

6

PLACEMENT TO ACHIEVE PERMANENCY

TABLE OF CONTENTS

6.1	Introduction	4
6.2	Framework	5
6.2.1	Practice principles	5
6.2.2	Legal citations	6
6.2.2.1	General provisions for placing children.....	6
6.2.2.2	Visitation and communication with family	7
6.2.2.3	Seeking and notifying relatives of placement options.....	7
6.2.2.4	Pursuing permanent placement options	8
6.2.2.5	Using approved and licensed providers.....	8
6.2.2.6	Placing children outside of Virginia.....	9
6.2.2.7	Commissioner’s authority.....	9
6.2.3	Outcomes.....	9
6.3	Critical decisions in making placements	10
6.4	Keeping siblings together.....	13
6.4.1	Assessment of sibling relationships.....	13
6.4.2	Placing siblings together	13
6.4.3	When siblings are separated in placement	14
6.4.4	Continuing efforts to place siblings together	14
6.4.5	Sibling visitation and communication	15
6.5	Key partners in making placement decisions	15
6.6	Engaging relatives and significant adults as placement options	16
6.7	Procedures prior to out-of-home placement	17
6.7.1	Discussing permanency and placement options.....	18
6.7.2	Family Partnership Meetings prior to child’s removal and placement.....	19

6.7.3	Pre-placement visits	20
6.7.4	Preparing key partners for placement.....	20
6.7.5	Preparing key partners for impact of child’s traumatic stress on placement.....	21
6.7.6	Placement agreement with Code of Ethics and Mutual Responsibilities	24
6.7.6.1	Placement agreement with foster homes	25
6.7.6.2	Placement agreement with children’s residential facilities.....	25
6.7.7	Financial agreement with provider.....	26
6.8	Normalcy for children in foster care.....	26
6.9	Procedures for immediate placement	27
6.9.1	Purchasing emergency shelter services	27
6.10	Procedures for placement changes	28
6.10.1	Family Partnership Meetings to preserve or change placements.....	28
6.10.2	Collaborate with school to ensure school stability.....	29
6.10.3	Notification of placement changes and maintaining connections	29
6.11	Placements leading to permanency for child	30
6.11.1	Placements leading to reunification	30
6.11.2	Placements leading to adoption.....	31
6.11.3	Placements leading to custody transfer to a relative.....	31
6.12	Placements for children with alternative goals	32
6.12.1	Placement with goal of Permanent Foster Care	32
6.12.2	Placement with goal of Independent Living	32
6.12.3	Placement with goal of Another Planned Permanent Living Arrangement	33
6.13	Placements in relative homes.....	33
6.14	Placements in foster and adoptive family homes	34
6.14.1	Foster and adoptive family home approval requirements	34
6.14.2	Foster and adoptive family homes providing services to more than one LDSS	35
6.14.3	Purchasing home studies and placement services	36
6.15	Placement in independent living arrangements for youth under the age of 18 ..	36
6.15.1	Factors to assess in determining youth’s readiness.....	36
6.15.2	Approving the Independent Living Arrangement.....	37
6.15.3	Agreement for placement in Independent Living Arrangement	37
6.15.4	Paying for Independent Living Arrangements	38
6.16	Placements in residential programs	39

6.16.1	Definition and objectives of residential placement	39
6.16.2	Pre-placement planning and placement in residential care.....	40
6.16.3	Residential facility requirements	41
6.16.4	Facilities with provisional licensure status	42
6.16.5	Requirements for placing child in out-of-state residential facility	42
6.16.6	Services during residential placement	43
6.16.6.1	Roles and responsibilities of LDSS.....	43
6.16.6.2	Roles and responsibilities of residential facilities based on licensing standards	44
6.16.6.3	Returning child to family and community	45
6.16.7	Paying for care in a residential facility.....	45
6.16.7.1	Requirements for Medicaid funding	46
6.16.7.2	Absence from a residential facility	46
6.16.7.3	Paying for incidentals in residential care	46
6.16.8	Psychiatric hospitalization of children in foster care.....	46
6.17	Placements across jurisdictions	47
6.17.1	Placing child in another political jurisdiction.....	47
6.17.2	Transferring custody of child to another LDSS	48
6.17.3	Placing child outside Virginia.....	48
6.17.4	Receiving a child into Virginia (ICPC cases).....	49
6.17.4.1	Receiving an ICPC case	49
6.17.4.2	When the placement is approved	50
6.17.4.3	Providing a written report.....	51

6

PLACEMENT TO ACHIEVE PERMANENCY

6.1 Introduction

Permanency planning with the child and family focuses on preserving the family, reunifying the family, or achieving permanency for the child with another family. It involves facilitating lifelong connections for the child with siblings, extended family, and other significant adults. It begins with the child and family's first contact with the children's services system and continues with a sense of urgency until permanency is achieved.

When a child cannot live safely with *their* family due to abuse, neglect, or seriously harmful behavior, the service worker shall actively seek a safe, stable, and nurturing family that maintains sibling and family connections and that is committed to meeting the child's needs, including educational, medical and behavioral health needs. For each child placed outside of the home, the service worker shall promote and preserve sibling, relative, significant non-relative, and community connections consistent with the child's best interests.

Placement stability is not permanency. Permanency is only achieved when the child leaves foster care to live with a permanent family. The child is either:

- Reunified with their family with custody transferred back to the parents;
- Adopted by a relative or non-relative; or
- Living with a relative who obtains custody of the child.

After achieving permanency, child and family supports should be continued until they are no longer necessary to ensure that the child is safe and family connections are stable.

6.2 Framework

When out-of-home placements are necessary to meet the best interests of the child, local departments of social services (LDSS) shall meet federal and state legal requirements and should use *the fundamental practice principles* sound practice principles to achieve desired outcomes and to guide decision-making in pursuing permanency for the child.

6.2.1 Practice principles

Four fundamental principles in Virginia's Children's Services System Practice Model guide practice:

~~First, we believe that all children and communities deserve to be safe.~~

- ~~• Safety comes first. Every child has the right to live in a safe home, attend a safe school, and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.~~
- ~~• We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.~~
- ~~• In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.~~
- ~~• Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.~~
- ~~• We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.~~

~~Second, we believe that children do best when raised in families.~~

- ~~• Children should be raised by their families whenever possible.~~
- ~~• Keeping children and families together and preventing entry into any type of out-of-home placement is the best possible use of resources.~~
- ~~• When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.~~

- ~~When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.~~
- ~~Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.~~

~~Third, we believe in family, child, and youth-driven practice.~~

- ~~Children and families will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in the decision making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.~~
- ~~Family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.~~
- ~~Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.~~
- ~~We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs.~~

~~Fourth, we believe that all children and youth need and deserve a permanent family.~~

- ~~Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.~~
- ~~Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care, or guardianship. Placement stability is not permanency.~~

6.2.2 Legal citations

The legal framework and specific requirements for placing children are delineated in federal and state law. See the law for complete language by clicking on the citation.

6.2.2.1 General provisions for placing children

- **LDSS right to accept children for placement**

- [§ 63.2-900](#)
- **Placement agreement requirements**
 - [§ 63.2-902](#)
- **Cannot deny or delay placement due to race, color, or national origin**
 - [Federal Multiethnic Placement Act of 1994 and Interethnic Adoption Provisions of 1996 \(MEPA-IEP\)](#); Public Law 103-382
- **Reasonable efforts to place siblings together; or if separated, frequent visitation or communication**
 - [§ 63.2-900.2](#)
 - [Social Security Act, Title IV, § 471, \(a\) \(31\) \[42 USC 671\]](#)

6.2.2.2 Visitation and communication with family

- **Allowing reasonable visitation via court order at the preliminary removal hearing**
 - [§ 16.1-252](#)
- **Including visitation and other contacts in foster care plan**
 - [§ 16.1-281](#)
- **Planning visitation and communication between siblings**
 - [§ 63.2-900.2](#)
- **Visitation of child placed in foster care**
 - [§ 63.2-912](#)

6.2.2.3 Seeking and notifying relatives of placement options

- **Identify and notify relatives of child's removal from home**
 - [Social Security Act, Title IV, § 471 \(a\) \(29\) \[42 USC 671\]](#)
- **Seek relatives first as placement option**
 - [§ 63.2-900](#)

- Determine whether child has relative to be kinship foster parent
 - § [63.2-900.1](#)

6.2.2.4 Pursuing permanent placement options

- Child's health and safety is paramount concern; reasonable efforts to preserve and reunify families
 - § [16.1-281](#)
 - [The Adoption and Safe Families Act of 1997](#); Public Law 105-89
- If reunification not appropriate, reasonable timely efforts to finalize permanent placement; place child for adoption or with legal guardian
 - [The Adoption and Safe Families Act of 1997](#); Public Law 105-89
- If cannot return child to prior family, plan to place child with relative with subsequent transfer of custody or in adoptive home, or if neither feasible, permanent foster care.
 - § [16.1-281](#)
- Provide child welfare services to prevent separating children from families, restore them with families, place in adoptive homes, and assure adequate care
 - § [63.2-319](#)
- Provide services that achieve permanent placements as quickly as practicable
 - § [63.2-900](#)
- Document reasonable efforts to place child in timely manner and to finalize permanent placement
 - § [16.1-281](#)

6.2.2.5 Using approved and licensed providers

- LDSS approval of provider homes
 - [22VAC40-211-20](#)

- **Funding based on licensure status of foster family home, group home, or residential facility**
 - **Title IV-E**
 - [Social Security Act, Title IV, § 471 \(a\) \(10\) \[42 USC 671\]](#).
 - **Children's Services Act**
 - § [2.2-5211.1](#)

6.2.2.6 Placing children outside of Virginia

- [The Safe and Timely Interstate Placement of Foster Children Act of 2006](#); Public Law 109-239
- **Interstate Compact on the Placement of Children**
 - §§ [63.2-1000](#) through [63.2-1105](#)

6.2.2.7 Commissioner's authority

- **VDSS Commissioner's authority to place, remove or direct the placement or removal of children in LDSS custody and to remove or direct the removal of children in placements that fail to comply with state or federal requirements intended to protect child's health, safety, or well-being.**
 - § [63.2-904](#)

Outcomes

Service workers shall strive to achieve the following two permanency outcomes required in the federal Child and Family Services Review, each with specific outcome measures:

Permanency Outcome 1: Children have permanency and stability in their living situations.

