide Services; and
- (3) Title IV-E Prevention Services.

340:75-1-151.3. Role of Oklahoma Human Services (OKDHS) Oklahoma Children's Services (OCS) contract liaison ■ 1 through 6

Issued 6-3-21

The OKDHS OCS contract liaison screens and approves or denies referrals for OCS.

INSTRUCTIONS TO STAFF 340:75-1-151.3

Issued 6-3-21

1. Oklahoma Children's Services (OCS) contract liaison general responsibilities.

The Oklahoma Human Services (OKDHS) OCS contract liaison:

- (1) is the gatekeeper for OCS referrals;**
- (2) monitors OCS contractor case records;**
- (3) enhances coordination and communication between OKDHS and OCS contract staff;**
- (4) provides oversight and guidance to the OCS contractor; and**
- (5) monitors and reviews cases to ensure the participating child and family receive the necessary voluntary prevention and intervention-related services to reinforce child safety. This includes further child welfare (CW) action when the child is harmed or the child's safety or well-being is threatened during the service period.**

2. Gatekeeping. The OCS contract liaison screens and approves or denies OCS referrals to ensure all referrals submitted to the OCS contractor are complete and appropriate.

- (1) The OCS contract liaison addresses incomplete or insufficient referral submissions with the referring CW specialist and CW supervisor.**
- (2) The OCS contract liaison determines the priority and appropriateness of service based on the family's circumstances, threats, or available community resources.**

3. Training for OKDHS and OCS contract staff. The OCS contract liaison provides training regarding OCS referral criteria and procedures, role expectations, OCS policy, and OCS contract requirements.
4. Case consultation and staffing. When OCS continues after CW case closure, the OCS contract liaison provides case consultation and participates in case staffings. The OCS contract liaison:
 - (1) and contract administrators address issues and concerns resulting from case monitoring; and
 - (2) provides problem resolution when OCS conflicts develop between contract and OKDHS staff.
5. Case monitoring and auditing. OCS contract liaisons monitor open OCS cases to improve practice and identify OKDHS and OCS contract staff training needs. Findings are provided to the regional deputy director, district director, and programs staff as appropriate.
6. OCS contract liaison tracking. The OCS contract liaison maintains detailed tracking systems for OCS referrals and waiting lists for both the region and districts within the region. Information is communicated to OKDHS and contract staff as needed to ensure timely and appropriate services.

340:75-1-152. Oklahoma Children's Services (OCS) waiting list ■ 1 & 2

Revised 9-15-16 5-5-21

When referrals for Comprehensive Home-Based Services, or Parent Aide Services, or Title IV-E prevention services exceed the contractor's service capacity, waiting lists are maintained by both the contractor and the OCS contract liaison (OCSL). The contractor provides weekly updates to the OCSL OCS contract liaison on the waiting list status and provides consultation on prioritization of referrals for assignment as openings become available.

INSTRUCTIONS TO STAFF 340:75-1-152

Revised 9-15-16 5-5-21

1. (a) The Oklahoma Children's services Services (OCS) contract liaison (OCSL) is responsible for prioritizing referrals for Comprehensive Home-Based Services (CHBS), and Parent Aide Services (PAS), and Title IV-E prevention services when the OCS contractor is at maximum service capacity and unable to accommodate the referrals received.
 - (b) When ~~determined necessary~~ by the child welfare (CW) specialist, CW supervisor, and the ~~OCSL~~ OCS contract liaison determine it is necessary, a ~~CHBS or PAS~~ an OCS case nearing completion may be terminated to allow the OCS contractor to accommodate a crisis referral. This is only approved when the family considered for early termination of services has demonstrated protective capacities adequate to keep the child safe in the home.
2. The OCS contract liaison reassesses A a referral of lower priority that has been on the waiting list for two months or longer due to assignment of higher priority cases ~~is subject to reassessment by the OCSL~~ OCS contract liaison. The ~~OCSL~~ OCS contract liaison contacts the referring CW specialist to ascertain the

current level of risk in the home and if the family continues to require ~~CHBS or PAS~~ OCS.

340:75-1-152.3. Oklahoma Children's Services (OCS) initiation, transfer staffings, ongoing staffings, and family team meetings (FTM)

Revised ~~9-15-16~~ 5-5-21

~~Within one-business day of receiving approved referral, The Oklahoma Children's Services (OCS) the OCS contractor notifies the child welfare (CW) specialist, CW supervisor, and OCS contract liaison of the referral's status by email within one-business day of receipt of the approved referral for Comprehensive Home-Based Services or Parent Aide Services. The OCS contractor provides the name of the OCS contract case manager or parent aide staff assigned referral responsibility. When the referral is placed on a waiting list, the contractor follows procedures in Oklahoma Administrative Code 340:75-1-152. ■ 1 through 4~~

INSTRUCTIONS TO STAFF 340:75-1-152.3

~~Issued Revised 9-15-16~~ 5-5-21

1. **Initiation of Oklahoma Children's Services (OCS).** When the referring child welfare (CW) specialist is notified that the OCS referral was assigned by the OCS contractor, the CW specialist schedules an intake staffing to include all assigned CW specialists and other CW specialists associated with the case, per Instructions to Staff # 2 of this Section.
2. **Inclusion in the family team meeting (FTM) (FM).** ~~OCS contract case managers (CCMs) and parent aides staff may be included in transfer staffings and FTMs FMs scheduled after a parent consented to participate in OCS. When the OCS case was not assigned to an OCS CCM at the time of the transfer staffing, the contract supervisor may attend.~~
3. (a) **Intake OCS intake staffing for Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS).** The intake staffing is held within 15-business days from the OCS contractor's notification of case assignment.
 - (1) The CW specialist schedules the intake staffing in the family's home to:
 - (A) introduce contract personnel;
 - (B) review the reasons for the family's CW involvement; and
 - (C) discuss the expected behavioral changes.
 - (2) Service During the intake staffing, OCS contract staff:
 - (A) explain service protocols are explained by contract staff;
 - (B) exchange contact information is exchanged; and
 - (C) plan a convenient schedule for future visits is planned during the intake staffing. At least one adult parent or caregiver must be present at the intake staffing.
- (b) **Intake staffing location.** The intake staffing is a structured meeting involving the family, CW specialist, and OCS contract staff that is held in the family's home. At least one adult parent or caregiver must be present at the intake staffing. When necessary, another location offering comfort and privacy may be used.

(c) CW specialist's role in the intake staffing. The CW specialist sets the tone for the ~~accomplishment~~ accomplishing of the ~~CHBS or PAS~~ family's goals and service provisions that facilitate enhanced protective capacities and elevates alleviates safety threats. During the intake meeting, the CW specialist reviews the reason for CW involvement with the family and defines the OCS contractor's purpose, roles, and expectations for ~~CHBS or PAS~~, including the specific behavioral changes ~~to be cited in the CHBS Family Intervention Plan~~ needed to support the child's safety.

(d) Person responsible for the child's health, safety, or welfare (~~PRFC~~)'s (PRFC) and his or her understanding of program requirements. Prior to asking the PRFC to sign the contractor's consent to services, the OCS ~~CCM~~ contractor informs the PRFC what to expect and what is required of the PRFC during services, ~~including~~. This includes information-sharing that occurs between the CW specialist and ~~the OCS CCM or the parent aide~~ contractor regarding the family. Parents are informed:

(1) that each child

(A) is seen at each visit;_i

(B) infants younger than 12 months of age are is seen unclothed;_i and

(C) has his or her sleeping arrangements are assessed for safety; and

(2) about the possible consequences of a lack of cooperation or participation.

4. ~~Ongoing OCS ongoing~~ staffing of ~~CHBS and PAS~~.

(a) Ongoing staffing of open CW case cases.

(1) The OCS ~~CCM or parent aide~~ contractor staffs the ~~CHBS and PAS~~ open OCS cases with the assigned CW specialist or CW supervisor a minimum of once per month, preferably in a face-to-face meeting with additional staffing available via phone and email, when needed. Monthly staffings include a discussion of:

~~(1)~~(A) progress toward the goal achievement of ~~goals~~ and service completion, including behavioral changes to increase protective capacity;

~~(2)~~(B) changes in the household that impact the family's functioning including, but not limited to:

(A)(i) physical, mental, or emotional conditions that impair parental functioning;

(B)(ii) changes of employment or financial status;

(C)(iii) changes in household composition; and

(D)(iv) changes in the physical, mental, and behavioral health of the children; and

~~(3)~~(C) current or previous safety threats present in the home, as well as efforts to control those safety threats.

(2) Monthly state staffings occur until the CW staff and the contractor determine services are completed or can be ended based on the family's progress.

(b) Ongoing staffing of closed CW case.

