

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(10) Foster Care	Effective Date:	August 2014
	Policy Title:	Comprehensive Child and Family Assessment (CCFA)		
	Policy Number:	10.10	Previous Policy #:	1006.1

CODES/REFERENCES

O.C.G.A § Section 15-11-90

O.C.G.A § Section 15-11-91

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall initiate a Comprehensive Child and Family Assessment (CCFA) for each child entering care via a referral to an approved provider within one business day of the Preliminary Protective Hearing. The CCFA shall comply with the standards as described at <http://dfcs.dhs.georgia.gov/support-services-program>.

DFCS shall utilize DFCS staff or a state approved/contracted provider to complete the CCFA.

DFCS shall collaborate with the [Amerigroup Care Coordination Team \(CCT\)](#) to ensure each child entering foster care receives a Health Check within 10 calendar days of entering foster care even if they have been seen by a doctor in the recent past. The Health Check must be completed by a licensed medical provider and the dental examination must be completed by a licensed dentist ([See Medical, Dental, and Developmental Needs Below](#)).

DFCS shall collaborate with the Amerigroup Care Coordination Team (CCT) to ensure each CCFA includes a [Trauma Assessment](#) for each child five years of age and older.

As directed by the court, DFCS shall complete a [social study](#) concerning a child that has been adjudicated as a dependent child. Each social study shall include, but not be limited to a factual discussion of each of the following subjects:

1. What plan, if any, for the return of the child to his or her parent and for achieving legal permanency for such child if efforts to reunify fail;
2. Whether the best interests of the child will be served by granting reasonable visitation rights to his or her other relatives in order to maintain and strengthen the child's family relationships;
3. Whether the child has siblings under the court's jurisdiction, and if so:
 - a. The nature of the relationship between such child and his or her siblings;
 - b. Whether the siblings were raised together in the same home, and whether the siblings have shared significant common experiences or have existing close and strong bonds;
 - c. Whether the child expresses a desire to visit or live with his or her siblings and whether ongoing contact is in such child's best interest;
 - d. The appropriateness of developing or maintaining sibling relationships;

- e. If siblings are not placed together in the same home, why the siblings are not placed together and what efforts are being made to place siblings together or why those efforts are not appropriate;
- f. If siblings are not placed together, the frequency and nature of the visits between siblings;
- g. The impact of the sibling relationship on the child's placement and planning for legal permanence;
- 4. The appropriateness of any placement with a relative of the child;
- 5. Whether a caregiver desires and is willing to provide legal permanency if reunification is unsuccessful.

NOTE: If thoroughly completed, the CCFA may be submitted to the court to meet the [social study](#) requirement and shall include all the outlined components.

DFCS shall terminate the CCFA if a child returns home at the 10 day Adjudicatory Hearing. The provider will be reimbursed for each **completed** portion of the CCFA submitted within 10 calendar days of the cancellation.

DFCS and/or the CCFA provider shall attempt to engage all family/household members in the CCFA process.

DFCS shall require providers to submit the completed CCFA to DFCS no later than 25 calendar days of the referral.

DFCS shall initiate the Supplemental Security Income (SSI) application process on behalf of any child whose CCFA indicates the presence of mental or physical disabilities within five business days of receiving the CCFA.

PROCEDURES

The Social Services Case Manager (SSCM) will:

1. Determine if the family and/or child have received any type of formal assessments within the last 12 months (e.g., medical, social, educational, family psychological, etc.). If so, determine which CCFA components will need to be completed during the current placement episode. The assessor must collect the past records and reports, assemble the information, and incorporate it into the CCFA.
2. Determine if the CCFA will be completed by the SSCM or an approved provider. If the latter, select a state approved provider.
3. Select a provider from the approved provider directory available at <http://dfcs.dhr.georgia.gov/fostercare> and record the name of the provider on the Needs and Outcome page in Georgia SHINES, the Statewide Automated Child Welfare Information System.
4. Complete the Service Authorization Detail page in Georgia SHINES and submit the referral to the selected provider within one business day of the Preliminary Protective Hearing if the child remains in DFCS custody.
5. Notify the [CCT](#) of the referral to the CCFA provider within 24 hours of the Preliminary Protective Hearing. The CCT will contact the DFCS Case Manager regarding scheduling of medical/dental appointments and send the receipt of medical/dental information for the assessment to the CCFA provider within 17 days.
6. Within 24 hours of the CCFA provider accepting the referral, provide written notice of

intent to complete the CCFA to the birth family and placement provider outlining the family assessment process and introducing the selected provider.