- More children leave foster care and achieve permanency.
- Children achieve permanency with shorter lengths of stay in foster care.
- Increased timeliness to permanency.
- Fewer placement moves and disruptions.

- Fewer children in out of home care.
- More children placed in family based care.
- More children placed in relative foster homes.
- Fewer children placed in residential care.
- Fewer children re-enter foster care.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

- More children in foster care placed in close proximity to families and communities.
- More children in foster care placed with their siblings.

6.3 Critical decisions in making placements

Placement occurs after the child is removed from home by court order, entrustment, or non-custodial foster care agreement and placed in a substitute care setting. Placement is the physical setting in which the child finds them, that is, the resultant foster care setting. A new placement setting results when the foster care setting changes (e.g. the child moves from one foster family home to another or to a group home or institution) ([Federal Child Welfare Policy Manual, Subsection 1.2B.7 #7](#)).

All children in foster care shall be placed in a licensed or approved placement ([22VAC40-201-40](#)) [Section B](#). *When custodians relinquish custody, they cannot be approved as a placement for child(ren) in foster care. When relinquishment of custody occurs, the court has made the determination that the placement is contrary to the welfare of the child. A home that has been deemed to be contrary to the welfare of a child cannot be utilized as a foster home for the child ([16.1-277.02](#)). When a child in foster care is placed with a prior parent or custodian, that is considered a trial home visit, and is not a foster care placement.* In the event a child has inadvertently been placed in an unapproved placement or a placement has become unapproved, neither IV-E nor CSA funding can be used to fund the placement.

Additionally, IV-E administrative costs cannot be claimed. This also includes administrative costs for children who are placed in relative foster homes where the approval process is not completed within 60 days. The regional IV-E team should be notified as soon as possible after the error is discovered so it can be determined whether or not the administrative costs are allowable. In accordance with the federal Deficit Reduction Act of 2005, the following applies for claiming administrative costs for otherwise title IV-E eligible children residing in an unlicensed or unapproved placement:

- When a child transitions from a placement that is not eligible for maintenance payments under title IV-E to a placement that is eligible for such payments, administrative costs may only be claimed retroactively from the month in which the transition occurred.

In making placement decisions to secure the most appropriate home for a child, whether an initial placement or change in placement, the service worker, in collaboration with key partners and members of the Family Partnership Meeting (FPM), shall:

- Ensure the child's health and safety is the paramount concern ([§ 16.1-281 B](#)).
- Take actions to minimize the trauma of separation, to build upon the strengths of the child and family, and to meet the child's special needs and best interests.
- Not delay or deny placement of a child in foster care on the basis of race, color, or national origin of the child or the foster and adoptive parents involved ([22 VAC 40-201-40 B](#); and Multiethnic Placement Act of 1994).
- Place the child in the least restrictive, most family-like setting that is committed to meeting the child's best interests and needs, including educational, medical and behavioral health needs ([22 VAC 40-201-40 A](#)).
- Place the child with all siblings who need placement unless joint placement is documented to be contrary to the safety or well-being of any of the siblings.
- When siblings are to be placed separately, plan frequent and regular visitation and communication between the siblings, taking into account the wishes and best interests of the child, and the safety and well-being of the siblings ([§ 63.2-900.2](#)) unless it is documented that frequent visitation or other ongoing interaction would be contrary to the safety or well-being of any of the siblings.
- Place the child in a fully approved or licensed placement, with the exception noted in ([Section 6.9](#)) in this chapter for immediate placements.
- Design a placement that leads to returning the child to their parents or prior custodians within the shortest practicable time, consistent with the child's health and safety. If returning the child home is not reasonably likely within a practical period of time, place the child with a relative or in an adoptive home ([§ 16.1-281 B](#)).
- Place the child in a timely manner and pursue all necessary actions to finalize the permanent placement of the child ([§ 16.1-281 C2](#)) as quickly as practicable ([§ 63.2-900 A](#)).

- Seek out relatives first for placement ([§ 63.2-900](#)), including relatives in other states in accordance with the Interstate Compact on the Placement of Children (ICPC) ([see Section 6.17.3](#)), when the child cannot remain safely at home and determine whether any relatives are eligible to be an approved provider ([§ 63.2-900.1 A](#)) and/or legal custodian.
- Seek out foster and adoptive parents for placement, so if reunification fails, the placement is the best available placement to provide permanency for the child ([22VAC40-201-40 A](#)).
- Seek out non-relatives for placement and/or adoption when the child cannot remain safely at home and relatives are not appropriate for placement or assuming custody ([§ 16.1-281 B](#)).
- Consider residential placements for short term temporary placement when the child requires crisis stabilization or intensive treatment that cannot be safely or effectively provided in a family setting. Begin immediately developing and implementing a plan for returning the child home safely, to a relative's home, or to a family-like setting at the earliest appropriate time consistent with the child's needs ([§ 2.2-5208 5](#)).
- Identify and design wrap around services and supports for the child, birth parents or prior custodians, and/or foster and adoptive family as appropriate to help facilitate success with the placement and achieve permanency for the child.
- Help maintain relationships, facilitate visitation, and provide continuity for the child with family, friends, school, religious, spiritual, and other cultural and community connections through placing the child:
 - In as close proximity as possible to the birth parent(s) or prior custodian's home and neighborhood to provide educational stability for the child ([22VAC40-201-40 B](#)).
 - With caregivers who actively support the child returning to and maintaining connections with their family.
- Take into account the appropriateness of the child's current educational setting and the distance from the new placement to the school in which the child is currently enrolled for the school age child ([Social Security Act, Title IV, § 475 \(1\) \(G\) \[42 USC 675\]](#)).

The use of an FPM and the requirements listed here provide the opportunity to enhance placement stability and support the achievement of timely permanency for the child.

When LDSS do not follow the required actions listed above, the child's health, safety, and well-being may be impacted. Depending on the impact to the child and the placement circumstances, the VDSS Commissioner may exercise the authority to intervene in LDSS placement decisions.

6.4 Keeping siblings together

The federal law, Fostering Connections to Success and Increasing Adoptions Act of 2008 ([P. L.110-351](#)) emphasizes the preservation of the sibling bond by requiring states to make reasonable efforts to place siblings in the same placement.

Siblings shall be placed together in order to support and maintain existing ties and to minimize the degree of loss experienced by the children, unless there is a compelling reason in the children's best interest not to be placed together.

6.4.1 Assessment of sibling relationships

Sibling conflict is normal part of the sibling relationship. The service worker should assess the sibling relationship as a whole not just a point in time, when preparing for placement of siblings together.

The service worker should consider the following components in determining the placement of siblings together:

- The past, current, and potential relationship and attachment for all the siblings.
- Any safety risks associated with the siblings being placed together.
- The possible long term benefits of keeping the siblings together and potential attachment issues for the future if the siblings are not kept together.
- The potential placement for the sibling group and the foster and adoptive family's abilities and willingness to meet the needs of all the siblings to avoid future placement disruption.

6.4.2 Placing siblings together

Diligent efforts shall be made to place together all siblings who enter care at or near the same time unless there are specific safety and/or well-being issues including:

- One or more of the siblings has:
 - Therapeutic needs that require specialized placement;
 - Medical needs that require specialized placement; or

- Demonstrated inappropriate sexual behavior that necessitates a more restrictive placement; or
- A half-sibling is placed with their biological parent/relative.

The reasons why siblings are not placed together due to safety and/or well-being issues shall be documented in OASIS.

6.4.3 When siblings are separated in placement

When all efforts to place siblings together are exhausted and it becomes necessary to place siblings separately, the following issues should be considered in making placement decisions:

- Close proximity of placements between siblings, including the same school, church, etc.
- Foster and adoptive parents' ability and willingness to continue the contact with all siblings.
- Therapeutic needs for siblings' continuity of relationships.
- How placement of a sibling group separately may impact permanency outcomes for the children in a sibling group.

When siblings need to be separated, efforts should be made to place as many siblings as possible together. The service worker should assess the sibling relationship and ask each child, as appropriate, to provide input into the determination of placement with other siblings.

6.4.4 Continuing efforts to place siblings together

Continuous efforts to place the siblings together shall be made unless the placement would be contrary to the safety and well-being of any of the siblings. When a sibling group is separated at any time, the service worker shall make immediate and ongoing efforts to locate or recruit a family in whose home the siblings may be reunited.

A reassessment of the placements for siblings who are not placed together shall be assessed at a minimum on a quarterly basis or at each Family Partnership or child and family team meeting. The reassessment of the split placement shall include all efforts and progress to place all the siblings in the same placement. The reassessment and efforts shall be documented in OASIS.

Children are related when they share a biological or adoptive parent regardless of legal status. When placing a newborn of a sibling group every effort should be made to identify and evaluate placement options with the sibling(s).

Termination of parental rights or adoption does not negate a newborn child's relationship with other siblings already in care or adopted. Efforts should be made to identify siblings by reviewing current or prior case records and documenting known information regarding siblings.

6.4.5 Sibling visitation and communication

The foster care plan shall include the plan for visitation and communication between the child and parent(s) or prior custodians. If siblings are separated (e.g., sibling in foster care, sibling in biological home), the visitation and communication plan among siblings shall also be included to encourage frequent and regular visitation or communication among the siblings. This visitation and communication plan among siblings should be developed:

- **Within five (5) calendar days** of placement when siblings are in one foster home and other siblings remain in the biological home.
- **Within 15 calendar days** of placement when it is necessary to place siblings in different foster placements. Diligent and continuous efforts shall be made to keep siblings together.

The visitation plan shall be a written plan, documented in OASIS, and provided to the family. The sibling visitation plan shall also be addressed in the child(ren)'s foster care plan(s).