- (1) When there is not an open CW case, The the OCS CCM or parent aide contractor staffs CHBS and PAS cases when there is not an open CW case with the OCSL OCS contract liaison, a minimum of once per month, preferably in a face-to-face meeting with additional staffing available via phone and email, when needed. Monthly staffings include discussion of the:**
- (1)(A) progress toward the goal achievement of goals and service completion, including behavioral changes to increase protective capacity;**
 - (2)(B) changes in the household that impact family functioning including, but not limited to:**
 - (A)(i) physical, mental, or emotional conditions that impair parental functioning;**
 - (B)(ii) changes of employment or financial status;**
 - (C)(iii) changes in the composition of the household; and**
 - (D)(iv) changes in the physical, mental, and behavioral health of the children; and**
 - (3)(C) the development of any potential safety threats or diminished protective capacities.**
- (2) Monthly state staffings occur until services, as determined by the CW staff and the contractor, are completed or can be ended based on the family's progress.**

340:75-1-152.5. Request for extended Oklahoma Children's Services (OCS)

Revised ~~9-15-16~~ 5-5-21

Comprehensive Home-Based Services (CHBS), and Parent Aide Services (PAS), and Title IV-E prevention services are initially approved for a six-month service period. Per Oklahoma Administrative Code 340:75-1-9, Approval approval for an OCS extension of CHBS and PAS OCS can be requested and the family is eligible for Title IV-E prevention service for up to 12-months, and for additional 12-month periods, including contiguous 12-month periods: when;

- (1) the family is in crisis; or
- (2) new safety concerns arise; or
- (3) the child is:
 - (A) identified as a candidate for foster care; or
 - (B) a pregnant or parenting foster youth. ■ 1

INSTRUCTIONS TO STAFF 340:75-1-152.5

Revised ~~9-15-16~~ 5-5-21

- 1. Oklahoma Children's Services (OCS) extension request. Most families complete ~~Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS)~~ OCS within the standard six-month period unless progress is delayed due to missed appointments or the need to spend additional time mastering skills. Family circumstances may also warrant an extension of services when a crisis or substantive change occurs late within the service period.**

(1) Open child welfare (CW) case ~~CHBS or PAS~~ OCS extension request. When an extension is needed in an open CW case, the request is considered and discussed at a case staffing as the final month of service approaches. When the CW specialist and the OCS contract case manager (CCM) or parent aide staff determine a service extension is warranted, and the decision is supported by the CW supervisor, a request for extension is submitted to the OCS contract liaison (OCSL).

(A) Request for ~~CHBS or PAS~~ OCS extension. ~~The CW specialist and OCS contractor develop~~ A written request for OCS extension of CHBS or PAS ~~OCS is developed by the CW specialist and CCM or parent aide contractor, submitted~~ and submit it to the CW supervisor no later than 45-calendar days prior to the end of the service; The written request and includes the:

- (i) case name and KK number;
- (ii) beginning and ending dates of services;
- (iii) specific services received by the family to date;
- (iv) purpose of the extension request;
- (v) current safety threats or impending danger in the home;
- (vi) current safety plan;
- (vii) specific behaviors or protective capacities of the person responsible for the child's health, safety, or welfare to be addressed in the continuation of services;
- (viii) expected outcome for the extension that is not within the standard service period; and
- (ix) number of months requested.

(B) CW supervisor responsibility for approving ~~CHBS or PAS~~ OCS extensions. The CW supervisor:

- (i) discusses the extension request with the OCS contract supervisor to confirm the contractor's support for the extension;
- (ii) transmits the extension request to the ~~OCSL~~ OCS contract liaison with the documented case information in (1)(A) of this Instruction and the OCS contractor's recommendation; and
- (iii) when the OCS contractor does not agree with the extension of OCS services, documents the contractor's recommendation and reason for disagreeing with continued OCS services.

(C) OCS extension authorizations. ~~The OCSL~~ OCS contract liaison is authorized to approve or deny extension requests for up to 90-calendar days. When a longer extension is needed, ~~the OCSL~~ OCS contract liaison contacts OCS programs staff to request an extension approval.

- (i) ~~The OCSL~~ OCS contract liaison informs the CW supervisor of the extension request determination and forwards information regarding the approved or denied extension to the primary OCS contractor and OCS programs staff.
- (ii) ~~The OCSL~~ OCS contract liaison enters the extension on KIDS Service screens for each approved extension request.

(2) Extensions based on court orders. ~~CHBS or PAS~~ OCS extensions ordered by the court do not require a CW specialist written justification or extension request. Written notice of the court order is provided to the OCSL OCS contract liaisons.

(3) Closed CW case Comprehensive Home-Based Services (CHBS) or Parent Aide Services (PAS) extension request. When an extension is warranted after CW case closure of the ~~CW case~~, the ~~OCSL~~ OCS contract liaison and OCS contract staff determine how much time is needed to accomplish the remaining goals.

(A) Approval of CHBS or PAS extension request. When there is no open CW case but family circumstances result in increased risk to child safety during the final months of PAS or CHBS OCS, the OCS contract supervisor discusses the need for continuing services with the ~~OCSL~~ OCS contract liaison.

(i) When the ~~OCSL~~ OCS contract liaison and OCS contractor agree to extend services, the ~~OCSL~~ OCS contract liaison may approve a CHBS extension request for up to 90-calendar days. When a longer extension is needed, the ~~OCSL~~ OCS contract liaison forwards the extension request to OCS programs staff.

(ii) The ~~OCSL~~ OCS contract liaison may authorize a PAS extension after consulting with OCS programs staff.

(B) CHBS or PAS extension request determination. The ~~OCSL~~ OCS contract liaison notifies the contractor of the approval or denial of ~~extended~~ CHBS or PAS extension.

(C) Updating CHBS and PAS service dates. The ~~OCSL~~ OCS contract liaison enters an approved OCS extension on the KIDS Service screens for ~~approved extensions of~~ CHBS and PAS CW cases.

340:75-1-152.6. Comprehensive Home-Based Services (CHBS) maintenance level services

Revised ~~9-15-16~~ 5-5-21

Maintenance level ~~Comprehensive Home-Based Services~~ (CHBS):

(1) ~~are~~ is approved by the Oklahoma Children's Services (OCS) contract liaison when a family:

(A) ~~achieved~~ achieves most of the risk-related goals; or

(B) is required to participate in other ongoing services as part of an individualized service plan or court order; and

(2) requires the OCS contractor has a minimum of a one-hour, face-to-face meeting ~~by the contractor~~ each month with the primary caregiver and the child 5 years of age or younger. Additional visits with a paraprofessional may be arranged by the ~~contract~~ case manager OCS contractor, when appropriate. ■ 1

INSTRUCTIONS TO STAFF 340:75-1-152.6

Revised ~~9-15-16~~ 5-5-21

1. Maintenance level requests. Required monthly staffings include discussion regarding the family's progress, need for changes to current services, and future planning.

(1) When a family makes sufficient progress in reducing risk, a step-down in service intensity to maintenance level may be appropriate. Reduced visits acknowledge the family's achievements and allow time for the completion of any remaining tasks before services are terminated.

(2) When the child welfare specialist agrees, an effective date to begin maintenance level services is determined and communicated to the Oklahoma Children's Services (OCS) contract liaison, and the OCS contractor gives notice ~~is given~~ to the person responsible for the child's health, safety, or welfare, verbally or in writing, prior to the date maintenance services take effect, ~~by the OCS contract case manager contractor.~~

340:75-1-152.7. Oklahoma Children's Services (OCS) early termination of services
Revised ~~9-15-16~~ 5-5-21

Early termination of OCS services. The OCS ~~contract case manager or the parent aide contractor~~ may recommend early termination of ~~Comprehensive Home-Based Services or Parent Aide Services~~ OCS after consulting the contract supervisor when:

(1) ease a family's goals are met, the child is safe, and protective capacities of the person responsible for the child's health, safety, or welfare are sufficient for continued safety;

(2) further progress is unlikely; or

(3) services are not effective in improving protective capacities to ensure the child's safety. ■ 1 & 2

INSTRUCTIONS TO STAFF 340:75-1-152.7
Revised ~~9-15-16~~ 5-5-21

1. Lack of family cooperation or progress by the family.

(a) The Oklahoma Children's Services (OCS) contract case manager's (CCM) or parent aide's staff's observations regarding child safety and service termination:

(1) are documented in the external KIDS record, and reported to the child welfare (CW) specialist in open CW cases for consideration of receiving Oklahoma Children's Services (OCS) termination OCS, or to the Oklahoma Children's Services (OCS) contract liaison (OCSL) when the CW case is not open in closed CW cases for consideration of receiving Comprehensive Home-Based Services (CHBS) or Parent Aide Services (PAS) termination when; and

(2) include if:

(1)(A) the family is not cooperating with or participating in services;

(2)(B) the person responsible for the child's health, safety, or welfare has not addressed or corrected conditions or behaviors that led to Child Welfare Services involvement; or

~~(3)(C)~~ there is new abuse or neglect resulting in a recommendation to place the child in protective or emergency custody or that a deprived petition be filed for court intervention.

