

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(10) Foster Care	Effective Date:	August 2014
	Policy Title:	Conditions for Return		
	Policy Number:	10.26	Previous Policy #:	1002.28

CODES/REFERENCES

O.C.G.A § 15-11-12(f)

REQUIREMENTS

The Division of Family and Children (DFCS) shall review and assess the following when considering reunification with a caregiver:

1. Conditions for Return (change in circumstances) outlined in the case plan;
2. Child safety concerns;
3. Observed and documented behavior changes which alleviate the safety concerns and enhance caregiver protective capacities.

DFCS shall recommend reunifying a child with a caregiver from whom the child was removed only when it is determined that a child will be safe in the home (i.e., there is an absence of safety concerns and there are sufficient caregiver protective capacities).

DFCS shall **not** recommend reunification in cases involving substance abuse until parents have completed all required drug treatment and confirmed being drug free for at least six consecutive months. (See [Dependency Resulting from Substance Abuse](#))

DFCS shall obtain court approval prior to the transfer of either physical or legal custody of a child to the parent.

DFCS shall make contact with in-home service providers prior to and at the time of reunification to obtain their feedback, discuss any issues, concerns or recommendations they may have, and any continued role they may play with the family after reunification has occurred (i.e. post-reunification services).

DFCS shall have face-to-face contact with caregivers and children in the home at a minimum of once per week for the first 30 calendar days following reunification, **when** aftercare is ordered by the court.

DFCS shall have immediate contact with caregivers and children in the home if any safety concerns arise during the court ordered after care period to assess and address child safety.

PROCEDURES

When identifying/developing conditions of return, the Social Services Case Manager (SSCM) must:

1. Thoroughly assess if any child safety concerns exist within the home:

- a. If any safety concerns are identified, analyze how they are manifested;
 - b. Determine caregiver protective capacity, attitude, and awareness of any identified safety concerns;
 - c. In light of the conditions that brought the child into care, consider the likelihood of the caregivers or household members who pose a safety concern leaving the home.
2. Staff the case with the Social Services Supervisor to discuss the appropriateness of recommending reunification. The staffing must include a discussion of the following:
 - a. Parental progress toward establishing conditions for return;
 - b. Specific behavior, people, conditions, and/or circumstances that will remedy any safety concerns and/or diminished caregiver protective capacity that prevents the child from being able to safely return home.
 - c. Determination that conditions for return have been met;
 - d. The strategy for safety management after reunification;
 - e. Whether or not to request the court to order aftercare supervision.
 - i. This should be based upon an analysis of caregiver protective capacities and what supports a family will need post-reunification.
 - ii. If aftercare is warranted, decide what period is reasonable (not to exceed 12 months) and what, if any, services will be provided.
3. **After** receiving supervisory approval of recommended reunification, convene a meeting with the parents and their support team to review the progress made toward achieving the goals of the case plan. Make a good faith effort to involve all family members in a discussion that includes the following:
 - a. The transitional plan for meeting the child's medical, emotional, and behavioral needs;
 - b. Specific action to ensure child safety;
 - c. Services needed by the child and/or family;
 - d. Formal or informal supports that will remain involved with the family post reunification; Provide the child and parent/guardian with copies of the child's health and education records **after** reunification occurs;
 - e. Aftercare case plan, if applicable;
 - f. Guidance regarding applying for public assistance by accessing <https://compass.ga.gov/selfservice/>. Explain that the children will remain on Medicaid without any coverage gaps once exiting foster care, if they are eligible.

NOTE: This is possible due to the Continuing Medicaid Determination (CMD) process completed by Revenue Maximization which can only occur when they receive timely notification of a child's exit from foster care and the new placement is updated in Georgia SHINES.

During Supervisor consultation related to the reunification decision, the Social Services Supervisor (SSS) must confirm:

1. Parents have made sufficient progress toward eliminating safety concerns and enhancing caregiver protective capacity to the point where the conditions necessary for a child to be safely returned have been established;
2. Effectiveness of treatment case plan services evidenced by the caregiver's enhanced protective capacities and ability to meet the needs of the child;
3. No child safety concerns exists;
4. Identification of formal and informal supports that can remain involved with the family

following reunification.

After a child has been reunified with his/her family, the SSCM must:

1. If required, coordinate with the parent and the [Care Coordination Team \(CCT\)](#) to schedule the required discharge physical.
2. Update the discharge reason and end date the previous placement in Georgia SHINES within 72 hours.
3. Notify the Revenue Maximization (RevMax) unit, the Department of Community Health (DCH) Member Services, and the CCT of the child's exit from foster care within 24 hours via the [Amerigroup Notification Form \(E-Form\)](#).
4. Update the Legal Action detail in Georgia SHINES to reflect that custody of the child has been transferred to the parent/caregiver.