The visitation and communication plan shall take into account the wishes of the child, consistent with the child's developmental level. The plan shall specify the frequency of visitation and communication, identify who is responsible for ensuring the visits and communication take place, and state any restrictions or limitations to the visits or communications. The communications may include, but are not limited to, face-to-face visits, telephone calls, email correspondence, and video conferencing. The visitation plan should include weekly contact when consistent with the best interests of the child. If visits will not be weekly, the plan should state why weekly visits are not in the best interest of the child(ren). The plan should also specify ways for the child to connect with friends and other adults who are significant to the child.

6.5 Key partners in making placement decisions

To help ensure the most appropriate placement to help achieve permanency for the child, the service worker shall:

- Involve birth parents or prior custodians as an integral part of the process in determining what is in their child's best interest, whenever possible.

- Consult with the child if the child is age 12 or older, or obtain input from the child if the child is under age 12 and capable of communicating their wishes. Provide the child all relevant information about entering foster care, listen and respond to questions, and help the child communicate and work through their wishes and concerns.
- Involve current and prospective caregivers, whenever feasible. By involving both the current and prospective caregiver, the service worker helps support the child's transition as well as permitting the prospective caregiver to gain valuable insight into the current functioning of the child with the current caregiver.
- Hold a FPM.
- Consult with the child's current school on the appropriateness of the child's current educational setting for the school age child. The service worker shall notify the child's current school that the child will be moving to a new placement and the necessary timeframe for making this decision. The school representative may be asked to attend the FPM or may provide this information through an alternative method. The LDSS shall take into account the educational information provided by the school and the distance of potential placements to the child's current school in the placement decision-making process.

6.6 Engaging relatives and significant adults as placement options

As part of the placement process, the LDSS shall diligently search for adult relatives and other individuals who have had significant relationships with the child to identify placement options (see [Section 2.5](#) in this chapter). Individuals not related by birth, marriage, or adoption to the child, but who have emotionally significant relationships with the child, may be willing to fulfill the functions of a family relationship for the child in foster care.

The LDSS shall make diligent efforts to notify in writing all grandparents and other adult relatives, both maternal and paternal, that the child is being removed or has been removed. The purpose of the written notice is to explain the permanency options and the concurrent planning process, as well as invite the relatives to participate in the care and placement of the child. This notice shall occur **within 30 calendar days** after removing the child from the custody of the parent(s) (see [Section 2.3](#) in this chapter). It should be done **within five (5) days** after removing the child when feasible.

The service worker should engage the child, birth parents or prior custodians, and potential relative caregivers in a collaborative decision-making process on how to achieve permanency for the child, unless their involvement is not in the best interests of the child. The service worker should encourage relatives and other significant individuals to consider serving as placement options for the child, consistent with the child's safety, best interests, and personal desires.

Placements with family members and other adults should be reconsidered throughout the child's involvement with the child welfare system. Someone who initially was not able to serve as a placement or permanent family for the child may be able to serve in this capacity at another time.

Effective January 1, 2025, anytime children and youth enter foster care and are not placed with a kinship resource parent or anytime children and youth in foster care experience a placement change that does not result in placement with relatives, the LDSS must submit an exception report to VDSS within 72 hours of the placement. Exception reports outline all efforts to engage relatives and fictive kin, identify the barriers that prevent placement with a kinship resource parent and are signed by the LDSS director or designee prior to submission.

6.7 Procedures prior to out-of-home placement

Prior to placing a child in any out-of-home placement, whether an initial placement or placement change, the service worker:

- Shall discuss placement options to achieve permanency for the child with key partners (see [Section 6.7.1](#)).
- Shall consult with the child's current school, for the school age child, and take into account in the placement decision the appropriateness of the child's current educational setting and the distance of potential placements to the child's current school (see [Section 6.5](#)).
- Should convene a FPM (see [Section 6.7.2](#)).
- Shall conduct a pre-placement visit to the home or facility (see [Section 6.7.3](#)).
- Should prepare key partners for the placement (see [Section 6.7.4](#) and [Section 6.7.5](#)).
- Shall enter into written agreements with the provider (see [Section 6.7.6](#) and [Section 6.7.7](#)).

When placing the school age child in any out-of-home placement, the LDSS shall, in writing, jointly determine with the local school division whether it is in the child's best interest to remain enrolled in the school where the child was enrolled at the time of the placement (see [Section 12.12](#)).

If an emergency situation precludes some of these activities, they should be done at the time of placement or as quickly as feasible.

6.7.1 Discussing permanency and placement options

The service worker should discuss each permanency option with the child, birth parents or prior custodians, relatives, and significant individuals. The purpose of these conversations is to keep these individuals fully informed so they can help make informed decisions.

Specifically, the service worker should candidly and fully discuss:

- The child's health and safety which are the highest priorities in all decision making.
- The primary goal to support the parents or prior custodians so the child can return home as soon as possible.
- The value of pursuing several options concurrently to determine the option that meets the child's best interests, if the child cannot return home and to ensure timely decisions given the urgent situation for the child.
- The specific strengths, needs, resources, and supports for the child and family.
- The roles, benefits, rights, and responsibilities of the child, foster and adoptive parent, relatives, and LDSS when serving as a permanent placement for the child, including the process for:
 - Becoming a foster and adoptive parent.
 - Adopting.
 - Transferring custody from LDSS to the relative.
- How reunification with the child's family and adoption into a permanent family are more permanent alternatives for the child, compared with transferring legal custody of the child to a relative.
- The advantages of adoption for the child when they cannot be returned home, including that adoption:
 - No longer requires the child to be totally separated from birth parents.
 - Provides the most permanent legal relationship for the child.
 - Provides permanent family connections throughout the child's life, not just until the child becomes an adult.

- The availability of a Federal adoption tax credit for eligible taxpayers based on reasonable and necessary expenses related to a legal adoption See Child and Family Services Manual, Chapter F., Adoption, [Section 2.4.4](#).
- The availability of maintenance payments and foster care services.
- The enhanced maintenance process and the manner in which payments are calculated, modified, and terminated, based on the needs of the child.
- The process for negotiating and signing a placement agreement.
- Any concerns and ways to address those concerns in becoming a foster and adoptive parent and potentially adopting or assuming custody of the child.

6.7.2 Family Partnership Meetings prior to child's removal and placement

A FPM should be held prior to the child's removal from home, prior to any subsequent placement changes, including a disruption in an adoptive placement, to engage the family, significant other adults, and community members in the decision-making process (see [Section 2.9](#) in this chapter). In addition to regular, ongoing discussion regarding permanency, a FPM should be held to discuss permanency options and concurrent planning prior to the development of a foster care plan for the foster care review and permanency planning hearings.

The service worker should schedule a FPM when the child's safety is in jeopardy, the child is at risk of emergency removal, or the child is at risk of out of home placement. The meeting should be scheduled **within 24 hours** of safety issues being identified and occur **before the 5-day** court hearing in cases after the removal.

The participants in the FPM should help determine whether:

- The agency should file for custody and facilitate placement;
- The child can remain or return home safely with services;
- The parents will voluntarily place the child with services provided and safety plan implemented; or
- There is a relative who is willing and able to provide a placement for the child should the child enter foster care.

6.7.3 Pre-placement visits

An LDSS service worker shall make a pre-placement visit to any out-of-home placement to observe the environment where the child will be living. The date of the pre-placement visit shall be entered in OASIS.

- The pre-placement visit shall precede the placement date and may be any visit to an out-of-home placement by an LDSS service worker up to 90 calendar days prior to placement.
- An exception to the pre-placement visit is an emergency situation, which shall be documented in the case narrative. In such emergency situation, a pre-placement visit may be the day of placement.
- When a child is to be placed outside of Virginia with relatives, in a foster home, in an adoptive home, residential facility or an independent living arrangement, the pre-placement visit shall be made by an authorized agency in the receiving state in accordance with [Interstate/Intercountry Compact for the Placement of Children \(ICPC\) procedures](#).

6.7.4 Preparing key partners for placement

The service worker shall share information and help prepare the child, birth parents or prior custodians, the prospective provider (the approved or licensed provider where the child will be placed), and the child's school for the child's change in placement. These activities should include:

- Facilitating birth parents or prior custodians and the prospective provider working together to meet the child's needs.
- Discussing the placement with the birth parents or prior custodians including the specific arrangements for visits and communication between the child, siblings, and family members.
- Providing the child, according to their age and ability, all relevant information about the out of home placement, responding to questions and concerns PRIOR to the child's move to the placement.
- Scheduling a pre-placement visit for the child when circumstances allow.
- Providing the prospective provider all information known about the child, at initial placement and on an ongoing basis, and relevant information about the birth family in order to assure that the provider has the information necessary to maintain safety and manage the needs of the child. The service worker shall provide and review the foster care plan, including Part B, with providers

as a means of meeting this requirement. The service worker should also provide information on:

- Child and family assessments.
- Social history.
- Trauma history.
- Siblings, significant adults, friends, and community connections important to the child.
- Educational, medical, and behavioral health information.
- Notifying the school in which the school age child is currently enrolled of the placement decision and the requirement to jointly determine in writing the most appropriate educational setting based on the child's best interest as quickly as possible (e.g., **within three (3) business days**) (See [Section 12.12](#)).

6.7.5 Preparing key partners for impact of child's traumatic stress on placement

The service worker should help key partners understand, prepare for, and address the child's traumatic stress. The service worker should use various strategies to help prepare the child's foster and adoptive parents and caregivers, including:

- Sharing information from evaluations about the child's traumatic stress.
- Giving printed materials on the impact of trauma for children in foster care from the National Child Traumatic Stress Network:
 - [Understanding Child Traumatic Stress: A Guide for Parents](#).
 - [Resources for Parents and Caregivers](#).
- Providing support for their important role during this time of crisis in the child's life.
- Referring them to the child's mental health professional and/or trauma-informed professional.