(b) Repeated unavailability, significant avoidance, or failure to follow through with the treatment goals indicates a lack of cooperation by the family.

(1) When the ~~CCM~~ OCS contractor is unable to assess child safety due to the PRFC's lack of cooperation, ~~and there is an open CW case,~~ the CW specialist:

(A) in an open CW case:

~~(A)(i)~~ determines child safety, when possible; and

~~(B)(ii)~~ advises the court:

~~(i) that child safety cannot be determined when a deprived court case exists; or~~

~~(ii)(B)~~ when determines if a child is in danger at imminent risk and seeks emergency custody or a deprived petition, when necessary.

(2) The CW specialist consults with the CW supervisor regarding open CW case disposition ~~of the CHBS or PAS open CW case~~ when the family does not cooperate. When a family team meeting is arranged, ~~CHBS or PAS~~ OCS contractor staff is included.

(3) When the CW case is closed, the ~~OCSL~~ OCS contract liaison makes the decision regarding early termination of services and if further CW action is required. Consideration is given to effective program use ~~of the program,~~ as well as the child's safety needs.

2. ~~Termination of CHBS or PAS~~ OCS termination. Early termination decisions are made jointly by CW and OCS contract staff.

(1) ~~Termination of CHBS or PAS~~ OCS termination is approved when:

~~(A) the CW specialist determines, after consultation with the CW supervisor, the CW specialist determines that the CHBS or PAS case~~ OCS is unsuccessful;

~~(B) a staffing occurs between the CW specialist, CW supervisor, and the OCS contract staff;~~

~~(C) the CCM or parent aide~~ OCS contractor submits the final report on external KIDS documenting ~~CHBS or PAS~~ OCS termination; and

~~(D) the court grants permission to close the CHBS or PAS case~~ OCS when ~~CHBS or PAS was court-ordered.~~

(2) When the CW case is closed, the ~~CCM or parent aide~~ OCS contractor consults with the ~~OCSL~~ OCS contract liaison regarding early termination of services. When the child's safety is in question, the ~~OCSL~~ OCS contract liaison may advise the ~~CCM or parent aide~~ OCS contractor to call the Oklahoma Department of Human Services Child Abuse and Neglect Hotline for screening and disposition regarding the need for further CW services or action.

340:75-1-152.9. Oklahoma Children's Services (OCS) contractor's notification to Child Welfare Services (CWS) of increased risk ■ 2

Revised 9-15-16 5-5-21

The OCS ~~contract case manager (CCM) and parent aide~~ contractor is required to submit a Critical Incident Report (CIR) to CWS when the safety or well-being of a child participating in ~~Comprehensive Home-Based Services or Parent Aide Services~~ OCS is in question. ■ 1 & 3 The CIR is documented in KIDS as a notification that may require Oklahoma Human Services protective action by the ~~Oklahoma Department of Human Services~~ and a determination as to whether contract services will continue.

INSTRUCTIONS TO STAFF 340:75-1-152.9

Revised ~~8-15-17~~ 5-5-21

1. **Circumstances warranting a Critical Incident Report (CIR). The ~~contract case manager (CCM) and parent aide~~ Oklahoma Children's Services (OCS) contractor is required to submit a CIR regarding a child or family participating in a ~~Comprehensive (CHBS) or Parent Aide Services (PAS)~~ case Oklahoma Children's Services (OCS) when:**
 - (1) the family misses three face-to-face contacts are ~~missed by the family~~ within any 90-calendar day period of service;
 - (2) the child's safety is in question. The child welfare (CW) specialist or ~~Oklahoma Children's Services (OCS)~~ OCS contract liaison may advise the ~~CCM or parent aide~~ OCS contractor to call the Oklahoma Department of Human Services (DHS) (OKDHS) Child Abuse and Neglect Hotline for screening and disposition regarding the need for further CW services or action;
 - (3) a person moves in or out of the family home impacting the family dynamics and the child's safety;
 - (4) OCS contract staff discovers the family moved without prior notice to OCS;
 - (5) a participating family member is:
 - (A) hospitalized;
 - (B) gives birth;
 - (C) sustains serious injury;
 - (D) dies;
 - (E) becomes incapacitated;
 - (F) is charged with a criminal violation; or
 - (G) is incarcerated or otherwise confined;
 - (6) a participating family member or someone connected with the family harms or threatens to harm the ~~CCM, parent aide~~ OCS contractor, or other agency personnel;
 - (7) a child abuse or neglect referral is made; or
 - (8) a child participating in a ~~CHBS or PAS case~~ OCS is reported or observed to have an injury to the head, face, ears, neck, stomach, or, genitals even when the injury is alleged to be accidental for the purpose of documentation.
2. **OCS Contract agency notification to DHS OKDHS, disposition of OCS services, and DHS OKDHS responsibility.**
 - (1) When there is an open CW case, within two hours' notice of the occurrence of the critical incident, the ~~CCM or parent aide~~ OCS contractor notifies the CW specialist and CW supervisor by phone or email of the

circumstances that created the critical incident and enters the CIR in external KIDS within 48 hours.

(2) When the CW case is closed, the OCS contractor provides the same notification is provided by the OCS contractor liaison to the CW specialist and CW supervisor OCS contract liaison.

(3) When a child in an open case has a physical injury, the CW specialist follows Oklahoma Administrative Code 340:75-3-130 ITS.

3. Distribution of the CIR distribution.

(1) When there is an open CW case with an open court case, OKDHS attaches the CIRs are CIR is attached by DHS OKDHS to the appropriate report to the court for the next hearing.

(2) When a child sustains a serious injury and there is an open CW case with an open court case, OKDHS provides the CIR is provided by OKDHS to the court within one-business day after the injury occurs.

~~**340:75-1-155. Role of the Oklahoma Department of Human Services (DHS) Oklahoma Children's Services (OCS) contract liaison**~~ ■ 1 through 6

~~Revised 9-15-16 [REVOKED]~~

~~The DHS OCS contract liaison screens and approves or denies referrals for Comprehensive Home-Based Services and Parent Aide Services.~~

~~**INSTRUCTIONS TO STAFF 340:75-1-155**~~

~~Revised 9-15-16~~

~~**1. Oklahoma Children's Services (OCS) contract liaison general responsibilities.**~~

~~The Oklahoma Department of Human Services (DHS) OCS contract liaison (OCSL):~~

~~(1) is the gatekeeper for OCS referrals;~~

~~(2) monitors OCS contractor case records;~~

~~(3) enhances coordination and communication between DHS and OCS contract staff;~~

~~(4) provides oversight and guidance to the OCS contractor; and~~

~~(5) monitors and reviews cases to ensure the participating child and family receive the necessary voluntary services to reinforce child safety, including further child welfare (CW) action when the child is harmed or the child's safety or well-being is threatened during the service period.~~

~~**2. Gatekeeping. The OCS contract liaison (OCSL) screens and approves or denies referrals to Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS) ensuring all referrals submitted to the OCS contractor are complete and appropriate.**~~

~~(1) Incomplete or insufficient submission of referrals are addressed by the OCSL OCS contract liaison with the referring CW specialist and CW supervisor.~~

~~(2) The OCSL determines the priority and appropriateness of the service based on the family's circumstances, threats, or available community resources.~~

- ~~3. Training for DHS and contract staff. The OCSL provides training regarding OCS referral criteria and procedures, role expectations, and coordinates with OCS program staff on OCS policy, and contract requirements.~~
- ~~4. Case consultation and staffing. When OCS continue after closure of the CW case, the OCSL provides case consultation and participates in case staffings. The OCSL:

 - ~~(1) and contract administrators address issues and concerns resulting from case monitoring; and~~
 - ~~(2) provides problem resolution when OCS case or task conflicts develop between contract and DHS staff.~~~~
- ~~5. Case monitoring and auditing. Open OCS contracted cases are monitored by the OCSL to improve practice and identify DHS and OCS contract staff training needs. Findings are provided to the regional deputy director, district director, and programs staff as appropriate.~~
- ~~6. OCSL tracking. The OCSL maintains detailed tracking systems for OCS referrals and waiting lists for both the region and districts within the region. Information is communicated to DHS and contract staff as needed to ensure timely and appropriate services.~~

SUBCHAPTER 4. FAMILY-CENTERED SERVICES

340:75-4-9. Purpose, philosophy, legal base, and authority for family-centered services (FCS)

Revised ~~6-1-12~~ 5-5-21

(a) **Purpose.** Oklahoma Department of Human Services (OKDHS) provides family-centered services (FCS) that ~~include~~ includes appropriate referrals and services for families after the completion of completing an assessment or investigation of child abuse or neglect allegations. The purpose of FCS is to:

- (1) focus on the child's safety; and
- (2) preserve and strengthen protective capacities of the person responsible for the child (PRFC) to keep the child safely in the child's own home.

