

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

POLICY GUIDE 2003.07

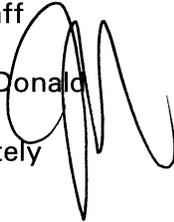
**MATCHING CHILDREN IN RESIDENTIAL FACILITIES WITH
SPECIALIZED FOSTER CARE PROVIDERS**

RELEASE DATE: April 11, 2003

TO: Rule and Procedures Bookholders and DCFS and Purchase of Service
POS) Staff

FROM: Jess McDonald

EFFECTIVE DATE: Immediately



I. PURPOSE

The purpose of this Policy Guide is to issue a new process that will be used for matching children in residential facilities with a specialized foster care provider. This matching process will be used statewide. No region is permitted to add any other process or approval requirements to those specified in this Policy Guide.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS and POS agency caseworkers, supervisors and managers who are serving children for whom DCFS is legally responsible and staff from residential programs.

III. BACKGROUND INFORMATION

There are different mechanisms that have been used for matching children in residential facilities with specialized foster care programs. This Policy Guide supercedes all processes that are currently in place and creates a uniform process that will be used to identify, staff, and match children in residential facilities with specialized foster care programs.

IV. DEFINITIONS

“Quarterly Matching Meeting” (QMM) means a quarterly meeting or series of meetings where the region will present all of the children in residential facilities who will be ready for step down into foster care within the next 6 months and do not have a placement identified. All agencies in the region that have a specialized foster care program open for new referrals will be invited to attend these meetings.



“DCFS Regional IGH to Specialized Foster Care Step Down Coordinator”(herein referred to as “Coordinator”) means a Department employee who is appointed by the Regional Administrator to coordinate the QMM and to monitor the matches that are made with specialized foster care programs . A list of these Coordinators can be found in Appendix A of this Policy Guide.

“Residential Facilities” means Department contracted institutional and group home care providers. Psychiatric hospitals, Department of Corrections, Detention, community integrated living arrangements (CILA), and long term nursing care facilities are not included.

V. ELIGIBILITY CRITERIA

Each DCFS Coordinator will be responsible for identifying the children who will be included in the QMM. Prior to the QMM, the Coordinator will review all children in their region who are placed in a residential facility to determine which children will be presented. During this internal review process, children may be determined to be inappropriate for the QMM due to any of the following reasons:

- A specific specialized foster care placement has already been identified for the child. (NOTE: It is essential that the region check with previous foster care providers for the child and with the residential center to determine that there are no parties who have already expressed an interest in having the child placed with them.)
- The child is scheduled to be reunified with his/her parent upon discharge.
- A clinical decision documented in writing has been made jointly between the residential facility and the Department that the child will not be ready to step down within a 6-month time frame.
- A clinical decision documented in writing has been made jointly between the residential facility and the Department that the child will be more appropriate for a living arrangement other than specialized foster care upon discharge.
- The residential facility where the child resides has a specialized foster care program that is open for intake and is willing to find a placement for the child within their continuum. If the agency has not identified a specific specialized foster care placement by the time of the next QMM, the child will be included in that QMM.

After reviewing all children who are in a residential setting, excluding children that fall into one of the categories listed above, the DCFS Coordinator will develop a list of children that will be presented during the next QMM.

VI. MATCHING PROCESS

Each region must have a QMM during which they present case information on children in residential facilities who have been determined to be appropriate for discharge within the next six months to a specialized foster care placement. All specialized foster care programs that are open for referrals and serve children within the region will be notified in writing of the QMM at least 2 weeks prior to the

scheduled date. The notice to the agencies must state the names and birth dates of the children who will be presented, along with their primary special need: complex medical conditions, emotional/behavioral special needs, or specialty needs such as sexually problematic behaviors or developmental delays. Residential providers of the children being presented must also receive written notice at least two weeks prior to the QMM. Each region will determine an agenda for the QMM and include it in the notice to the providers.

A. Clinical Summary for Quarterly Meeting

The DCFS caseworker/supervisor will develop a clinical summary by completing form **CFS 2016, Child Clinical Summary**, prior to the QMM. All agencies present at the QMM will receive a copy of the clinical summary.

B. Quarterly Matching Meeting

During the QMM, the Department caseworker and/or supervisor will present the information in the clinical summary and answer any questions from the providers. All children will be presented individually, allowing ample time for questions and discussion.