As a result of these efforts, the foster parents and caregivers should understand¹:

¹ Some information in this section was excerpted and adapted from the [Child Welfare Trauma Training Toolkit: Trainer's Guide](#)—1st Edition March 2008 The National Child Traumatic Stress Network. www.NCTSN.org

- The child's experiences with trauma and responses to traumatic stress to help them understand the child's behaviors, needs, and strengths.
- The lack of stability in the child's life (e.g., leaving home, changing foster homes, changing schools, losing friends, changing service workers, and/or changing therapists) and the resultant need for the child to quickly adapt to new communities and environments.
- The impact of trauma for children in foster care. Children with significant trauma histories have a strong response to losses, reinforcing their worldview that life is not predictable and relationships do not last. This worldview can lead to behaviors that further impact the child's ability to develop and maintain meaningful interpersonal relationships and to maintain stable placements. For example:
 - The child's inability to regulate moods and behaviors may lead to behaviors that threaten stable placements, reunification, and/or adoptive placement.
 - The child's lack of trust in the motivations of caregivers may lead to the child rejecting possible caring adults or, conversely, making superficial attachments.
 - The child's early experiences and attachment problems may reduce their natural empathy for others, including foster and adoptive family members.
 - A new foster and adoptive parent, unaware of the child's trauma history or reminders linked to strong emotional reactions, may inadvertently trigger strong reminders of trauma.
 - The child, when faced with authority, may be reminded of violent experiences in the past and react by becoming aggressive. This may be the only way the child knows how to protect themselves. Their reaction to the current situation may be disproportionately violent and defensive as he reacts to traumatic memories of the past. This behavior may produce anger and rejection from the child's current caregivers.
 - The child who is fearful of being rejected behaves in ways to elicit rejection. Such behavior can cause foster and adoptive parents to feel like "giving up" on the child, further reinforcing the child's sense of rejection and trauma they are already experiencing.
- The important role of birth parents or prior custodians, relatives, caregivers, and foster and adoptive parents. Research has demonstrated that one key factor influencing children's psychological recovery from traumatic events is the support they receive from their caregivers. Children experience their world

- within the context of their family relationships. Birth parents and prior custodians, relatives, and other significant persons should be the full-time and long-term supports for children. These individuals are in the child's life longer than the service worker or mental health professional.
- The traumatic stress many families experience along with the child.
 - Foster and adoptive parents have challenging and emotionally draining roles. They need to be prepared to welcome a new child into their home at any hour of the day or night, manage a wide array of emotions and behaviors, and address agency requirements and paperwork. They are expected to support and assist the birth family while at the same time attach to the child in their care. They simultaneously need to prepare the child for returning home or for the possibility of adoption.
 - Relatives who care for the child face many of these same challenges, as well as several unique ones that can be overwhelming. They may not have been seeking this role at this time in their lives, but are willing to help address the need or crisis in their family. They must meet the needs of the child they love and respond to agency and court requirements, all while dealing with their own conflicting emotions about the trauma or crisis.
 - The importance of staying the course and working through the vulnerable phase of forming attachment.
 - The resources, supports, and/or strategies for developing coping skills and reducing trauma symptoms for the child, caregivers, and foster and adoptive parents.

The service worker shall also provide stability for the child and address the child's needs by:

- Establishing permanency for the child as quickly as possible.
- Partnering with the child, family, caregivers, foster and adoptive parents, and professionals as a team to identify the strengths and needs of the child and family in making placement decisions and in planning and providing services.
- Minimizing changes in foster care placements, schools, and communities.
 - When a change in foster care placement must occur, keeping the child in the same neighborhood, school, and community whenever in the child's best interests and feasible. This stability provides the child familiarity and consistency in relationships with teachers, neighbors, siblings, relatives, and/or friends during this stressful time.

- When a change in school or community must occur, facilitating strategies for the child to maintain important relationships with siblings, relatives, teachers, neighbors, and friends through frequent phone calls, visits, and/or use of social media.

6.7.6 Placement agreement with Code of Ethics and Mutual Responsibilities

Prior to placing the child in a foster home or children's residential facility, a written agreement shall be signed on or before the date the child is placed in the home or facility ([§ 63.2-900 C](#)). The agreement shall be between the LDSS or the Licensed Child Placing Agency (LCPA) and the foster parent or the head of the children's residential facility. It shall remain in effect until the child leaves the placement.

This agreement provides that the LDSS or LCPA shall have access at all times to the child and to the foster home or children's residential facility. It also provides that the foster parent(s) or the head of the facility will release the child to the LDSS or LCPA whenever the LDSS, LCPA, or Commissioner determines it is in the child's best interests ([§ 63.2-902](#)). This agreement is not the vendor contract agreement between the LDSS and the LCPA that delineates the authority, roles, and responsibilities of the respective agencies.

The written agreement shall include, at a minimum, a Code of Ethics and Mutual Responsibilities for all parties named in the agreement ([§ 63.2-900 A](#)). The Code of Ethics and Mutual Responsibilities is not inclusive of all ethical standards or responsibilities, but rather a minimum set of expectations provided to guide the partnership between the child placing agency and the family or the children's residential facility serving children in the Virginia foster care system. Additional expectations for the care of the child are outlined in other documents such as the foster care plan, child specific addenda, financial agreements, and/or other contractual documents.

There are two types of agreements, one for each placement type: foster homes and children's residential facilities. The two agreements are similar with slight variations depending on placement type.

These agreements are located on the [VDSS Fusion page](#) or the [VDSS public website](#). The State Board of Social Services approved the language of these agreements at its February 2009 board meeting and approved an updated version at its August 2018 board meeting.

The LDSS and LCPAs may place the agreement on their own letterhead stationery as long as the wording of the agreement is not changed. The agreement may be inserted as part of their package of placement documents. When the LDSS or LCPA needs to contract around items not set out in this agreement, other forms or documents may be used in conjunction with this agreement (e.g., a financial agreement).

6.7.6.1 Placement agreement with foster homes

Prior to placing the child in a foster home, the LDSS or LCPA that is placing the child presents the written agreement to the foster parent. It is entitled "[Foster Care Agreement: Code of Ethics and Mutual Responsibilities](#)." The foster parent(s) should be familiar with this agreement based on discussions of the agreement during pre-service training. The date of the child's placement should not be the first time the foster parent(s) see the form.

The agreement is between the agency (LDSS or LCPA) that approved and supervises the home and the foster parent. When an LDSS places a child with an LCPA, the agreement is between the LCPA and its foster home. The representative of the LCPA and the foster parent(s) sign the agreement. LDSS only signs the agreement when it approves and supervises the foster home.

The agreement shall be signed on or before the date of the child's placement by the:

- Service worker from the agency (LDSS or LCPA) that approved the home.
- Foster parent(s) of the home.
- LDSS director or LCPA executive director or designee. There may be emergency circumstances which may prevent the LDSS director from being able to sign on or before the placement date. In these circumstances, this person shall sign the placement agreement **within five (5) calendar days** of the child's placement date.

6.7.6.2 Placement agreement with children's residential facilities

Prior to placing the child in a licensed children's residential facility, the LDSS or LCPA that is placing the child (placing agency) presents the written agreement to the residential facility. It is entitled, "[Children's Residential Facilities Agreement: Code of Ethics and Mutual Responsibilities](#)."

The agreement is between the placing agency and the children's residential facility. It shall be signed on or before the date of the child's placement by the:

- Service worker from the placing agency.
- Head of the children's residential facility or designee.
- The placing agency director or designee.

When a child is placed in a children's residential facility licensed as a temporary emergency shelter, the agreement may be completed and signed **within 24**

hours of the child's arrival when a verbal agreement for placement is secured within eight hours of the child's arrival at the temporary emergency shelter ([§ 63.2-900 C](#)).

6.7.7 Financial agreement with provider

The VDSS approved template, [Financial Agreement for Local Department of Social Services Approved Providers](#), shall be signed when a child is placed with the LDSS approved provider. It requires LDSS to specify when the provider's monthly payments for the care of the child will be available. Timely payments should be made within the month following the month when services to a child were provided. Other local policies and procedures related to payment should be explained to the provider. The LDSS should notify all providers in writing if the room and board rate changes and a new agreement should be developed.

A financial agreement or contract, which documents the currently negotiated room and board rate and individual requirement items, shall be required for every child placed in a children's residential facility.

6.8 Normalcy for children in foster care

Being in foster care can be a stigmatizing experience for children. Lengthy decision-making processes around granting permission for children and youth to participate in normal activities and experiences can result in children missing out on opportunities which would be beneficial to them and further contribute to feelings of being "different" and/or being treated unfairly. Normalcy for children in foster care means that they have growing up experiences similar to their peers who are not in foster care.

LDSS shall, in accordance with The Preventing Sex Trafficking and Strengthening Families Act ([P.L.113-183](#)) and Va. Code [§63.2-904](#), implement policies and procedures to support normalcy for children in foster care. The Sex Trafficking Act directs that foster parents, group home and residential providers be empowered to make day to day decisions about the child's participation in age-appropriate extracurricular enrichment and social activities. These decisions shall be based upon a reasonable and prudent parent standard. This standard is characterized by careful and sensible parental decisions which ensure the child's health, safety and best interest, while at the same time encouraging the child's emotional and developmental growth.

A caregiver shall consider the following criteria when determining whether to permit a child to participate in an activity:

- The child's age, maturity, and developmental level to maintain the overall health and safety of the child;
- Potential risk factors and the appropriateness of the activity;

- The best interest of the child based on the caregiver's knowledge of the child;
- The importance of encouraging the child's emotional and developmental growth;
- The importance of providing the child with the most family-like living experience possible;
- The behavioral history of the child and the child's ability to safely participate in the proposed activity; and,
- The wishes of birth parents whose rights have not been terminated

The LDSS shall further ensure that caregivers receive training, initially and on-going, regarding normalcy for children in foster care. The training shall include knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child. It shall provide knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in social, extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities lasting one or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment, and social activities. Caregivers should also be provided with information about the children placed in their care sufficient to ensure that they are able to make reasonable and prudent decisions.

The standard of normalcy for children in foster care does not allow caregivers to give permission for any type of activity that would be in violation of the child's court order.

The LDSS shall report on efforts to implement normalcy for each child in foster care in the child's foster care plan.

6.9 Procedures for immediate placement

To support children remaining with kin and in their communities, the service worker may make an immediate placement with a kinship provider whose kinship foster home is in pre-approval status. The required steps for the process of immediate kinship home placement and subsequent foster home approval are outlined in Section 1.5 of [Local Department Foster and Adoptive Home Approval Guidance Manual](#).