(b) **Philosophy.** Family preservation and rehabilitation is a priority during the pendency of the ~~family-centered services FCS~~ case; however, the right to family integrity is limited by the a child's right of ~~children~~ to be protected from abuse and neglect, per Section 1-1-102 of Title 10A of the Oklahoma Statutes. FCS emphasizes a commitment to:

- (1) maintain the child safely in his or her own home, when possible;
- (2) focus on the entire family rather than individuals; and
- (3) provide comprehensive services that engage the family and target the family's therapeutic, supportive, and concrete needs.

(c) **Legal base basis and authority.** Preventive and pre-placement services to children and families are mandated by the Promoting Safe and Stable Families Act, Title IV-B, Subparts I and II, Family First Prevention Services Act, Title IV-E, and the OKDHS Child and Family Services Plan.

340:75-4-12.1. Family-centered and community-based services ■ 3 through ~~40~~11, ~~42~~13, 23, 16 through 18, & 20 through 28

Revised ~~9-15-20~~ 5-5-21

(a) **Safety planning.** When a child abuse or neglect investigation is completed, the child welfare (CW) specialist makes determinations that include:

- (1) the investigative finding;
- (2) if the child is safe or unsafe in the home;
- (3) the protective capacities of the person responsible for the child (~~PRFC~~); and
- (4) appropriate ongoing service needs for the family, ~~when any~~. Ongoing service options include:
 - (A) a determination that no services are needed;
 - (B) a referral for community-based services including Oklahoma Children's Services (OCS); and
 - (C) opening an Oklahoma Human Services (OKDHS) family-centered services (FCS) case. ■ 1

(b) **Safety plan.** The safety plan and service planning include the family's involvement and input. The risk of future maltreatment to the child, safety threats, family's protective capacities, and the level of need within the family determine the intensity of services required to address concerns within the family. ■ 1

(c) **Family service agreement.** The family service agreement documents the parent or legal guardian's acceptance of CW services and intervention to assist the family to safely care for the child. ■ 2

(d) **Family service agreement informal supports.** With the family's permission, supportive persons, such as kin, extended family members, neighbors, friends, neighbors, volunteers, ~~extended family members~~, tribal representatives, and other culturally-relevant supports may be involved in safety plans and service agreements. Supportive persons who agree to be resources for the family commit to involvement in the safety planning and sign the voluntary safety plan.

(e) **Family meeting (FM).** A An family meeting (FM) is a structured, facilitated meeting that includes parents, caregivers, relatives, ~~child welfare~~ CW specialists, tribal partners, service providers, and other culturally-relevant supports to collaboratively create plans that ~~effectively~~ address the child's safety, permanency, and well-being. ■ 12

(f) **Family service agreement supports.** ~~Supports to the family~~ Family service agreement supports include programs and professional services, such as culturally-relevant, community-based service programs to assist the family with ~~incorporate~~ incorporating new behaviors that support safety. ~~Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS) are available through OCS,~~ is community-based contracted services authorized by Section 1-9-110 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-9-110) and per Oklahoma Administrative Code (OAC) 340:75-1-151. ■ 14 & 15

(g) **Voluntary family care.**

(1) Voluntary family care is available as a preventive and protective service to enhance family functioning without court intervention.

(2) Per ~~Section 1-7-112 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-7-112),~~ when the parent with legal custody requests, OKDHS may accept any child into voluntary family care placement ~~when requested by the parent with legal custody of the child.~~ The parent considering voluntary family care is informed that:

- (A) ~~that~~ he or she may, at any time, request that OKDHS return the child to the parent;

- (B) evidence gathered during the time the child is voluntarily placed may be used at a later time as the basis for a petition alleging the child is deprived or as the basis for a petition seeking termination of parental rights;
- (C) of the timelines and procedures for voluntary family care placement;
- (D) a period of voluntary family care placement, per 10A O.S. § 1-7-112, does not exceed 90-calendar days, except as otherwise provided by OKDHS policy;
- (E) voluntary family care placement, per the conditions and restrictions of 10A O.S. § 1-7-112, ~~de~~ does not constitute abandonment, abuse, or neglect as defined in the Oklahoma Children's Code; and
- (F) he or she may be assessed the full or partial cost of the voluntary family care placement.

(3) Voluntary family care requires a written agreement signed by the parent or legal guardian and OKDHS wherein authority is given to OKDHS to place the child in family care and provide for the child's needs.

(4) Family care by voluntary request is approved for an initial 30-calendar day period of ~~30-calendar days~~ and may extend to a 90-calendar day maximum of ~~90-calendar days~~ when the extension results in family reunification without requiring court intervention.

(5) Court intervention is required when voluntary family care reaches a maximum of 90-calendar days and the parent or legal guardian does not accept the child's return.

■ 29

(h) **Protective and preventive child care.** Child care services may be provided to a family when a:

- (1) child is at risk of removal from the home due to abuse or neglect; and
- (2) family is in the process of reunification, per OAC 340:75-6-91.

(i) **SoonerStart services.** SoonerStart Early Intervention Program (SoonerStart) is a statewide, interagency, multidisciplinary system of services to families with children birth to 36 months with developmental delays. SoonerStart services may be provided to a child who is:

- (1) the victim of substantiated abuse or neglect; or
- (2) a party in an open FCS case. ■ 19

INSTRUCTIONS TO STAFF 340:75-4-12.1

Revised ~~9-15-20~~ 5-5-21

1. Safety planning. Refer to Oklahoma Administrative Code (OAC) 340:75-3-300 for child safety evaluation, safety planning, and evaluation and assessment of safety plan monitor(s).

(1) A safety plan's purpose is to control safety threats immediately while the child remains in the home or while the child temporarily stays in an alternative location outside of the home. The safety plan:

(A) specifies what safety threats exist, how the safety threshold was crossed, and establishes what must be controlled;

(B) identifies how the safety threat will be managed and controlled, including:

(i) by whom;

(ii) under what circumstances and agreements;

- (iii) within what time frame; and
 - (iv) the availability, accessibility, and suitability of those involved; and
- (C) includes how the child welfare (CW) specialist or others monitor and oversee the plan.
- (2) Engaging kin in safety planning creates more options for support and safety planning. The CW specialist:
 - (A) identifies and talks with as many kin as possible to support the family;
 - (B) engages those who know the child best;
 - (C) facilitates a child safety meeting (CSM); and
 - (D) makes timely decisions, with input from those involved, regarding the child's safety and physical and emotional well-being.
- (3) In all family-centered services (FCS) cases involving tribal children, the CW specialist must make active efforts to maintain or reunite an Indian child with the family that include, but are not limited to:
 - (A) identifying appropriate services and helping the parents to overcome barriers including actively assisting the parents in obtaining such services;
 - (B) identifying, notifying, and inviting representatives of the Indian child's tribe to participate in all family meetings (FM);
 - (C) conducting a diligent search for the Indian child's extended family members to provide family structure and support;
 - (D) offering and employing all available and culturally-appropriate family preservation strategies;
 - (E) facilitating the use of remedial and rehabilitative services provided by the child's tribe;
 - (F) identifying community resources to assist the family, when appropriate; and
 - (G) considering alternative ways to address the child's and child's family needs when optimum services do not exist or are not available.
- (4) In cases that involve tribal children in out-of-home safety plans, throughout the duration of the case, the CW specialist must make continuing active efforts to:
 - (A) inquire if extended family is available that can help support the child and family; and
 - (B) search for tribal family safety plan monitors monitor(s) when the current safety plan monitor(s) is not a tribal member.
- (5) When an out-of-home safety plan is utilized, a determination must be made on when it is safe to move to an in-home safety plan utilizing the Assessment of Child Safety. The CW specialist and supervisor must consider:
 - (A) how manageable the remaining safety threats are;
 - (B) behavioral changes demonstrated by the person responsible for the child (PRFC);
 - (C) the parent's ~~cooperation~~ participation in and progress on the individualized service plan (ISP); and

- (D) barriers to the ~~ISP's~~ ISP successful completion and proposed solutions.
2. Family Service Services Agreement (FSA)/Safety Plan. The CW specialist explains Form 04MP025E 04MP078E, Family Service Services Agreement (FSA/Safety Plan), is explained to the parent or legal guardian and completed, and completes the form to document the parent or legal guardian's acceptance of CW services and intervention, agreement to participate in FCS, and initial identification of services.
- (1) ~~Form 04MP064E, A~~ Safety Plan, is established with the family, in conjunction with Form ~~04MP025E, 04MP078E~~ when:
- (A) the child is found unsafe; and
- (B) court intervention is:
- (i) not requested; or
- (ii) requested but the district attorney (DA) declines to file a deprived petition. An FCS case is appropriate only when the safety threats can be managed. When a DA declines to file a deprived petition, any DA's request for the family to receive FCS must be reviewed with the district director.
- (2) The CW specialist discusses service options with the family and explains that services are:
- (A) voluntary, unless there is court action;
- (B) used to address the child's and family's identified safety needs directly related to the child's safety, permanency, or well-being and to prevent the child from entering foster care; and
- (C) time-limited to 180-calendar days, except in FCS cases in which Title IV-E prevention services, as specified in the child's prevention plan, are provided to, or on behalf of, a child who is a candidate for foster care, per OAC 340:75-1-9 ITS, limited to up to 12 months.
- (3) Within seven-business days after the FSA signature date, The the CW specialist completes Form 04KI003E, Report to DA, and Form 04KI030E, Assessment of Child Safety (AOCS), and indicates FCS services are recommended on the AOCS services screen in KIDS, within seven-business days after the FSA signature date. Form 04MP025E 04MP078E is signed.
- (4) Title IV-E child's prevention plan. Form 04MP078E, FSA/Safety Plan:
- (A) serves as the prevention plan for the child who is eligible for the Title IV-E Prevention Program when:
- (i) identified as a candidate for foster care, per OAC 340:75-1-9 ITS; and
- (ii) eligible per OAC 340:75-3-120, 340:75-3-300, and 340:75-3-500; and
- (B) documents the:
- (i) child's Title IV-E prevention program eligibility;
- (ii) child's foster care prevention strategy so the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver;