C. Residential Facility Participation

Staff from the residential facilities must be available to provide updated clinical information on the children during the QMM. Participation can be done in person, on the phone, or through a recent treatment report that they send to the DCFS Coordinator in advance of the QMM.

D. Required Notification by Provider Agencies

Within one week after the QMM, agencies must notify the DCFS Coordinator in writing if they have a potential placement or are interested in pursuing a placement search for one of the children presented. The agency must provide the name of the child, the name of their agency, a contact person from their agency, and a description of the potential placement and/or a brief overview of the recruitment process that they will use to identify a placement for the child.

E. Choosing the Agency to be Matched with the Child

- Multiple agencies that have a specific specialized foster care placement identified:

If multiple agencies state that they have a specialized foster care placement identified for the child, the region will determine which agency appears to be the best match for the child. Preference will be given to agencies that have siblings of the child, agencies that have previously worked with the child and have a good record of being able to meet his/her needs, and agencies whose specific home is in closest proximity to the child's local community. When such preferences do not exist, the

region will pick one agency to pursue placement for the child. The DCFS Regional IGH to Specialized Foster Care Step Down Coordinator will notify the agency that is chosen for the match, as well as those not chosen. The matched agency will submit a written report each month to the Coordinator that states the progress that has been made in stepping the child down to the identified placement. If the step down placement does not take place prior to the next QMM and/or the agency decides that they do not have an appropriate step down placement, the child will be presented at the next QMM and/or matched with one of the other agencies that initially identified a specific placement for the child.

- Multiple agencies that want to search for potential placements:
If multiple agencies express an interest in pursuing placement options for a child but none of them have a specific specialized foster care placement identified, the region will request all of the agencies that have expressed an interest in the child to pursue placement options. If one of the agencies locates a potential placement and wants to begin pre-placement visits, the region will inform the other agencies to stop their search. If none of the agencies have identified a potential placement by the next QMM, the child will be presented again.
- No matches are identified:
If there are no agencies that state an interest in locating a placement for a child, the Department worker/supervisor will work with the DCFS Specialized Gatekeeper to identify and contact specialized foster care programs that may have a placement for the child. The child will continue to be presented at the QMMs.

E. Tracking Matches

The DCFS Coordinator will be responsible for tracking the matches that are made with specialized foster care agencies, including foster home pre-placement visits and the status of the step down placements. The Coordinator will monitor the matches on a monthly basis to ensure that progress is being made in facilitating an appropriate step down placement for the children. The region can re-match a child at any time if they feel that the agency is not diligently trying to secure a step down placement for a child. The DCFS Coordinator must submit quarterly reports to Operations that summarize the number of children presented during the quarterly matching meeting, the number of children that were matched, the number of children that have stepped down, and the barriers that they have encountered with the matching process.

VII. Case Management Responsibilities

The assigned Department case manager responsibilities include the following:

- Maintaining all casework responsibilities until the child steps down into a placement with a private agency.

- Coordinating the meetings between the residential facility and the private agencies matched with the child.
- Ensuring that the private agencies have the information needed in order to secure a step down placement.
- Assisting with all vital transition issues such as school enrollment.
- Monitoring the progress that is made by the private agencies in securing a step down placement for the child.

The private agency is responsible for the following:

- Locating a specific specialized foster home and preparing the foster parent(s) for the child.
- Collaborating with the Department case manager and the IGH facility to determine the child's special needs and the services that should be in place when the child steps down to a family environment.
- Once a placement has been identified, facilitating the pre-placement visits and ensuring that placement clearance is given.
- Working jointly with the DCFS case manager on transition issues such as school enrollment.
- If a capacity waiver is needed for the home, submitting this request before the placement occurs.

The residential facility is responsible for the following:

- Providing the DCFS Coordinator with updated treatment reports prior to the QMM and/or participate in the QMM when children at their facility are being presented.
- Collaborating with the Department case manager and private agency to facilitate the step down process including providing necessary information/reports, participating in the meetings, and cooperating with visits planned with the prospective foster parents.

VIII. Special Reach In Payment for Youth Stepping Down from Institutions and Group Homes

A specialized foster care agency will be eligible for a special 'reach in' payment when a child is stepped down into their home from a residential setting provided that the private agency did not maintain case management while the child was in the residential facility.

