

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL		
	Chapter:	(10) Foster Care	Effective Date: August 2014
	Policy Title:	Case Closure	
	Policy Number:	10.27	Previous Policy #: 1009.18

CODES/REFERENCES

N/A

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall recommend closure of a foster care case when a child has achieved permanency in a safe, stable placement setting with appropriate supervision. This may be obtained through reunification or any other approved permanency plan.

DFCS shall close a foster care case only after receiving authorization from the Juvenile Court. **Exception:** Closures resulting from the appropriate termination of a voluntary placement agreement do not necessarily require court authorization. See [Placement of a Child via a Voluntary Placement Agreement](#) policy.

DFCS shall provide **court ordered** aftercare services/supervision for a period not to exceed six months, unless a longer period is ordered by the court.

PROCEDURES

The Social Services Case Manager (SSCM) will:

1. Consult with the Social Services Supervisor to confirm there are no safety threats preventing the child from achieving permanency (i.e., Reunification, Adoption, Guardianship, and Another Planned Permanent Living Arrangement).
2. Discuss case closure with all service providers and obtain their feedback regarding closure (i.e. issues, concerns, recommendations).
3. Meet with the Social Services Supervisor to discuss case closure, verify that all qualifying conditions have been met and obtain authorization to request approval from the Juvenile court to proceed with case closure.
4. Conduct a face-to-face meeting with the child and parent/caregiver to discuss case closure. The SSCM will make a "good faith" effort to involve all family members in the discussion of case closure and discuss:
 - a. Issues or concerns the family may have;
 - b. Formal or informal supports that can remain involved with the family following case closure;
 - c. Linkage to community Resources that might provide future support;
 - i Show the family where to locate contact information for various community agencies.
 - ii Verify the family understands how to utilize community supports by asking

them to demonstrate or describe what they will do in various circumstances in which supportive services might be needed (e.g., food, utilities, mental health services).

5. Ensure all appropriate documents are uploaded into External Documents in Georgia SHINES, the Statewide Automated Child Welfare Information System.
6. Ensure the child and parent/caregiver has received copies of the child's health and education records.
7. Ensure **all** case activity is documented in Georgia SHINES prior to case closure.
8. Ensure the Revenue Maximization (RevMax) unit, Department of Community Health (DCH), and the [Care Coordination Team \(CCT\)](#) are notified of the child's exit from foster care via the [Amerigroup Notification Form \(E-Form\)](#) within 24 hours.
9. Update Georgia SHINES to reflect case closure.

PRACTICE GUIDANCE

Permanency planning begins when a child enters foster care. Case closure is appropriate once the permanency plan goals are achieved. Throughout the life of the case, the various judicial reviews should have been leading to a case outcome that ensures the safety, permanency and well-being of the child. If aftercare supervision is needed, it should only be for a short period of time. Neither reunification nor any other permanency plan can be considered achieved without a sound determination that the child will be transitioning from foster care into a safe environment. Therefore, if DFCS involvement is needed beyond three to six months after the achievement of the permanency plan, then the local DFCS will need to reconsider whether or not the permanency plan was appropriate.

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 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

N/A