(iii) Title IV-E prevention services rated and approved by the Title IV-E Prevention Services Clearinghouse and identified in the state's five-year Title IV-E Prevention Program Plan for:

(I) mental health;

(II) substance abuse; and

(III) in-home parent skill-based programs; and

(iv) continued eligibility for a child identified as a candidate for foster care, per OAC 340:75-1-9 ITS, to receive, or on behalf of the same child, Title IV-E prevention services for additional 12-month periods, including for contiguous 12-month periods, per OAC 340:75-3-300 and 340:75-4-12.1.

3. Appropriate FCS cases. An FCS case may be appropriate when:

(1) there is a substantiated finding;

(2) the child is determined unsafe upon completion of Form 04KI030E, Assessment of Child Safety, and CW services and intervention are needed to ensure the child's health, safety and welfare;

(3) existing safety threats can be managed and controlled for through:

~~(3)~~ (A) a safety plan; ~~is in place~~

(B) guardianship;

(C) a non-custodial parent; or

(D) court supervision; and

(4) ~~Form 04MP025E~~ 04MP078E, FSA/Safety Plan, is completed and signed by the appropriate persons indicating agreement to participate in FCS; and

~~(5) there is no court involvement.~~

4. Successful FCS case indicators.

(1) Safety plan with a safety plan monitor(s) that is available for the foreseeable future and includes the elements of Instructions to Staff (ITS) # 1 of this ~~Instruction~~ Section and is either an:

(A) in-home safety plan; or

(B) out-of-home safety plan that is not expected to exceed 60-calendar days. Approval to exceed 60-calendar days requires:

(i) a supervisor's approval for 61 to 90-calendar days; and

(ii) the district director's approval for over 90-calendar days. A district director's approval cannot exceed the FCS case limit of 180-calendar days.

(2) Kinship supports were identified and are willing to assist the family.

(3) PRFC(s) acknowledges and accepts the responsibility for the conditions that led to his or her child(ren) being unsafe and is willing to seek services to correct those conditions.

5. Poor prognosis.

(1) An FCS case may not be appropriate when poor prognosis indicators exist that can include:

(A) three or more substantiated reports of child abuse or neglect of a serious nature, or repeated removals of a child(ren) from the PRFC;

(B) the PRFC's parental rights to another child were terminated;

(C) ~~the PRFC's~~ PRFC had a child in out-of-home care or under court supervision for more than one year during the three-year period immediately prior to the current unsafe determination;

(D) ~~the PRFC's~~ PRFC successfully completed a previous FCS service plan and is again referred to FCS with the same child abuse or neglect allegations;

(E) ~~the PRFC's~~ PRFC is or was subject to the Oklahoma Sex Offender Registration Act or any similar act in another state at any time, or convicted of a sexual felony offense;

(F) ~~the PRFC's~~ PRFC has a history of extensive, abusive, and chronic use or abuse of drugs or alcohol and resisted treatment for substance use or abuse during a three-year period immediately prior to the current unsafe determination;

(G) ~~the PRFC's~~ PRFC was convicted of a felony offense of:

(i) physical assault, battery, or a drug-related offense within the last five years;

(ii) a crime against a child;

(iii) domestic abuse; or

(iv) a crime involving violence including, but not limited to, rape, sexual assault, or homicide; or

(H) the child experienced severe physical or sexual abuse in infancy, or the abuse or neglect resulted in near-death or permanent damage to the child.

(2) When poor prognosis indicators exist and, after thorough evaluation, the CW specialist and CW supervisor ~~after thorough evaluation~~, determine that a referral to FCS is appropriate, the CW specialist and CW supervisor:

(A) consult the district director for approval to proceed with the referral; and

(B) document the consultation and final determination in KIDS Investigation Contacts screen.

6. FCS case with a substantiated finding with a safe determination. Refer to OAC 340:75-3-300 ITS.

(1) When a substantiated finding with a safe determination exists and, after thorough evaluation, the CW specialist and CW supervisor ~~after thorough evaluation~~, determine that a referral to FCS is appropriate, the CW specialist and CW supervisor:

(A) consult the district director for approval to proceed with the referral;

(B) consult with FCS Programs; and

(C) document the consultation and final determination in KIDS Investigation Contacts screen.

(2) When a substantiated finding with an unsafe determination as to the parent but an overall safe determination due to a guardianship or a power of attorney with a relative or non-relative caregiver exists, the CW specialist offers FCS to the family.

(A) A referral to FCS is not made when the parent does not accept CW services and intervention.

- (B) A safety plan is not established for an overall ~~safe~~ safe determination.
- (C) OAC 340:75-4-12.1 is followed, when applicable.
7. Transfer of case responsibility from CPS to FCS. Refer to OAC 340:75-1-29 ITS # 1.
8. Transfer of case responsibility within ongoing FCS case. The assigned CW specialist, at the time that the determination is made to transfer the case to another CW specialist or to another district, schedules and conducts a transfer meeting within ~~five~~ 10-business days of the transfer determination.
- (1) The transfer meeting discussion includes, but is not limited to:
- (A) ~~the reason for CW involvement including a review of Form Forms 04KI030E, Assessment of Child Safety, and 04MP078E, FSA/Safety Plan;~~
- (B) ~~a review of Form 04MP025E, including the:~~
- (i) ~~reason for CW involvement;~~
- (ii) ~~identified safety threats;~~
- (iii) ~~specific behaviors and conditions that need to change;~~
- (iv) ~~desired results; and~~
- (v) ~~intervention or service recommendations designed to increase parental protective capacities;~~
- (C) ~~a discussion of any trauma or CW history within the family;~~
- (D) ~~a medical history of a child with a perceived or diagnosed developmental or physical disability or any chronic or acute medical condition;~~
- (E) ~~the family's tribal heritage;~~
- (F) ~~the voluntary safety plan components and responsibilities, including how the safety threats are managed and controlled; and~~
- (G) ~~how the safety threats will be controlled~~ the family time plan, including level of supervision needed.
- (2) ~~The CW specialist enters Documentation of the case transfer case-transfer meeting documentation is entered by the CW specialist as a contact in the FCS case with a purpose of "Case Transfer" within five-business days after the transfer meeting.~~
9. Case location and assignment responsibility. When opening an FCS case, consideration must be given to the contact requirements outlined in OAC 340:75-4-12.1 ITS # 12. Any established safety plan and ~~the PRFC's PRFC resources must be able to accommodate the required minimum weekly CW specialist face-to-face contact by the CW specialist with the parent and child together.~~
- (1) FCS case location and assignment is maintained in the county where the CW investigation is completed.
- (2) An exception to the case location occurs when all participating members of the FCS case relocate to a different county within the state. The case location then transfers to the new county unless the currently assigned county chooses to retain the case and is still able to meet the contact requirements.
- (3) Secondary assignments in FCS cases are not allowed.

10. Initial meeting. When an out-of-home safety plan is established, an initial meeting may be determined beneficial or necessary. In those cases, refer to OAC 340:75-1-29.

11. ISP Individualized Service Plan (ISP).

(1) Form 04KI012E, Individualized Service Plan, is completed no later than 45-calendar days after the PRFC agrees to accept FCS and signs Form ~~04MP025E~~ 04MP078E, ~~Family Service Agreement (FSA)/Safety Plan~~. Form 04KI012E is not completed when the FCS case is closed within 30-calendar days of the PRFC signing Form ~~04MP025E~~ 04MP078E.