6.9.1 Purchasing emergency shelter services

Emergency Shelter service is the temporary housing and supervision of a child to prevent abuse, neglect, or exploitation. The service is provided in foster family homes and residential facilities approved for emergency shelter. Payments may be made for reserve space under the following conditions:

- Payment may be made until a more permanent arrangement can be made.

- Rates are negotiated by the LDSS for approved emergency foster family homes. There shall be an agreement specifying that the home is approved for emergency shelter and the rate of payment.
- Payment for the child in custody of the LDSS is from title IV-E or state pool funds, not protective services. A child removed from foster care placement because of abuse or neglect and placed in emergency shelter remains a foster care case.
- Rates are negotiated between the provider and purchaser based upon CPMT procedures for residential care.
- The locality, based on CPMT guidelines, may negotiate a fee to reserve space in an approved emergency shelter foster family home or facility and pay those fees out of state pool funds.

6.10 Procedures for placement changes

When a child is currently in a foster care placement and the LDSS is considering moving the child to a new placement, the service worker shall address the critical decisions in making placements (see [Section 6.3](#)) and key partners to involve in placement decisions (see [Section 6.5](#)). The service worker should also follow the procedures prior to making an out-of-home placement (see [Section 6.7](#)).

The service worker shall conduct a relative search when a placement change occurs or is expected to occur (§ [63.2-900.1](#)). The relative search should be conducted prior to the FPM, whenever feasible, as relatives identified through the search could be included as part of the FPM. Additionally, relatives identified through the search could be explored as potential placement options.

To accurately track the whereabouts of children in foster care, placement information for the child shall be entered into OASIS **within five (5) calendar days** of any placement change.

6.10.1 Family Partnership Meetings to preserve or change placements

A FPM should be requested before the child is moved from one placement to another. The purpose of the meeting is to determine if the current placement can be sustained safely and, if not, what placement alternatives are available. The meeting should be scheduled ideally when chronic or recurring problems in the placement are evident, but no later than when potential disruption of the foster placement is recognized, safety issues exist, or a move from the current placement is believed necessary to benefit the child. The following individuals may request the meeting: the child, birth parent, former legal guardians, adoptive parents, foster parents, or LDSS.

If the situation is urgent, the meeting should be scheduled **within 48 hours** of the request. If the meeting is to discuss a planned change in placement, it should be scheduled **within five (5) business days**.

6.10.2 Collaborate with school to ensure school stability

When making a placement change for the school age child, the LDSS shall:

- Consult with the child's current school and take into account in the placement decision the appropriateness of the child's current educational setting and the distance of potential placements to the child's current school.
- Jointly determine in writing with the appropriate school division whether it is in the child's best interest to remain enrolled in the school where the child was enrolled at the time of the placement (see [Section 12.12](#)).

6.10.3 Notification of placement changes and maintaining connections

The foster care plan shall include the plan for visitation between the child and parent(s) or prior custodians. If siblings are separated, the plan for visitation and communication with siblings shall also be included. The visitation or communication plan shall take into account the wishes of the child, consistent with the child's developmental level. The plan should also specify ways for the child to connect with friends and other adults who are significant to the child. The plan shall specify the frequency of visitation or communication, identify who is responsible for ensuring the visits or communication take place, and state any restrictions or limitations to the visits or communications. The communications may include, but are not limited to, face-to-face visits, telephone calls, email correspondence, and video conferencing.

All parents with residual parental rights or prior custodians shall be involved in determining changes in the placement of the child or in visitation arrangements. While birth parents or prior custodians are involved in the FPM and will know the placement decision and plans for maintaining connections with the child, the LDSS shall also notify all parents with residual parental rights or prior custodians in writing of any changes in placement, visitation and communication **within ten (10) calendar days** of such a change. Siblings, friends, and other significant adults shall be notified of any changes that impact their visitation and communication with the child. Plans for visitation and communication with parents or prior custodians shall be included in the child's service plan (see [Section 15.5.1](#)).

In the case of an emergency placement change, the birth parent with residual parental rights or prior custodian and all other relevant parties shall be notified immediately of the placement change. The agency shall inform the birth parent or prior custodian of why the placement change occurred and why the birth parent or prior custodian could not be involved in the decision-making process ([22VAC40-201-40](#)),

If the child is returned to their birth parents or prior custodians, the service worker shall immediately notify the court in which the foster care plan is filed (§ [16.1-281 D](#)).

Within 72 hours of the child being placed, the service worker shall notify in writing the school principal and superintendent of the need to immediately enroll the child and the status of parental rights (see [Section 12.12](#)).

Maintaining significant connections for the child during times of transition is important. When placements change, the service worker should notify siblings and significant family members, friends, and adults to help support the child and to arrange plans for visits and communication with the child during and after the transition.

6.11 Placements leading to permanency for child

Placements should be designed to help achieve permanency for the child, where the child is discharged from foster care to live with a permanent family.

Placements shall help facilitate reunification, consistent with the child's safety and best interests. Concurrent planning is a structured approach to case management which requires working towards family reunification while, at the same time, establishing and working towards an alternative permanency plan. Concurrent planning should be used for all foster care cases to ensure that if reunification cannot be achieved within the time frame permitted by law, the child will still achieve permanency promptly. While working to achieve reunification, the LDSS should work diligently to place a child in a home (preferably with a relative) that will be able to provide permanency for the child through custody transfer or adoption should the child be unable to return home. Refer to [section 7.4](#) for more information on concurrent planning.

6.11.1 Placements leading to reunification

The service worker shall make reasonable efforts to make placements that safely reconnect the child with their birth parent(s) or prior custodians to facilitate reunification within the shortest practicable time (§ [16.1-281 B](#)). The child's health and safety shall be the paramount concern. Reunification should always be pursued unless aggravated circumstances exist that indicate return home is not in the child's best interest (see [Section 7.6.2](#) of this chapter).

Permanency for the goal of reunification is achieved when the child is reunified with their family with custody transferred back to the birth parent(s) or prior custodians.

6.11.2 Placements leading to adoption

If reunification is not reasonably likely for the child within a practicable time, adoption of the child by a relative or non-relative provides the child the same legal and social status that is afforded to children born to the parent(s). In determining the best interests of the child for adoption, the service worker should consider the relevant factors that are required for the circuit court or juvenile and domestic relations district court. These factors include, but are not limited to:

- The birth parent(s)' efforts to obtain or maintain legal and physical custody of the child.
- Whether the birth parent(s) are currently willing and able to assume full custody of the child.
- Whether the birth parent(s)' efforts to assert parental rights were thwarted by other people.
- The birth parent(s)' ability to care for the child.
- The age of the child.
- The quality of any previous relationship between the birth parent(s) and the child and between the birth parent(s) and any other minor children... ([§ 63.2-1205](#)).

Permanency is achieved when the final order of adoption is entered.

6.11.3 Placements leading to custody transfer to a relative

Another option for the service worker is to facilitate a successful placement with a relative with subsequent transfer of custody within the shortest practicable time. This option shall be based on the best interests of the child if reunification is not reasonably likely within a practicable time ([§ 16.1-281](#)). In order for the juvenile and domestic relations district court to transfer custody of the child to a relative other than the child's prior family, the court shall enter an order only on a finding based upon a preponderance of the evidence that the relative is:

- Willing and qualified to receive and care for the child.
- Willing to have a positive, continuous relationship with the child.
- Committed to providing a permanent, suitable home for the child.
- Willing and has the ability to protect the child from abuse and neglect ([§ 16-1.281 C1](#)).

Permanency is achieved when legal custody is transferred to the relatives with whom the child is placed.

6.12 Placements for children with alternative goals

Since permanency involves the child leaving the foster care system to live with a permanent family, goals other than reunification, adoption, and custody transfer to a relative do not achieve permanency for the child. Rather, the child remains in foster care.

If the service worker, in collaboration with the Family Partnership Team, determines that the child's home, an adoptive home, or placement with relatives with subsequent transfer of custody to the relative are not in the child's best interest at this time, they may select an alternative goal and place the child in an alternative living arrangement while continuing to pursue permanency for the child.

Permanency should be pursued for all children in foster care. The service worker should continually evaluate the child's best interests and the changing circumstances of the child and extended family. As new opportunities arise that are consistent with the child's best interests, the service worker shall make diligent efforts to place the child with a permanent family and end placement in the foster care system.

6.12.1 Placement with goal of Permanent Foster Care

Youth who have a Permanent Foster Care goal shall be 16 years of age or older and be placed in a foster family home where the youth and the foster parent(s) already have a clearly established, strong relationship. Since this goal is only to be used when such a relationship already exists, there is no other placement for youth with this goal.

Permanency should be pursued through fully discussing with the permanent foster parent(s) the benefits of adoption for the youth (see [Section 6.7.1](#)).

6.12.2 Placement with goal of Independent Living

Only youth over the age of 18 shall have the goal of Independent Living. All efforts shall be made to find permanency for youth through reunification with family, adoption or placement with relatives. However, those youth that turn 18 while in foster care and have not achieved permanency, are eligible to enter the Fostering Futures Program. The foster care plan that is filed when a youth enters the Fostering Futures Program, will have a goal of Independent Living unless they remain in their permanent foster home. Efforts should continue to be made to seek permanency for youth with the goal of Independent Living. An independent living arrangement with an adult whom the youth has a significant bond is the preferred placement.

Please refer to [Section 14](#) for more information regarding allowable placements for youth over the age of 18.

6.12.3 Placement with goal of Another Planned Permanent Living Arrangement

Placements for youth with the goal of Another Planned Permanent Living Arrangement (APPLA) are group homes or residential settings. APPLA is intended to be used for those youth with chronic disabling conditions (e.g., severe neurological impairments or significant developmental delays requiring extensive assistance by and monitoring from adults) for whom living in a less restrictive setting is clearly not in the youth's best interest at the current time and shall only be used for youth age 16 and older. If such youth become able to live in a less restrictive environment (e.g., foster family home), the goal shall be changed and permanency pursued.