A one-time payment of \$1,500 will be paid when the child is actually moved into the specialized foster care placement. Once the child has moved, the private agency must call in the **CFS 906/CFS 906-1** and the **CFS 1425** (only submit when requested by the Department). The **CFS 1042** billing must be attached to the **CFS 968-75, Provider Matching Acceptance Form for Reach In** and submitted to the DCFS Regional IGH to Specialized Foster Care Step Down Coordinator. The only sections of the **CFS 1042** that must be completed include the name and ID of the child stepping down, the signature of the POS provider, the total amount, and the TOS code of 0118.

The DCFS Regional IGH to Specialized Foster Care Step Down Coordinator will sign the **CFS 1042** authorizing payment to the private agency. The signed **CFS 1042** billing summaries and the **CFS 968-75** must be submitted by the DCFS Coordinator to:

Central Office Client Payment Unit
406 East Monroe- Mail Station #438
Springfield, IL 62701

After verification of the **CFS 906/906-1** and that the case manager has been updated in the Department's CYCIS system, the Central Office Payment Unit will process the reach in- payment.

IX. Questions

Questions regarding this Policy Guide should be directed to the Office of Child and Family Policy at 217-524-1983.

X. Attachments

Appendix A – List of DCFS Regional IGH to Specialized Foster Care Step Down Coordinators

Appendix B – **CFS 2016, Child Clinical Summary**

Appendix C – **CFS 968-75, Provider Matching Acceptance Form for Reach In**

XI. Filing Instructions

File this Policy Guide in Procedures 301, Section 301.60 between pages 2 and 3.

APPENDIX A

LIST OF DCFS REGIONAL IGH TO SPECIALIZED FOSTER CARE STEP DOWN COORDINATORS

Region	Name	Address	Phone Numbers	Email
Cook North	Sari Rowitz	1911 S. Indiana Chicago, IL 60616	312-328-2484 Fax: 312-328-2688	SRowitz@idcfs.state.il.us
Cook South	Lorne Garrett	6201 S. Emerald Chicago, IL 60621	773-371-6015 Fax: 773-371-6534	LGarrett@idcfs.state.il.us
Cook Central	Marilyn Hyde	4909 W. Division Chicago, IL 60651	773-854-1758 Fax: 773-854-2215	MHyde@idcfs.state.il.us
Northern	Gregg Fliehler	107 N. Third St Rockford, IL 61107	815-967-3749 Fax: 815-967-3768	GFliehle@idcfs.state.il.us
Southern	Linda Karfs	#10 Collinsville Ave – Ste 104 East St. Louis, IL 62201	618-583-2047 Fax: 618-583-2147	LKarfs@idcfs.state.il.us
Central	Lynda Petrick	1806 Woodfield Dr Savoy, IL 61874	217-278-5300 Fax: 217-278-5321	LPetrick@idcfs.state.il.us
	Anne Bergstrom	5415 N. University Ave Peoria, IL 60614	309-693-5315 Fax: 309-693-4907	ABergstr@idcfs.state.il.us

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CFS: _____

Child Name: _____

Child Id#: _____

R/S/F: _____

CHILD CLINICAL SUMMARY

Date of Presentation: _____

DOB: _____

Age: _____ Gender: _____ Race/Ethnicity: _____ Language: _____

Permanency Goal: _____ TPR: Y/N Sexual Behavior Problems: yes no

Family Involvement(include parent and sibling visitation): _____

Current Placement: _____

Length of Stay: _____

Most Current IQ: _____

Anticipated Discharge Date: _____

Diagnosis: _____

Medication(s): _____

Youth's strengths, interests and or hobbies (must list at least three): _____

Educational Summary (grade, type of programming- IEP or 504 plan, needs): _____

Emotional/Behavioral Needs: _____

Service Needs Upon Discharge: _____

Medical Needs: _____

Caseworker name: _____

Supervisor Name: _____

Phone Number: _____

Phone Number: _____

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Provider Matching Acceptance Form for Reach In

I am a duly authorized official of _____
Provider Agency Name

The provider number is _____.

- On behalf of my agency, as of today's date, I am accepting the youth below for placement into our ILO or TLP program upon discharge from residential care.
- The youth listed below has/have been discharged from residential care and has/have been stepped down into specialized foster care, or to an ILO/TLP program.
 - o In the case of step down to specialized foster care, gatekeeper approval has been obtained.
 - o A 906 has been submitted to the appropriate unit.
 - o A 1042 is attached to this form.

Signature of Official Provider Representative

Date

Signature of Official DCFS Regional Representative

Date

	Child Name	Child ID	Step Down Placement Type (Spec/ILO/TLP)	Contract #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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