(2) Forms ~~04MP025E~~ and 04KI030E, ~~Assessment of Child Safety and~~ 04MP078E, ~~FSA/Safety Plan~~, are used to develop the ISP. The ISP determines the interventions needed to correct the behaviors and conditions that resulted in CW involvement a child being unsafe. Children 12 10 years of age and older, or younger than 10 years of age who are intellectually capable of understanding and communicating ideas and opinions, participate in the planning process, with the exception of a child with severe intellectual disabilities. The ISP planning process is done in conjunction with the family and describes:

(A) the CW specialist and family's a course of action to be taken by the CW specialist and family to achieve the planned changes and alleviate the safety threats to the child;

(B) services associated with specific outcomes available to the child and PRFC;

(C) the behaviors and conditions that require change;

(D) specific measures to facilitate family change;

(E) the time requirements for the family, CW specialist, and other providers to complete the action steps;

(F) the alternative plan in the event protective capacities are not enhanced and PRFC is unable to manage the safety threats;

(G) the expected length of time services are needed in the case; and

(H) a crisis management plan to address contingencies, such as a PRFC's relapse or regression, domestic violence, or environmental or other emergent conditions.

(3) The CW supervisor reviews Form 04KI012E, ~~Individualized Service Plan~~ with the CW specialist to ensure the safety threats identified in Form 04KI030E are addressed.

(4) The CW specialist:

(A) makes service referrals based on the needs identified on Form 04KI012E;

(B) for an Indian child, utilizes available services of the child's tribe;

(C) facilitates initiation of services with providers using Form 04KI012E as a guide to establish service utilization and discusses services with the service provider and family, such as:

(i) agreed-upon objectives related to the child's safety and well-being;

(ii) the anticipated length of services; and

(iii) outcome measures; and

(D) considers family members' work and school responsibilities when services are scheduled.

12. Family meeting (FM).

(1) An FM must be held within 10-business days after the:

(A) ~~Safety plan's establishment of the safety plan~~; and

(B) parent or legal guardian signs Form ~~04MP025E~~ 04MP078E, FSA/Safety Plan, signifying acceptance of FCS. Signing Form ~~04MP025E~~ 04MP078E indicates the PRFC agrees to:

(i) discuss the child's safety needs;

(ii) discuss any of the child's urgent or critical medical or behavioral health needs. The CW specialist ensures that;

(I) these needs are addressed immediately; and

(II) the PRFC(s) and safety plan monitor(s) follow-up on these needs;

(iii) determine the family's appropriate service needs;

(iv) develop a ~~visitation~~ family time schedule for the child and child's family when an out-of-home safety plan is in effect; and

(v) identify the family's concrete needs that may be met through:

(I) referrals to community-based agencies that provide financial assistance;

(II) for an Indian child, referrals to the tribe for available assistance; or

(III) the use of Oklahoma Human Services (OKDHS) contingency funds that can be accessed to assist with service needs, per OAC 340:75-1-28.

(2) When a CSM was held and the items in ITS # 1 and # 2 were discussed, the initial FM can be held at within 30-calendar days. Subsequent FMs ~~may~~ are required to be held:

(A) when moving from an out-of-home to an in-home safety plan; and

(B) at case closure.

(3) An FM must be held when the case reaches 150-calendar days in length. The CW specialist informs the PRFC that a deprived petition may be recommended when the parent has not demonstrated the desired behavioral changes to alleviate the safety threats.

(4) When Title IV-E prevention services specified in the child's prevention plan are provided to or on behalf of a child who is a candidate for foster care, per OAC 340:75-1-9 ITS, an FM is held to determine:

(A) if the family requires continued Title IV-E prevention services that meet the child's, parent's, or kin caregiver's needs directly related to the child's safety, permanency, or well-being or to prevent the child from entering foster care;

(B) through a review of relevant case documentation, including but not limited to, Forms 04KI012E, Individualized Service Plan, 04KI030E, Assessment of Child Safety, and 04MP078E, FSA/Safety Plan, if:

(i) the safety threats are controlled and managed;

(ii) recommended services and interventions are achieving the desired behavioral changes to increase protective capacities; and
(C) continued Title IV-E prevention services eligibility to ensure the child may remain safely at home; live temporarily with a kin caregiver until reunification can be safely achieved; or live permanently with a kin caregiver. When continued Title IV-E prevention services eligibility is determined, the CW specialist:

(i) completes a request for an Oklahoma Children's Services (OCS) extension, per OAC 340:75-1-152.5;

(ii) documents continued eligibility in the child's prevention plan, Form 04MP078E; and

(iii) continues to evaluate the child's safety and monitor service provision, per OAC 340:75-4-12.1.

(5) FM documenting and reporting. The CW specialist:

(A) completes Form 04MP046E, Family Meeting Report, and scans into the document management system;

(B) documents the FM in KIDS Contacts screen no later than 30-calendar days after each FM completion; and

(C) summarizes the FM results in the KIDS Contacts screen and at a minimum, includes:

(i) attendees; and

(ii) discussions about safety planning, ISP progress, and barriers.

13. Contact requirements regarding child and PRFC.

(1) During the FCS case's first 60-calendar days of the ~~FCS case~~, the CW specialist evaluates the child's safety in the home by making face-to-face contact with the child and PRFC together, one or more times per week, as ~~determined by the CW supervisor~~ determines.

(2) After the initial 60-calendar days, the CW specialist and CW supervisor may decide that face-to-face contact with the child and PRFC together can be reduced to a minimum of once every other week. This decision is dependent upon the information from the most current AOCs and, the contact guides, and as well as considering considers:

(A) how manageable the remaining safety threats are;

(B) behavioral changes demonstrated by the PRFC;

(C) the parent's ~~cooperation~~ participation and ISP progress; and

(D) barriers to successful ISP completion and proposed solutions.

(3) The CW supervisor approves and documents any decrease in the number of contacts.

(4) Contact requirements are documented in the ongoing FCS case in KIDS Contacts.

(5) When the child is in an out-of-home safety plan during the FCS case, the CW specialist has face-to-face contact:

(A) with the child in the safety plan monitor's home within the first two weeks the child is in the home; and

(B) a minimum of once every calendar month thereafter with no more than 31-calendar days between contacts.

(i) The contact with the child in the safety plan monitor's home is in addition to the weekly or every other week contact the CW specialist has with the child and PRFC together.

(ii) More frequent contacts are made with the child during times of change and stress.

(6) When the visits with the child and the PRFC together occur in the safety monitor's home, an additional contact is not needed, but private conversations with the safety plan monitor(s) are documented.

(7) When the child is in an in-home safety plan during the FCS case, the CW specialist contacts the in-home safety plan ~~monitor~~ monitor(s) in person or by phone:

(A) weekly, during the FCS case's first 60-calendar days ~~of the FCS case~~; and

(B) every other week, after the initial 60-calendar days and until the safety plan is no longer required.

(8) Per OAC 340:75-6-48 ITS, the CW specialist documents the contacts in KIDS after the initial home contact and once per month thereafter for each PRFC and for each child in the home or in an out-of-home safety plan, ~~and each PRFC.~~

(9) The purpose of CW specialist contacts with the child, PRFC, and safety plan ~~monitors~~ monitor(s) includes, but is not limited to:

(A) administering the Child Behavioral Health Screener monthly and making necessary referrals;

(B) ensuring that the safety plan is adequately managing the safety threats and all parties are complying with the safety plan;

(C) ensuring the PRFC understands the ISP and the consequences of failure to correct the conditions requiring intervention;

(D) assessing the PRFC's ability to provide a safe environment for the child;

(E) evaluating the home situation and ISP progress;

(F) encouraging and guiding the PRFC in ISP completion;

(G) evaluating the child's safety and needs in the home or in the safety plan monitor's home, and that includes private conversations with the child;

(H) evaluating whether the PRFC is developing and maintaining a healthy parent-child relationship;

(I) advising the PRFC of his or her rights, roles, responsibilities, and the case's status; and

(J) assisting with needs the safety plan monitor(s) may have for the purpose of ensuring the child's safety and well-being.

14. ~~Referrals for service~~ Service referrals.

(1) Referrals are made to community partners to address identified service needs to assist the PRFC(s) in correcting the behaviors and conditions that created the safety threats. Referrals to ~~Comprehensive Home-Based~~

~~Services (CHBS) OCS, per OAC 340:75-1-151 ITS # 1, may also be made to assist with service needs. Supporting documentation includes Forms:~~

- ~~(A) 04MP025E, Family Service Agreement;~~
- ~~(B) 04KI030E, Assessment of Child Safety;~~
- ~~(C) 04KI012E, Individualized Service Plan (ISP), when available; and~~
- ~~(D) 04MP064E, Safety Plan, for CHBS cases.~~

~~(2) Referrals are made to community partners to address identified high risk situations or behaviors that do not cross the safety threshold and, are not active safety threats, and can include:~~

- ~~(A) housing resources;~~
- ~~(B) food pantries;~~
- ~~(C) basic parenting programs;~~
- ~~(D) parent education;~~
- ~~(E) educational resources;~~
- ~~(F) employment services;~~
- ~~(G) vocational training or rehabilitation services; or~~
- ~~(H) other OKDHS services, such as Temporary Assistance for Needy Families (TANF).~~

15. Contact with service providers. The CW specialist maintains no less than bi-weekly contact with the service provider by phone, in person, or correspondence and documents the contacts in KIDS. The CW specialist:

- (1) gathers and documents information about the PRFC's progress in Contacts; and**
- (2) notifies the service provider of changes in the family's circumstances.**

16. Referral for medical eligibility determination. The CW specialist discusses the child's medical needs and determines if the family has medical coverage for the child. When the family does not have medical coverage for the child, the PRFC is referred to SoonerCare Health Benefits (Medicaid), per OAC 317:35-7-16.