6.13 Placements in relative homes

When the child cannot live safely with their birth parents or prior custodians, the service worker shall first explore placements with relatives and extended family members, including relatives in other states in accordance with the ICPC (see [Section 6.17.3](#)). To support children remaining with kin and in their communities, the service worker may make an immediate placement with a kinship provider whose kinship foster home is in pre-approval status. The required steps for the process of immediate kinship home placement and subsequent foster home approval are outlined in Section 1.5 of [Local Department Foster and Adoptive Home Approval Guidance Manual](#). The service worker should determine if the relatives are capable and committed to:

- Being a permanent connection and resource for the child.
- Housing and caring for the child as long as may be needed, understanding the need for permanency and concurrent planning.
- Protecting the child's health and safety, including protecting the child from abuse and neglect by the birth parents or other individuals, if needed.
- Establishing boundaries to address any unauthorized requests by the birth parents for access to the child, if needed.
- Working collaboratively with the local school system and LDSS to ensure the child is enrolled and attending an appropriate educational program for the child.
- Housing and caring for the child's siblings, or if this is not feasible, ensuring communication and visits with siblings.

- Maintaining connections, communication and visits with birth parents, prior custodians, and other significant adults in the child's life, consistent with the child's best interest.

The child shall not be placed with a relative if it is contrary to the child's best interests. However, decisions by relatives or an LDSS that a relative is currently not capable of serving as a relative custodian should not affect whether the relative is considered for this option in the future, or whether the relative might serve as a support to the child in another capacity.

If the decision is made to place the child with the relative, the service worker shall share all information known about the child at initial placement and on an ongoing basis, so that the relative has the information necessary to maintain the safety and manage the needs of the child.

6.14 Placements in foster and adoptive family homes

When the LDSS determines that the child cannot remain safely at home and the diligent search for relatives has not resulted in placement of the child with their extended family, the service worker shall consider placement with a foster and adoptive family. Foster and adoptive families often commit to support reunification with the child's family, but are also prepared to adopt if the child and family do not reunify.

While many foster and adoptive families agree to both foster and adopt children, some foster and adoptive families may choose to only foster or only adopt children. The service worker should carefully consider the preferences of foster and adoptive families, the needs of the child, and the permanency goal to ensure an appropriate match for the child and their situation, prior to placing the child.

6.14.1 Foster and adoptive family home approval requirements

LDSS foster and adoptive family homes shall meet provider approval requirements as discussed in the [Local Department Foster and Adoptive Family Home Approval Guidance](#).

Treatment Foster Care (TFC) homes are fully approved homes that provide services designed to address the special needs of children and families. Services to children and youth are delivered primarily by treatment foster parents who are trained, supervised, and supported by agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team.

Child-placing agencies, both private and public, shall be certified by the Division of Licensing Programs to provide Treatment Foster Care Case Management Services ([12VAC30-130-920](#)). LDSS that are certified to provide Treatment Foster Care Case Management Services may elect to seek Medicaid reimbursement for allowable services.

Additional information about [treatment foster care](#) can be obtained through the VDSS' Division of Licensing Programs Child Welfare Unit at (804) 662-7367 or online.

Children should be placed in TFC homes only when the specialized services available through such homes are consistent with the documented needs of the child. TFC placements should not be considered a step down in a process of reducing the intensity of placement types needed by a child. If the needs of children placed in TFC homes decrease over time, the child should remain in that home until the child is reunified or another permanency goal is achieved.

When the child is placed in a TFC home, the LDSS documents in OASIS the foster and adoptive parents' address, not the TFC agency address.

6.14.2 Foster and adoptive family homes providing services to more than one LDSS

Foster and adoptive families may be providers for more than one LDSS. The LDSS that initially approved the home shall be responsible for continued approval of a foster and adoptive family that is used by more than one LDSS. It shall also be responsible for on-going monitoring of any change in circumstances within the home that may affect the provider's ability to serve as a caregiver. Required quarterly contacts may be done by either locality upon agreement.

When another LDSS wishes to place a child with a foster and adoptive family that was initially approved by another LDSS, the service worker from the requesting LDSS shall contact the initial approving LDSS and obtain prior verbal approval from the initial LDSS for each child that the requesting LDSS wishes to place. The requesting LDSS shall agree to hold the foster and adoptive family accountable for complying with the same mandates required by the initial approving agency, such as mandatory in-service training.

The decision to place the child shall be based on considerations such as: the safety of all children in the home; the provider's ability to manage additional children; and whether or not the best interests of all children placed in the home will be met.

If the initial approving LDSS agrees to the placement, it shall notify the requesting LDSS in writing **no later than ten (10) business days** after the placement. It shall also notify all other LDSS that have children placed in the home that another child is being placed in the home. The requesting LDSS shall then notify the approving LDSS in writing when the child leaves the home or when the child's permanency goal changes.

If the initial approving LDSS does not agree to the placement, then the requesting LDSS shall not place the child in the home.

6.14.3 Purchasing home studies and placement services

In-state home studies for the dual approval of a foster and adoptive home may be purchased from licensed child-placing agencies. In the case of a family only wanting to adopt, the LDSS may access VDSS contracts with private child-placing agencies to complete the adoption home study. These studies may be funded by title IV-E (if on behalf of a title IV-E child) or CSA.

Home studies that the LDSS performs at the request of another state or that the LDSS pays for which are conducted with a family in another country are 100% funded by title IV-E ([Social Security Act, Title IV, § 471 \(a\) \(26\)](#) and [§ 474 \(a\) \(3\) \(E\) \[42 USC 671\]](#)). (See LASER Manual for budget line.)

Placement services, including study and approval of foster homes, may be purchased from licensed child-placing agencies for a specific child. These costs are title IV-E or CSA allowable depending on the child's eligibility status for title IV-E.

6.15 Placement in independent living arrangements for youth under the age of 18

Independent living arrangement means that a youth, ages 16 and older, is living independently under a supervised arrangement. A youth in an independent living arrangement is not supervised 24 hours a day by an adult. The youth is provided with opportunities for increased responsibility such as; paying bills, assuming leases, and working with a landlord. Examples include living in one's own apartment or living in a college dorm.

The decision to place a youth in an independent living arrangement, especially since it does not include adult supervision, shall be based on an assessment of the availability of other more permanent living options for the youth such as placement with family members or other caring adults. If a permanent placement with family or other concerned adults is not possible, an independent living arrangement that includes access to adult support networks (e.g., living close to family, previous caregivers, etc.) may be considered. An assessment of the youth's capacity and willingness to manage their daily life in a safe, mature manner should also occur to ensure the youth is capable of managing in such an arrangement.

6.15.1 Factors to assess in determining youth's readiness

A youth, age 16 and older, may live in an independent living arrangement provided the youth has demonstrated maturity and the skills and ability to live without parental supervision and this type of placement is in their best interest. The following factors should be used to assess a youth's readiness for placement in an independent living arrangement and the type of arrangement best suited to meet the youth's needs:

- Age: The youth shall be at least 16 years old.

- **Assessment:** The youth should have recently completed a Life Skills Assessment (see [Section 5.9.2](#) and [Section 13.5](#)) with results which indicate that the youth is prepared to live independently.
- **Education:** The youth shall be enrolled and participating in an educational and/or vocational program.
- **Employment:** The youth should be employed at least part-time unless the youth is a full-time student in college or an apprenticeship or trade program.
- **Use of services:** The youth is taking full advantage of services and programs offered to help them make the transition to self-sufficiency and interdependence.
- **Emotional readiness:** The youth demonstrates a high level of maturity and emotional stability. The youth is not a threat to themselves or the community. The youth is not involved in high-risk behaviors (i.e., delinquent or criminal activities).
- **Motivation:** The youth played a significant role in designing their foster care plan addressing their independent living needs. He has identified personal goals and has taken action toward reaching the goals. The youth is following the Foster Care Service Plan, including the transition plan, and cooperating with the LDSS. The youth demonstrates appropriate behavior and takes on progressively more responsibility. The youth wants to be in a setting less supervised and less structured than their current foster care placement.
- **Willingness to learn:** The youth is willing to learn independent living skills and accepts help from the service worker and others who offer support and guidance.
- Please refer to [section 14](#) for additional information regarding independent living arrangements for young adults age 18-21.

6.15.2 Approving the Independent Living Arrangement

The worker shall make an on-site visit to the independent living arrangement before approval can be given for each arrangement. The arrangement should be re-approved annually. Housing approved by colleges and other educational or vocational providers is exempt from this requirement.

6.15.3 Agreement for placement in Independent Living Arrangement

An agreement between the LDSS and the youth shall be mutually developed and signed in duplicate. One copy of the agreement is given to the youth. The other is

kept in the child's foster care paper case record. It shall be compatible with the youth's service plan.

The agreement shall include, but is not limited to the following:

- Purpose of the Independent Living Arrangement, with time frames for achieving the transition goals identified.
- A list and description of the LDSS' activities to support achievement of the identified purpose of the independent living arrangement. Activities provided by the LDSS can include counseling, transportation, payment of particular special needs, etc.
- A list and description of youth's activities to attain achievement of the identified purpose of the independent living arrangement. Activities the youth shall include are school, employment, therapy, etc.
- The method, frequency, and amount of financial payment as prescribed by policy governing rates for independent living arrangements (see [Section 6.15.4](#)).
- The condition and frequency of supervision.
- The youth's understanding that the physical arrangements shall be approved by the LDSS.
- The youth's responsibility to inform the LDSS **within 72 hours** of any major changes in their situation, such as housing, school, or employment changes.
- The right of either the service worker or the youth to request a conference with the worker's supervisor or LDSS director when terms of the agreement are not met by either party.

6.15.4 Paying for Independent Living Arrangements

- The standard statewide payment for independent living (IL) arrangements is the maximum amount of the IL stipend (see [Section 18.1.3](#) for maximum amount).
- Payment cannot be made from title IV-E, but is made from state pool funds.
- Payments may be made directly to the youth and may be made more often than once a month, provided the maximum is not exceeded. The method of payment shall be documented in the agreement with the youth.

- Payments are intended to assist the youth in covering the costs of rent, utilities, household equipment, food, clothing, personal care items, insurance, recreation, and transportation.