7. Within two business days of the provider accepting the referral, make available for review any background information on the child and parents. Obtain the appropriate release of information prior to releasing protected health information on the parents (i.e., HIPAA). Allow the provider to review the record with the exception of the names of any reporters.
NOTE: Only DFCS staff may copy documents from a case record.
8. Collaborate with the CCFA Provider and schedule a Multi-Disciplinary Team (MDT) meeting as part of the CCFA within 25 calendar days of a child entering foster care. Include representatives from at least three professional disciplines (e.g., public health, mental health, and education) as well as the child, his/her parents, and their informal support team.
9. Provide the parents written notice of the MDT at least five business days in advance of the scheduled meeting date.
10. Participate in the MDT meeting
 - a. Ensure the FTM/MDT recommendations concerning the child's placement setting, permanency plan, and service needs (including those of the family and/or caregiver) are clearly documented.
 - b. Select reasonable, achievable goals/objectives that address the specific behaviors or conditions that must be corrected for the child to be safely returned to the parent.
11. Within five business days of receiving the final CCFA report and billing invoice, review the CCFA information for quality and accuracy.
 - a. If the CCFA is incomplete or of poor quality, immediately return it to the provider with specific information about what must be improved or changed.
 - b. If the CCFA is complete and of acceptable quality, immediately approve the invoice, submit to the supervisor for approval, then forward to regional accounting for payment.
12. Make appropriate service referrals within five business days to address non-emergency needs identified in the approved CCFA. Emergency needs require an immediate service referral.
13. Initiate a home evaluation of any relative identified within the CCFA report as a potential placement resource.
14. Submit a copy of the CCFA to the Juvenile Court within 30 days of a child entering care along with the initial case plan.

If the SSCM (in lieu of a CCFA provider) completes a Family Assessment, the assessment will include, but is not limited to, the following components:

- a. Household Composition/Key Data
- b. Prior Agency Involvement
- c. Living Arrangements
- d. General Financial Status and Employment History
- e. Health of All Household Members
- f. DHR Form 419, Background Information on State Agency Child
- g. Marital Status
- h. History of Criminal Activity (list existing or known information; a criminal records check is not required)
- i. Education Status

- j. Relationship between Parent and Child
- k. Family and Community Resources
- l. Family's Strengths and Needs
- m. Summary, Conclusions, and Recommendations

The CCFA provider will:

1. Contact the applicable SSCM by fax or email within 48 hours of receiving the referral to indicate whether or not the referral will be accepted or declined.
2. Make face-to-face contact with the birth family within two business days of accepting the referral.
3. Collaborate with the CCT to obtain completed medical, dental, and trauma assessment for inclusion in the completed CCFA report.
4. Provide written notice to the SSCM within five business days if unable to make the required face-to-face contact within the designated time frame.
5. Engage all pertinent family members.
6. Explore all available sources of possible information about the family, including making collateral contacts with individuals/agencies that know or have worked with the family.
7. Observe family interactions, living conditions, behaviors, etc.
8. Review formal evaluations and treatment summaries (e.g., medical, psychological, drug and alcohol assessments, etc.)
9. Attend court hearings, MDT and FTMs.
10. Submit completed sections of the CCFA within 10 calendar days of being notified of the termination or cancellation of the CCFA.
11. Submit the completed CCFA within 25 days of the referral date.
12. Make additions/corrections to the CCFA recommended by DFCS.

If the CCFA is cancelled, the SSCM will:

1. Notify the provider (if applicable) and the CCT as soon as the decision is made to cancel the CCFA. The initial notification may be made via telephone and followed by written notification. The CCT must be notified via the [E-Form](#).
2. Include the date of cancellation in the written notification (i.e., date of the Adjudicatory Hearing returning the child).
3. Document the verbal and written notification of cancellation in the Contact Detail in Georgia SHINES. Indicate the full name of the person(s) notified.

PRACTICE GUIDANCE

DFCS has multiple strategies for assessing the initial well-being of children entering foster care and providing follow-up to ensure identified needs are addressed timely and appropriately. Serious needs may require ongoing treatment long after the child returns home or to another permanent living arrangement. The SSCM must engage parents/caregivers at the time of removal, and each subsequent contact, to obtain a complete picture of each child's needs. The SSCM must be knowledgeable and resourceful in utilizing and developing resources to enable children to achieve the highest level of functioning possible. The CCFA is initiated following the Preliminary Protective Hearing, if a child remains in DFCS custody. If the Preliminary Protective Hearing is continued, the CCFA will be initiated after the conclusion of the extended hearing. This is to avoid initiating a CCFA before the court has ruled that there is sufficient evidence for the child to remain in foster care until the Adjudicatory Hearing.