17. Child well-being measures. Child well-being is connected to the child's educational, physical, dental, and behavioral health needs. The CW specialist works with PRFC to addresses address these immediate needs ~~with the PRFC and assists the PRFC, to~~ identify and access appropriate services to meet the child's identified needs, and ensures to ensure the safety plan monitor(s) is aware as well. The child's well-being identified needs are included in service planning and documented in KIDS.

(1) Educational needs. When the child is in an out-of-home safety plan, the CW specialist confirms that the safety plan monitor(s) is willing to assist the child continue in his or her original school or program.

(2) Physical, dental, and behavioral health needs. The CW specialist ensures the PRFC(s) PRFC and safety plan monitor(s) follow-up on identified needs.

18. Transporting families who receive FCS. Initially, the CW specialist may assist with the family's transportation needs. The CW specialist explores other means of transportation with the family that allow for independence once services are completed. When the PRFC cannot accompany the child, the CW specialist may transport a child who is not in OKDHS custody with the PRFC's written authorization.

19. SoonerStart services. For a child younger than 3 years of age who is a victim of substantiated child abuse or neglect and is a party in an FCS case, a referral to the SoonerStart Early Intervention program is made when a subsequent need is identified or a SoonerStart referral was not previously completed. The SoonerStart Child Welfare Referral Form is accessed ~~on~~ via the OKDHS website Quick Links, Non-DHS Forms [SOONERSTART CHILD WELFARE REFERRAL FORM](#).
20. Case management responsibilities for FCS cases.
- (1) When the PRFC accepts FCS, the CW specialist is responsible for determination of child safety, case management, and service provision, per OAC 340:75-4-12.1, regardless of whether the family is referred for CHBS community-based services.
- (A) The CW specialist maintains an open FCS case until the child is determined safe and the PRFC's protective capacities are sufficient for continued safety after a subsequent, updated Form 04KI030E, Assessment of Child Safety, is completed.
- (B) When the family is referred for CHBS OCS, the FCS case stays open until closure of the CHBS case to assist the CHBS worker with any issues that may arise completion of services that are directly related to the child's health, safety, and welfare which required the need for CW intervention.
- ~~(C) An FCS may be closed prior to completion of CHBS with the CW supervisor's approval after review of the PRFC's cooperation and ISP progress.~~
- (2) When a family member participating in an FCS case was referred for substance use or abuse treatment services through a TANF contract provider in a CW only case and the family is not eligible for TANF, CW staff must contact the provider prior to closing the case. Since the provider cannot bill when the case is not open, the CW specialist must consider when the family member is:
- (A) nearing completion of services and coordinates the closure date with the provider; or
- (B) not nearing completion of services, and informs the family member and provider that services will no longer be billed through the TANF contract. As a result, the family member is responsible for payment.
21. FCS monthly case conference. A case conference between the CW specialist and CW supervisor is conducted at least once every 30-calendar days and documented in KIDS as a Case Consultation ~~contact with type as Case Consultation~~. During the monthly conference, the CW specialist and CW supervisor review:
- (1) relevant case documentation;
- (2) Form 04KI030E, Assessment of Child Safety;
- (3) Form ~~04MP025E~~ 04MP078E, Family Service Agreement (FSA)/Safety Plan; and
- (4) Form 04KI012E, Individualized Service Plan (ISP) to determine whether:
- (A) safety threats are controlled and managed;

- (B) recommended services and interventions are achieving the desired behavioral changes to increase protective capacities; and
 (C) the frequency of CW contacts with the family increases, decreases, or remains unchanged.
22. Notification of injury. When a child in an open FCS case has a physical injury and the cause of the injury is unexplained, the CW specialist follows the protocol and documentation requirements, per OAC 340:75-3-130.
23. Abuse or neglect in an active FCS case.
- (1) When a child who is a participant in an FCS case is reported or observed by the CW specialist to have any suspicion of abuse or neglect, The the CW specialist contacts the OKDHS Child Abuse and Neglect Hotline (Hotline) for completion of Form O4KI001E, Referral Information Report, when a child who is a participant in an FCS case is reported or observed by the CW specialist to have any suspicion of abuse or neglect including, unexplained or implausible injury to the head, face, ears, neck, stomach, or genitals of a child 5 years of age and younger per OAC 340:75-3-130.
- (2) A referral to the Hotline is not necessary when criteria (A) through (D) are met.
- (A) The child is thoroughly inspected for additional injuries to include rearrangement of clothing when necessary.
- (B) The documentation is entered into the child's case KIDS Injury screen.
- (C) Prior to the decision not to contact the Hotline regarding an observed injury to the head, face, ears, neck, stomach, or genitals or a burn or fracture to a child 5 years of age and younger or to a child with a perceived or diagnosed developmental disability, the CW specialist and CW supervisor must consult with their assigned district director or field manager.
- (D) The district director or field manager is required to review all necessary information to make an informed safety decision and determine if a referral is made to the Hotline.
- (2)(3) When a new abuse or neglect incident ~~of abuse or neglect~~ occurs and an investigation is assigned, Form 04KI003E, Report to District Attorney, is completed and submitted to the DA.
24. Preparing the family for case closure. Concluding the working relationship between the CW specialist and family before FCS case closure is essential. The CW specialist:
- (1) separates from the family while continuing to provide support and encouragement;
- (2) increases emphasis on the family ~~initiating self-help efforts and~~ developing an informal support system to:
- (A) preserve and strengthen protective capacities;
- (B) assist in the family safely caring for the child in their own home;
- (C) ensure the child's healthy well-being; and
- (D) prevent future CW involvement; and

(3) gradually decreases family contacts while the family self-help efforts are increased and progress is made on increases utilization of the family's informal support system development.

25. Developing an FCS after-care plan. When the child safety assessment of child safety indicates the child is safe and the PRFC's protective capacities are sufficient for continued safety, the CW specialist:

(1) develops, ~~with the family's input,~~ an after-care plan with the family's input, Form 04MP080E, FCS After-Care Plan, during an FM or case closure discussion meeting that:

(A) identifies informal supports that can assist the family when Child Welfare Services (CWS) is no longer involved and the FCS case is closed, such as Informal supports include, but is not limited to, extended family, friends, and neighbors who may help the family identify ways to prevent the ~~recurrence of~~ behaviors or actions that precipitated CWS involvement from reoccurring;

(B) determines if the family requires further services or assistance at case closure and provides referrals for necessary community services;

(C) advises the family of signs that might indicate a need for future services and provides the family with information about whom to contact for help;

(D) submits the family's after-care plan to the CW supervisor for review and approval;

(E) formalizes the case closing with the family when the written documentation for case closure and the after-care plan is approved;

(F) discusses the finalized after-care plan with the family and provides a copy to the family;

(G) addresses any ongoing concerns the family may have;

(H) encourages the family to contact OKDHS when future help is needed;

(I) ~~documents~~ scans the after-care plan in the final version, of Form ~~04KI030E~~ 04MP080E, into KIDS document management system; and

(J) closes the case record by completing and submitting all appropriate documentation in KIDS to the CW supervisor for final approval; and

(2) provides a notice of the planned case closure and a copy of the final Form 04KI030E, ~~must be provided to the Oklahoma Children's Services (OCS) contractor and OCS contract liaison when the family still receives OCS is still received by the family when a CHBS case is to remain open after FCS case closure.~~

26. FCS case closure. The family, CW specialist, and CW supervisor are involved in the determination that the child's health, safety, and welfare is ensured and the FCS case can be closed.

(1) The CW specialist discusses and reviews all critical elements of the CWS intervention with the family and empowers the family to express opinions, feelings, and constructive feedback to the CW specialist. ~~When necessary, an An FM may be offered to the family is held prior to case closure.~~

(2) The standard for closing an FCS case is the determination that the:

~~(A) behaviors or conditions that resulted in threats to child safety changed;~~

~~(B) PRFC(s) PRFC demonstrates sufficient behavioral changes and increased protective capacities to ensure the child's health, safety and welfare; and~~

~~(C)(B) threats to child safety no longer exist; and~~

~~(C) the family has developed an informal support system to preserve and strengthen protective capacities to assist the family in safely caring for the child in their own home, ensure the child's healthy well-being, and prevent future CWS involvement.~~

(3) Before initiating steps to close the FCS case, the CW specialist:

(A) discusses the FCS case with the CW supervisor; and

(B) completes an updated or new Form 04KI030E, Assessment of Child Safety.

27. PRFC's refusal to cooperate or respond during FCS case. Families must be meaningfully engaged in the treatment process for the duration of the FCS case.