6.16 Placements in residential programs

Virginia will implement the requirements of Family First in July 2021. For residential settings allowable for title IV-E funding, See Section 6B (QRTP and licensed family based residential), Section 3 (placements for pregnant or parenting youth), and Section 12 (placements for victims or at risk of sex trafficking).

6.16.1 Definition and objectives of residential placement

Residential placement means temporary placement of the child in a licensed publicly or privately owned residential program that provides 24-hour supervised care in a group. Residential care includes: psychiatric hospitals, residential facilities, group homes, crisis stabilization units, emergency shelters, or assessment centers. This does not include detention facilities, forestry camps, training schools or any other facility operated primarily for the detention of children or youth who are determined to be delinquent. Acute child psychiatric hospitals provide residential care but are considered a temporary situation and should not be considered a long-term placement (see [Section 6.16.8](#)) unless the child is admitted to a residential treatment program at the facility.

Residential placement offers care and treatment for a child who requires more restrictive, time-limited, and intensive interventions as part of the continuous focus on stabilizing the child and family, returning the child home, or placing the child with another permanent family.

Placement in residential care shall be consistent with the documented needs of the child and shall be determined to be the most appropriate placement to meet those needs at the current time. Family-centered and community-based services, practices, and supports should be provided for the child to maintain permanent connections with their family, with relationships important to the child, and with the community. Maintaining these connections helps to prepare the child to more smoothly return home or transition to a permanent home at the earliest appropriate time, consistent with the child's needs.

Characteristics of residential programs that have been correlated with long-term positive outcomes for children include:

- High levels of family involvement.
- A family-like environment.

- Supervision and support from caring adults.
- Individualized treatment plans.
- Academic support.
- A skill-focused curriculum.
- A focus on building self-esteem.
- Positive peer influences.
- Minimally stressful environment.
- Enforcement of a strict code of discipline.
- Presence of community networks.
- Service coordination.
- Comprehensive discharge planning².

6.16.2 Pre-placement planning and placement in residential care

For children who are at risk of entering, or who are placed in, a residential program, the service worker shall ensure all of the following activities are conducted:

- Identify children who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities.
- Identify the strengths and needs of the child and family through conducting and/or reviewing comprehensive assessments including, but not limited to, information gathered through the Virginia Child and Adolescent Needs and Strengths Assessment (CANS).
- Identify specific services and supports necessary to meet the needs of the child and family, building upon their strengths. Assess and document the appropriateness of community based services and less restrictive alternatives (e.g., child's own home, relatives, extended family, regular foster home, or treatment foster home).

² Child Welfare League of America, [Position Statement on Residential Services](#)

- Refer the child and family to the Family Assessment and Planning Team (FAPT) and work collaboratively with FAPT, in accordance with Community Policy and Management Team (CPMT) procedures for:
 - Providing information and supporting documents about the child and family.
 - Participating in FAPT meetings.
 - Coordinating efforts with the provider of intensive care coordination services through the Community Services Board. The purpose of intensive care coordination services are to safely and effectively maintain, transition, or return the child home or to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs.
 - Developing and beginning to implement a plan for returning the child home, to a relative's home, or to a family-like setting at the earliest appropriate time consistent with the child's needs. The plan shall include public or private community-based services to provide the on-going support the child and family will need during the transition to community-based care. This collaborative planning should involve the child, family, service worker, and Intensive Care Coordinator and other members from the FPM.
 - Implementing a plan for regular monitoring and utilization management of the services and residential placement for the child, consistent with CSA guidelines and CPMT policies. The purpose is to determine whether the services and placement continue to provide the most appropriate and effective services for the child and family ([CSA User Guide](#) 12.0).
 - See information on intensive care coordination located in the [CSA User Guide](#) 11.0.
- Document these processes in OASIS.

6.16.3 Residential facility requirements

Children in foster care shall only be placed in residential facilities and group homes that meet the following criteria:

- Licensed by VDSS, the Virginia Department of Behavioral Health and Developmental Services (VDBHDS), or the licensing authority in the state where the facility is located. To verify that a children's residential facility is currently licensed in Virginia:

- See [VDSS Fusion page](#) or contact the Child Welfare Unit of the Division of Licensing Programs at (804) 662-7053.
- See [VDBHDS website](#) or contact the Office of Licensing at (804) 786-1747.
- Listed in the CSA service fee directory unless the licensed facility offers room, board and services at no charge to the LDSS.
- Not among the facilities licensed by VDSS under the Minimum Standards for Licensed Child Caring Institutions that statutorily cannot receive public funds ([§ 63.2-1737](#)). To obtain a current listing of licensed child caring institutions (CCIs), contact the Child Welfare Unit of the Division of Licensing Programs at (804) 662-7053.
- Has a written agreement with the LDSS prior to placement ([§ 63.2-900](#)).

6.16.4 Facilities with provisional licensure status

When a group home or residential facility is granted a provisional license due to its failure to fully satisfy all state licensing standards, then children placed in the facility are not eligible for title IV-E foster care maintenance payments. The group home or residential facility is eligible for Federal financial participation when it comes into full compliance with the state's licensing standards ([Social Security Act, Title IV, § 471 \(a\) \(10\) \[42 USC 671\]](#) and the Federal Child Welfare Policy Manual, Questions and Answers on the Final Rule 65 FR 4020, dated 1/25/00).

LDSS shall not place children in a group home or residential facility using CSA state pool funds when its licensure status is lowered to provisional as a result of multiple health and safety or human rights violations. The LDSS shall assess all children it placed in the facility prior to the licensure status being lowered to determine whether it is in the best interests of each child to be removed from the facility and placed in a fully licensed facility ([§2.2-5211.1](#)). No additional children shall be placed in the provisionally licensed facility until the violations and deficiencies related to health and safety or human rights that caused the designation as provisional are completely remedied and full licensure status is restored.

6.16.5 Requirements for placing child in out-of-state residential facility

Prior to placing a child under the age of 18 in an out-of-state residential facility, the service worker shall obtain approval from the Virginia Interstate Compact on the Placement of Children (ICPC) Office (see [Section 6.17.3](#) about placing a child outside of Virginia).

The following documentation shall be submitted to the Virginia ICPC Office to obtain approval for these placements:

- Completed and signed 100A by either the LDSS or parent(s) as applicable. For parental placements, the ICPC 100A shall reflect the parent(s) as the sending entity having both the planning and financial responsibility for the child, and shall be signed by the parent(s).
- Copy of child's acceptance letter into the facility.
- Documentation of the child's current behaviors and needs. For placements being made by the LDSS:
 - Documentation of the specific reasons that the LDSS is pursuing placement of the child into an out-of-state residential facility rather than placing the child residentially within the State of Virginia (to include the facilities that were considered in Virginia and reasons the child is not being placed in-state).
 - Confirmation that FAPT staffing has been held and CSA funding has been approved for the out-of-state residential facility.
- Court order showing compliance with Article VI of the ICPC if the child is an adjudicated delinquent.
- Copy of the court order that confirms the child is in the legal custody of a LDSS, if applicable.
- Copy of the child's recent psychiatric evaluation, psychological evaluation, or therapists' report, if available.

6.16.6 Services during residential placement

6.16.6.1 Roles and responsibilities of LDSS

While children are placed in a residential facility:

- Service workers shall work collaboratively with the FAPT and the provider of intensive care coordination services through the Community Services Board to implement a plan for transitioning the child to their home, relative's home, family-like setting, or community at the earliest appropriate time that addresses their identified needs. The plan should identify public or private community-based services to support the youth and family during transition to community-based care, building on the strengths of the youth and family.
- Service workers shall conduct a meaningful face-to-face visit with the child in residential care at least monthly. The visit shall occur in the

residential facility more than 50 percent of the time. The purpose includes, but is not limited to:

- Ensuring appropriate care is being given.
- Ensuring the implementation and continued suitability of the treatment plan.
- Keeping all parties informed of any and all actions and/or progress in the case.

Children placed in emergency temporary care facilities shall be visited at least once a month and more often if needed. These contacts shall be documented in OASIS on the contact screen.

- Service workers shall continue contact with and services to the parents while the child is in residential care. The LDSS and the facility shall encourage and assist with, where possible, visits between the child and parents. The parents shall be kept informed of their child's progress and needs while in placement.
- Service workers shall assess all children they placed in a facility using CSA funds when the facility's licensure status is lowered to provisional as a result of multiple health and safety or human rights violations. The service worker shall assess the best interests of the children and make recommendations to the FAPT. The CPMT shall make the final determination as to whether the children should be removed from the facility and placed in fully licensed facilities ([§ 2.2-5211.2](#)).
- Arrange for or provide services to transition the child from the facility back to the community.
- Ensure that local purchase of service procedures is followed.

6.16.6.2 Roles and responsibilities of residential facilities based on licensing standards

- Comply with the "Children's Residential Facilities Agreement: Code of Ethics and Mutual Responsibilities" (see [Section 6.7.6.2](#)).
- Prepare a plan for the child **within 30 days** of child's placement in the residential facility. This plan shall provide goals and objectives for meeting the needs of the child. This plan should include transition services that will help the child to return to parent/community within a specified time as defined in the service plan.

- Notify the LDSS of the child's progress and behaviors, including any serious incident, while the child is in residential care through regular reports.
- Coordinate treatment services for the child.

6.16.6.3 Returning child to family and community

In order to ensure the successful return of the child to the home/community, the service plan should include treatment objectives, timelines, and outcomes. Supportive services shall be identified and provided to the child and family when the child returns to the community.

Service workers should work collaboratively with FAPT and the provider of intensive care coordination services through the Community Services Boards. The purpose of intensive care coordination services is to safely and effectively transition or return the child home or to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs.