If aftercare supervision is ordered by the court, the SSCM will:

1. Update the Legal Action detail in Georgia SHINES to reflect that custody of the child was transferred to the caregiver and aftercare supervision was ordered.
2. Make a face-to-face contact with the child and his/her parents within 24 hours of reunification to assess safety and support the child's transition back into the home of the birth family.
3. Meet with the child and caregiver to develop an aftercare case plan.
4. Update Georgia SHINES to reflect the creation of the aftercare case plan.
5. Provide a copy of the aftercare case plan to the family and the court within two business days of approval.
6. Make weekly face-to-face contacts with child and his/her parents during the first 30 calendar days after reunification placement; subsequently, make at least monthly face-to-face contacts with the child and caregiver to assess safety and support the child's transition out of foster care and into the caregiver's home.
7. Make monthly contact with any in-home safety service providers working with the family; make immediate contact with the family to address any safety concerns identified by service providers.
8. Initiate appropriate referrals for services within three business days of identifying a need.
9. Conduct a face-to-face meeting with the family at the conclusion of the aftercare period to discuss case closure (See [Case Closure](#)).

PRACTICE GUIDANCE

Making the Reunification Decision

The decision to reunify a child with the family from whom he/she was removed is approached as a safety intervention decision. It requires careful consideration of the safety concerns that was present and the diminished caregiver protective capacity that existed at the time of removal. In addition, it requires consideration of additional safety and risk related concerns that may have been discovered after removal. Reunification recommendations must be based on the determination that there has been sufficient change related to caregiver behavior and/or necessary change in circumstances that will allow the child to be safely returned home. To recommend case closure, the SSCM **must** make a sound determination that a child is being returned to a safe home environment to caretakers who possess the capacity to protect and nurture the child. Supervisory consultation must include a discussion regarding the status of safety and risk related concerns, child vulnerability, caregiver protective capacity, and the

achievement of case plan outcomes.

Conditions for Return

Conditions for return are written statements related to the safety and risk related concerns that required placement and justified invoking court jurisdiction. Conditions for return statements are concerned with what must occur within the child's home. They are what must exist in the home for a child to be returned to a safe environment. They are shared with the court during the case review process and may be discussed during permanency hearings when reporting the progress toward achieving a permanency plan of reunification. Statements of **conditions for return** must include:

1. The safety and risk concerns, diminished caregiver protective capacities, and safety criteria that created the need for the child's removal from the home;
2. The specific conditions and circumstances required for the safe return of the child (based upon the type and degree of change that is needed);
3. The means for implementing the change necessary to achieve reunification;
4. The parent/caregiver's response to intervention and willingness to make the changes necessary to achieve reunification.

Georgia Families 360°

On March 03, 2014, DFCS transitioned from a standard fee-for-service Medicaid program to a statewide Medicaid Care Management Organization (CMO) through Amerigroup Georgia Managed Care Company. The transition impacted children in DFCS custody and children receiving AA as they became members of a new program called *Georgia Families 360°* which is separate from *Georgia Families*, the general Medicaid program administered by the Georgia Department of Community Health (DCH). *Georgia Families 360°* is designed to provide coordinated care across multiple services and focus on the physical, dental, and behavioral needs of member children. The program is designed to ensure each member has a medical and dental home, access to preventive care screenings, and timely assessments. It also seeks to ensure medical providers adhere to clinical practice guidelines and evidence-based medicine.

Amerigroup Care Coordination Teams (CCT) and Care Managers

Each *Georgia Families 360°* member is assigned to a regional Care Coordination Team with a specified Care Manager. The CCT members are Masters level staff, the majority of whom hold a professional license to practice in their respective field. The CCT completes a Health Risk Screening (HRS) on youth in care to identify medical and/or behavioral needs. They ensure each child is assigned to a Primary Care Physician (PCP) and Primary Care Dentist so every child has a medical and dental home. The CCT is responsible for coordinating the health components of the Comprehensive Child and Family Assessment (CCFA), including the initial physical assessment, dental screening, and trauma assessment. Care Managers are the primary partner of the SSCM for identifying and making referrals for needed services. Care Managers ensure each youth has an individualized care plan that addresses both physical and behavioral health needs. They work with community agencies to ensure appropriate services are provided.

Any services not authorized by the CCT will not be paid for out of Medicaid. Therefore, it is imperative that all medical/dental, behavioral health and developmental care be coordinated with the CCT to avoid any uncovered expenses. See the COSTAR manual for an explanation of the "Unusual Medical/Dental" funding source for children who are not

Medicaid eligible or who receive a service not covered by Medicaid. For youth covered by other forms of Medicaid (i.e., Fee-for-Service) or health coverage, the SSCM should utilize known providers in the community and contact the assigned Regional Well-Being Specialist for further support or assistance.

Amerigroup Notification Form (E-Form)

DFCS communicates with Amerigroup, Rev Max, and DCH utilizing an electronic notification form (E-Form). It is the primary means for communicating information about a member in [Georgia Families 360°](#). The E-Form must be completed and sent to Amerigroup, Rev Max, and DCH within 24 hours of a youth entering foster care. It should be completed thoroughly to include demographic information, medical information, placement information, the identified CCFA provider and other referrals (e.g., Babies Can't Wait). The E-Form is also used to report updates such as placement changes, a youth exiting care, etc. If there is information not available at the time of the initial referral to Amerigroup, submit an E-Form (update) as soon as the information is obtained. Accurate and timely communication with Amerigroup and Rev Max is vital to the Medicaid eligibility determination and the assignment of a CCT and service providers. Important decisions regarding the assignment of primary care providers and referrals are made based upon the information submitted on the E-Form.

FORMS AND TOOLS

[Amerigroup Notification Form \(E-Form\)](#)