Gathering Information

Explore all sources of possible information about the family that will assist in conducting a family assessment. It may require obtaining a signed [Release of Information](#) form. Some ways of obtaining information include:

1. Consulting with the previous Case Managers, Supervisor or other DFCS staff familiar with the family
2. Reviewing past CPS and Foster Care history
3. Making collateral contacts with individuals/agencies that know or have worked with the family
4. Observing family interactions, living conditions, behaviors, etc.
5. Accessing reports and records generated from other agencies and/or other professionals
6. Reviewing formal evaluations and treatment summaries (e.g., medical, psychological, drug and alcohol assessments, etc.)
7. Obtaining any other source of information pertinent to the assessment process.

Family Engagement

The child and his/her immediate and extended family should be engaged in the assessment process to gather as complete a picture as possible of the family. Family-centered approaches such as a FTM are effective ways to involve the family in assessment, planning and decision-making around the needs of the child. The assessment information also assists judges, CASAs, citizen panels, and other providers working with the child and family to gain a better understanding of the:

1. Parental capacities and child vulnerabilities
2. Degree of parent-child attachment and the child's sense of belonging
3. Child's extended family as a potential resource for support and/or placement of the child
4. Family's history and/or patterns of behavior (e.g., prior CPS involvement or foster care placements, past experience with handling crisis, problems with addiction, criminal behavior, etc.)
5. Strengths and resources which the family can engage
6. Core needs of the family which, **at a minimum**, must be changed or corrected for the child to be safely returned within a reasonable period of time
7. Challenges impacting the success of a reunification permanency plan
8. Identified medical, emotional, social, educational and placement-related needs of the child

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 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 examination, dental examination, 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 utilizing an electronic notification form (E-Form). It is the primary means for communicating information about a member enrolled in [Georgia Families 360°](#). The E-Form must be completed and sent to Amerigroup 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.

Health Check

The initial Health Check assists in identifying a child’s medical, developmental, and mental health needs and ruling out medical conditions. (See [10.11 Medical, Dental, and Developmental Needs](#))

Children housed in Youth Detention Centers (YDC), not Regional Youth Detention Centers (RYDC), are **ineligible for Medicaid**. Consequently, such children’s health services will be provided by the YDC, including initial assessments required upon entering foster care. Once the youth is released from YDC, the SSCM should update Georgia SHINES to reflect the change in placement and submit an application to Rev Max for Medicaid eligibility determination.

Trauma Assessments

Trauma can affect many aspects of a child's life and may lead to secondary problems that negatively impact safety, permanency, and well-being (e.g., peer relationships, problems in school, health related problems). The Administration for Children and Families (ACF), a federal agency in the Department of Health and Human Services, has informed state child welfare agencies of the need to implement trauma-focused screening, assessment and treatment for children in foster care. The emotional well-being of our children is of the utmost importance and is directly correlated to their ongoing safety and success of permanency plans. Children five years of age and over are referred for a comprehensive trauma assessment after the completion of the medication evaluation and after the results of the hearing and vision screening have been received. The trauma assessment identifies all forms of traumatic events experienced directly or witnessed by a child to determine the best type of treatment for that specific child. In addition to the trauma history, trauma-specific evidence-based clinical tools assist in identifying the types and severity of symptoms the child is experiencing. Examples of evidence-based, trauma-specific clinical tools include:

1. UCLA PTSD Index for DSM-IV
2. Trauma Symptom Checklist for Children (TSCC)
3. Trauma Symptom Checklist for Young Children (TSCYC)
4. Child Sexual Behavior Inventory

The trauma assessment must provide recommendations and actions to be taken by DFCS to coordinate services and meet a child's needs. Behavioral health providers who conduct a trauma assessment will provide a report which includes:

1. Trauma history, which informs the agency of information concerning any trauma the child may have experienced or been exposed to, as well as how they have coped with the trauma in the past and present
2. A standardized trauma screening tool
3. Summary and recommendations for treatment (if needed)

The inclusion of a trauma assessment as part of the CCFA does not mean there will not be situations in which other specialized assessment (e.g., psychological evaluations, psycho-sexual evaluations, psychiatric evaluations, neuropsychological evaluations, substance abuse assessments or psycho-educational evaluations) will be warranted. The decision to refer a child for additional assessments must be made on a case-by-case basis in coordination with the [CCT](#) after an overall assessment of the child's needs has been completed. If it is determined that a psychological evaluation is needed, prior authorization must be obtained from the CCT in order for Medicaid to pay for it.

Relative Care Assessment (RCA)

The CCFA may identify relatives that may be explored as placement or visitation resources. With supervisory approval, a case manager may request a CCFA provider to complete the RCA (See [Relative Care Assessment](#)). The provider must follow the format and all procedures outlined in the Placement of a Child section of Foster Care policy. The RCA must be requested as part of the CCFA in order to utilize the CCFA funding source. Refer to the [COSTAR](#) manual for information regarding funding.

FORMS AND TOOLS

N/A