(1) When the PRFC is not available or persistently requests appointment postponement or rescheduling of appointments, the CW specialist:

(A) makes diligent efforts to encourage the PRFC to participate and complete services;

(B) documents the efforts in the FCS case; and

(C) discusses the case with the CW supervisor to:

(i) review the updated and previous Forms 04KI030E, ~~Assessment of Child Safety~~;

(ii) review the most recent Form 04KI012E, ~~Individualized Service Plan~~;

(iii) evaluate the adequacy of the PRFC's protective capacities without services; and

(iv) determine if court intervention is necessary.

(2) When the PRFC refuses to participate in services after three contact attempts, requests case closure, or the CW specialist and CW supervisor determine that efforts to assist the family in changing behaviors were unsuccessful, Form 04KI001E, ~~Referral Information~~, is not completed, but the CW specialist completes an updated or new Form 04KI030E.

(A) When the ongoing AOCs indicates the child is safe, the CW specialist:

(i) documents the determination in the FCS case;

(ii) scans Form 04KI030E into the KIDS File ~~Cabinet~~ document management system; and

(iii) closes the FCS case with the approval of the CW supervisor.

(B) When the updated or new Form 04KI030E indicates the child is unsafe, an addendum to the original Form 04KI003E, ~~Report to the District Attorney (DA)~~, is completed in KIDS.

(i) When the investigation was closed for less than 30-calendar days, the:

(l) Child Protective Services (CPS) supervisor may re-open the closed investigation making the addendum tab available; and

(II) CW specialist who completed the original investigation and recommended the FCS case, completes the Report to District Attorney (DA) addendum in KIDS.

(ii) When the investigation was closed for more than 30-calendar days, but less than six months, the district director:

(I) may re-open the closed investigation making the addendum tab available; and

(II) determines which CW specialist completes the Report to DA addendum.

(iii) When the investigation was closed for more than six months, the:

(I) CPS Programs Unit may re-open the investigation making the addendum tab available; and

(II) district director determines which CW specialist completes the Report to DA addendum.

28. Report to DA addendum requirements.

(1) The Report to DA addendum includes, in summary form:

(A) a description of the efforts made to maintain the child in his or her own home;

(B) the PRFC's response and participation in correcting conditions that led to the unsafe determination;

(C) the PRFC's behaviors and conditions that continue to pose a safety threat; and

(D) the OKDHS recommendation for a deprived petition.

(2) The findings of original Form 04KI003E, Assessment of Child Safety are not updated or changed and court intervention is requested using the Report to DA addendum.

(3) Documents provided to the DA for consideration of filing a deprived petition include the:

(A) Report to DA addendum;

(B) original Form 04KI003E; and

(C) updated or new Form 04KI030E, ~~Assessment of Child Safety~~.

29. Voluntary foster family care procedures.

(1) A child may be placed in foster family care at the child's parent request ~~of the child's parent or legal guardian~~ when an emergency temporarily disrupts the ~~parent or legal guardian's~~ parent's ability to safely provide for the child.

(A) A child whose needs exceed traditional foster family care is not eligible for voluntary foster family care, per OAC 340:75-8-1.

(B) Relatives or other resources available to the family are fully explored and ruled out as a possible placement option before considering voluntary foster family care approval.

(C) An open CW case is required for voluntary foster family care.

(2) When a child is placed in voluntary foster family care, the CW specialist opens a case with the case type "Voluntary Foster Care." Claims for foster care maintenance payments are processed through KIDS.

(3) Prior to the child's placement, the CW specialist prepares Form 04FC007E, Authorization from Parent or Guardian for Voluntary Foster Family Home Placement and Medical Care of Child, that is signed by the parent or legal guardian.

(A) The CW specialist explores, and documents on Form 04FC007E, the parent or legal guardian's ability to financially contribute to the child's care.

(B) The CW specialist does not complete a case plan when voluntary foster family care is a short-term service with no anticipation of court intervention, such as when a parent must receive medical treatment and there is no other caregiver for the child in the parent's absence.

(4) CWS:

(A) selects a suitable foster family home and places the child;

(B) supervises the placement;

(C) provides appropriate services to the child and foster family; and

(D) coordinates visitation and other services that involve the child, parent, or relative, as applicable.

(5) When permitted, voluntary foster family care is approved for an initial period of 30-calendar days and may be extended up to a maximum of 90-calendar days when the extension may result in family reunification without court intervention.

(6) When an extension of voluntary foster family care is required, the CW specialist sends a written request to the district director stating the reason for the extension and projected date of the child's return to his or her own home or other placement. The district director provides a written response approving or denying the request.

(7) Upon the child's return to the parent or legal guardian, page 2 of Form 04FC007E is signed by the parent or legal guardian.

(A) The CW specialist provides the parent or legal guardian with a record of medical care, immunizations received, and any other vital information obtained about the child during foster family care placement.

(B) An adequate clothing supply, including the clothing taken into foster family care, and any items of importance to the child, accompanies the child upon return to his or her own home or other placement.

(C) The CW specialist informs the PRFC of available services.

(8) When a referral is received from Adult and Family Services (AFS), requesting voluntary foster family care for a child residing in the home of a parent or relative, the referral is reviewed by the CW specialist with the parent or legal guardian to determine if the referral is appropriate. The assigned CW specialist is responsible for all voluntary foster care services.

(9) When voluntary foster family care is requested for a child 17 years of age and younger who is in tribal custody, refer to OAC 340:75-19-29.

(10) The CW specialist completes Form 04KI003E and requests a deprived petition when:

(A) foster family care extends beyond 90-calendar days;

- (B) the emergency situation resulting in the voluntary placement is unresolved; and
- (C) there is no alternative for the child.

SUBCHAPTER 13. OTHER CHILD WELFARE SERVICES AND MEDICAL SERVICES FOR CHILDREN IN OUT-OF-HOME CARE

PART 2. TITLE IV-E ELIGIBILITY AND REIMBURSABILITY

340:75-13-16. Title IV-E reimbursement and eligibility re-determination

Revised 6-1-12

(a) **Title IV-E eligibility re-determination.** When the child is determined eligible for Title IV-E, an eligibility re-determination is conducted by the custody specialist at least once every 12 months to determine whether the cost of the child's out-of-home care is reimbursable by Title IV-E funds. The review determines:

(1) legal responsibility for the child. To continue to receive Title IV-E reimbursement, a court order is required verifying the child is in the legal custody of Oklahoma Department of Human Services (OKDHS) or an Indian tribe; and

(2) ~~whether~~ if the child's placement is a Title IV-E reimbursable qualifying placement. A qualifying placement is any placement that is Title IV-E reimbursable, such as:

(A) an OKDHS or tribally approved foster home of an individual, per Section 1-1-105 of Title 10A of the Oklahoma Statutes;

(B) a private child care institution;

(C) a public child care group home; or

(D) child care facility licensed for no more than 25 children.

(3) if subparagraphs (B) through (D) of paragraph (2), collectively referred to as child care institution (CCI), may claim foster care maintenance payment (FCMP), per Section 475(4) of the Social Security Act (42 United States Code (U.S.C.) § 675(4)).

(A) Title IV-E agencies may claim for Title IV-E foster care maintenance payments to be paid on behalf of an eligible child placed in a child care institution for up to two weeks.

(B) Title IV-E agencies may continue to claim administrative costs for the duration of the period in the CCI regardless of whether the CCI meets the restrictions in 42 U.S.C. § 672(k).

(C) After two weeks, Title IV-E FCMP for a child placed in a CCI are only available if that CCI is a:

(i) qualified residential treatment program (QRTP), as defined in 42 U.S.C § 672(k)(4) and per Oklahoma Administrative Code (OAC):340:75-11-230 that require:

(I) completion of a Child and Adolescent Needs and Strengths assessment within 30-calendar days of the child's placement in a QRTP, per 42 U.S.C. § 675A(c)(1)(A) and OAC 340:75-14-1; and

(II) court approval within 60-calendar days of the child's placement in a QRTP, per 42 U.S.C. § 675A(c)(2);

(ii) setting specializing in providing prenatal, post- partum, or parenting supports for youth;

(iii) in the case of a youth who attained 18 years of age, a supervised setting in which the youth is living independently;

(iv) setting providing high-quality residential care and supportive services to children and youth who were found to be, or are at risk of becoming, sex trafficking victims; or

(v) licensed residential family-based treatment facility for substance abuse, per 42 U.S.C. § 672(j) and OAC 340:75-14-4.

(b) **When Title IV-E funds not available.** Title IV-E funds are not available when a court assumes responsibility for ordering the placement of a child and orders such with a specific placement provider without consideration of the recommendation by OKDHS or the tribe. Title IV-E funds are available if the child is later placed in accordance with OAC 340:75-13-16(a)(1) and (2).

(c) **Title IV-E payment date.** Title IV-E reimbursement payments may begin the date the child:

- (1) is determined eligible; and
- (2) enters a qualified placement.