6.16.7 Paying for care in a residential facility

- The cost of maintenance for a child placed in a residential facility is paid from SSI, title IV-E, Medicaid (called room and board), or state pool funds for non-title IV-E children.
- Title IV-E cannot be used to pay the cost of maintenance of a child in a public facility licensed for more than 25 children. State pool funds shall be used.
- Services provided in a residential facility will be paid from Medicaid or state pool funds. Residential services that can be purchased include services provided to every resident and specialized services provided to meet a child's individual needs.
- Rates for maintenance and services shall be the rate negotiated between the provider and purchaser. The purchaser shall negotiate a rate that specifies the amount to be paid for maintenance. The purchaser shall also require providers to use invoices that reflect information from the residential financial agreement and clearly delineate line items using language from the federal definition of maintenance. Ambiguous language that does not clearly communicate that a charge is allowable based on the federal definition of maintenance, shall not be paid for by title IV-E funds even if the child for whom the charges are being made is title IV-E eligible.
- The facility shall be listed in the [CSA Service Fee Directory](#). The facility will list the maximum rate it will charge in the Directory. Lower rates may be negotiated.

6.16.7.1 Requirements for Medicaid funding

Please refer to Magellan's Independent Assessment, Certification, and Coordination Team information found [here](#).

6.16.7.2 Absence from a residential facility

- Title IV-E will pay for temporary absences up to 14 days. A full month's title IV-E foster care maintenance payment should be paid to the licensed provider, if the brief absence does not exceed 14 days and the child's placement continues with the same provider. However, if the absence exceeds 14 days or the child does not return to the same provider, the payment shall be prorated based on the actual number of days the child was in each placement. Examples can be found in [section 18.1.4](#).

6.16.7.3 Paying for incidentals in residential care

- If the room and board rate negotiated with residential facilities or group homes does not include maintenance costs, such as clothing, allowance, and known personal incidentals, the amount for these items should be paid monthly to the facility on behalf of the child according to the established rates for clothing (see [Section 18.1.3](#)) and pre-established, contracted reasonable rates.
- For other personal incidentals expenses, the LDSS may negotiate, authorize and reimburse the facility according to "as charged" bills. When this option is selected, the LDSS shall pre-authorize the personal care items and predetermine the funding sources for these items. The facility shall provide receipts verifying the purchases. Title IV-E funds shall only be used for allowable IV-E costs.

6.16.8 Psychiatric hospitalization of children in foster care

When children in care are in crisis and determined to be a danger to themselves or others, they may be assessed for admittance to a psychiatric hospital. Due to the short length of stay (typically less than seven days), discharge planning is required to begin immediately upon placement in an acute psychiatric facility. Service workers should be diligently working towards returning the child safely to their prior placement or towards securing an appropriately supportive new longer-term placement for the child.

Children who require hospitalization may present with more significant emotional and behavioral needs than their counterparts, which can impact the availability of appropriate placements. Additionally, the most appropriate placement may have a waiting list or other factors that influence when a child may be placed, such as ICPC

procedures for out of state placements. A short-term intermediate placement may need to be identified in order for the child to be discharged from the hospital. Acute psychiatric facilities are not equipped to maintain children after their discharge date. Holding children in the hospital, who no longer require hospitalization, has a significant impact on the availability of care for other children who require hospitalization.

Following the admission of the child to an acute psychiatric hospital, service workers should immediately begin collaborating with the child's family, treatment team, FAPT, MCO case manager, and current or prior placement providers to identify a discharge setting. This collaboration may be best achieved through a FPM. The service worker can also contact their regional consultant to discuss the case and determine if all options are being explored.

6.17 Placements across jurisdictions

6.17.1 Placing child in another political jurisdiction

When a child is to be placed in a home in another political jurisdiction within the state and the LDSS in that community has not approved that home, the LDSS holding custody shall:

- Notify the LDSS in the locality where the home is located that the home is being considered for the child's placement.
- Conduct a study and approve the home or request that the LDSS in the receiving locality study and approve the home.
- Request that the LDSS in the receiving locality supervise the child or notify them that the LDSS holding custody will supervise.
- Notify and collaborate with the school in which the child is enrolled at the time of placement to determine the child's best interest for school placement (see [Section 12.12](#)).
- Arrange for transportation and payment of reasonable travel costs for the child to remain in the same school if in the child's best interest (see [Section 12.12](#)), or ensure the child is immediately enrolled in the school of residence for the new placement **within 72 hours** of placement (see [Section 12.12](#) for school enrollment requirements).

If more than one LDSS is placing a child in the same home in another political jurisdiction within the state, and the LDSS in the jurisdiction has not approved that home, each LDSS that places a child in the home shall follow the procedures above.

6.17.2 Transferring custody of child to another LDSS

If LDSS is considering transferring custody of a child to another jurisdiction because the parent(s) or guardians have moved to that jurisdiction or because an employee of the LDSS with custody wants to become the foster/adoptive parent of the child, a determination shall be made that it is in the best interests of the child to transfer custody. The LDSS holding custody shall consult with the LDSS in the other jurisdiction prior to petitioning the court to transfer custody. LDSS may petition the court to transfer commitment of a child to the custody of another LDSS where the child, **his** *their* parent(s) or guardians, or relatives reside when it is in the best interests of the child to transfer custody. The LDSS in the other community does not have to accept custody until given reasonable notice and opportunity to be heard by the court.

6.17.3 Placing child outside Virginia

Before a child in foster care is placed outside of Virginia in another state, the service worker shall obtain approval from the Virginia ICPC Office. The purpose of the Interstate Compact on the Placement of Children (ICPC) is to ensure that children placed out-of-state are placed in approved settings and receive continuing services and supervision necessary to ensure that their placements are appropriate and safe ([§ 63.2-1000 et.seq.](#)).

For specific ICPC guidance and procedures, see [Interstate/Intercountry Placement of Children \(ICPC\)](#) on VDSS website.

The ICPC request for the proposed placement shall always be submitted to the Virginia ICPC office prior to making an out-of-state placement. The LDSS shall submit the following information to the Virginia ICPC office:

- [Social Worker Statement Regarding Proposed Placement Resource Form](#). This form will assist workers in determining whether a proposed placement may be appropriate before completing the entire ICPC packet.
- The completed and signed [ICPC-100A form](#), which is the formal contract between the sending agency and the receiving state. For a sibling group, five (5) copies of the 100A are required for each child.
- The complete ICPC referral packet. Reference the [ICPC Referral Checklists](#) available on the ICPC website.
- The [ICPC-100B form](#), submitted in a timely manner, is used to either reflect the date of the child's placement with the out-of-state resource, thereby initiating supervision of the placement in the receiving state (Section II of the 100B), or to close the ICPC case (Section III of the 100B).

- For the IV-E eligible child, licensing requirements must be met by the receiving state to continue title IV-E eligibility.

6.17.4 Receiving a child into Virginia (ICPC cases)

Before a child in foster care can be placed in Virginia from another state, the sending state shall make a request for services through the Virginia ICPC office. The purpose of utilizing ICPC is to ensure that children placed in Virginia are placed in approved settings, receiving continuing services and supervision necessary to ensure their placements are appropriate and safe.

Virginia does not restrict local agencies' abilities to contract with private entities to conduct home studies and other related services.

Caseworkers and other child welfare authorities in the receiving state will act on reports of child abuse and neglect involving children placed from out of state in the same manner that reports of child abuse or neglect are acted upon when children in Virginia are involved.

6.17.4.1 Receiving an ICPC case

When a LDSS receives a request from the ICPC office for a home study for a potential placement for a child from out of state, the service worker should accomplish the following:

- Review all packet information received from the Virginia ICPC office.
- Request (by fax, phone or email) any additional information from the sending state, if needed, from the child's service worker.
 - Send copies of any new documents to the Virginia ICPC office
- Communicate with the child's service worker to discuss any issues related to the provision of services and support in Virginia (i.e. school tuition requirements, eligibility for medical assistance, post adoption services) for the child and family.
- Engage the family in the home study process. The service worker has 60 days from the date of the request from the sending state to complete the home study for the purpose of assessing the safety and suitability of placing the child in the home.
- The service worker shall use the guidelines provided for approving a home and the format of the mutual family assessment to complete the study. (See the [Local Department Foster and Adoptive home Approval Guidance](#)).

- The contents of the study shall address the extent to which the placement in the home would meet the needs of the child.
- Include a clear recommendation approving or denying the family home study and placement for the child. If the study is denied, the child cannot be placed.
- Forward 3 copies with a cover letter of the home study with recommendations and supporting documentation to the Virginia ICPC office.

6.17.4.2 When the placement is approved

Children placed in Virginia with a placement resource shall be supervised and provided services in the same manner in which foster care services are provided in all cases.

Supervision of the placement begins after the placement has been approved by the ICPC office and the sending state of the child notifies the ICPC office that the child has been placed with the approved placement resource.

The first face to face contact with the child should occur as soon as possible but no later than 30 days from the service worker's notification that the child is placed in Virginia.

Face to face contacts with the child and the child's placement resource shall occur with the same frequency and in the same manner that face to face contacts occur with foster care children in Virginia (see [Section 17.8](#)). At a minimum these contacts shall occur monthly as required by federal law and should be well planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the child. Contacts should occur at the child's residence as often as possible and be made by the service worker assigned to supervise the placement as much as possible.

The service worker during visits should assist the family in staying focused on the achievement of the child's case plan goals established by the sending state and to assist the child and family in achieving those goals.

The sending state bears ultimate financial responsibility for meeting the needs of the child and supporting the child's placement. The service worker should assist the child and the child's placement resource in accessing services and supports that are available and can be provided by Virginia, such as health care, mental health services, public assistance, educational services, etc.

6.17.4.3 Providing a written report

At least once every 90 days the service worker shall prepare a written report with regard to the child's placement and forward 3 copies to the ICPC office. At a minimum the report should include:

- Dates and locations of face to face contacts with the child
- A summary of the child's current situation, including a statement regarding the on-going safety and well-being of the child in placement, include a description of any safety concerns
- A summary of the child's current school performance (include copies of IEP documents, educational evaluations, report cards, or other school records if available).
- A summary of the child's current health/medical/mental health status, including dates of any medical, dental, appointments and the identity of the health care provider seen (include copies of evaluations, reports or other pertinent records).
- A description of any unmet needs and any recommendations for meeting identifiable needs
- Where applicable, the service worker's recommendation regarding any of the following:
 - Continuation of current placement
 - Return of custody to parent and termination of sending state's jurisdiction
 - Finalization of adoption
 - Granting custody to the existing caretaker