

ATTACHMENT S

Local Collaborative Time Study (LCTS)

Implementing New Federal Title IV-E Language: Definition of Imminent Risk of Removal

Definition: A foster care candidate is a child who is at imminent risk of removal from the home and reasonable efforts are made to prevent the removal from the home or to pursue the removal from the home.

Criteria for Foster Care Candidacy Eligibility Determinations:

The county social services agency must have documentation of the specific reasons why a child is at imminent risk of removal and the specific action(s) the agency took to prevent the removal of the child or to pursue the removal of the child from the home.

- Generally, if a determination of imminent risk of removal has been made the county is providing services to the child.
- County must document the agency's reasonable efforts to prevent the need for removal from the home and/or the agency's reasonable efforts to remove the child from the home. Documentation can be the eligibility documentation form, case plan or evidence of court proceedings.
- Eligibility determinations must be individualized on a case-by-case basis. No group of children can be automatically included or excluded as foster care candidates.
- Eligibility re-determinations are required every six months.

Foster Care Candidates for LCTS

The list of children who are determined to be foster care candidates will be compiled by county social service agencies and shared with the LCTS participating agencies. Counties may compile the list based on recommendations from LCTS participants and/or recommendations from county social workers. This remains a local decision. Releases of information continue to be required when sharing private information between the county, school, public health and correction agencies.

LCTS participants are required to complete the DHS-5410-ENG – *Foster Care Candidacy Determination Form* and release of information.

The foster care candidacy program is not a substitute for the child protection reporting system. Mandated reporters must make reports of child abuse and/or neglect to county child protection or law enforcement. If the LCTS participant believes a child is at imminent risk of removal from the home due to abuse and/or neglect, the participant shall make a mandated report to county child protection or law enforcement.



Foster Care Candidacy Determination Form

Initial Determination Six month Re-determination

CHILD'S NAME	BIRTH DATE
NAME OF PERSON COMPLETING FORM	PHONE NUMBER
COUNTY/LOCAL COLLABORATIVE/TRIBAL AGENCY	

Note: If recommending a child as a potential foster care candidate, local collaborative agencies must attach a written and signed release of information.

Definition of a Foster Care candidate

A candidate for foster care is a child who is at imminent risk of removal from home as evidenced by the county or tribal agency either pursuing the child's removal from the home or making reasonable or active efforts to prevent the removal. Completing the documentation to establish a child's foster care candidacy is an indication that the child's entry into foster care is anticipated because the child is at imminent risk of removal.

Candidacy determinations must be individualized on a case-by-case basis. No group of children can be automatically included or excluded. Children already in out-of-home placement are not foster care candidates. (Social Security Act, Title IV, Part E, Section 471 (a)(15)(B)(i); ACYF-PA-87-05; ACYF-CB-PA-01-02 and DAB Decision No. 1428; Budget Deficit Reduction Act of 2005)

Describe the issues that cause this child to be at imminent risk of being removed from their parent(s) or guardian(s). (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Report of alleged abuse and/or neglect | <input type="checkbox"/> Child disability |
| <input type="checkbox"/> Report of abandonment | <input type="checkbox"/> Child drug use |
| <input type="checkbox"/> Child maltreatment determination | <input type="checkbox"/> Inadequate housing |
| <input type="checkbox"/> Child behavior | <input type="checkbox"/> Parent alcohol abuse |
| <input type="checkbox"/> Child alcohol abuse | <input type="checkbox"/> Parent drug abuse |
| <input type="checkbox"/> Relinquishment of parental rights | <input type="checkbox"/> Parent death |
| <input type="checkbox"/> Child has a sibling currently in foster care | <input type="checkbox"/> Parent incarceration |
| <input type="checkbox"/> Child has past history of being in foster care | <input type="checkbox"/> Parenting issues |
| <input type="checkbox"/> Child's mental health needs are being assessed for residential treatment | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Child's development disabilities are being assessed for residential treatment | <input type="checkbox"/> Caretaker inability to cope |
| <input type="checkbox"/> Child's family has an open child protection or child welfare case with | <input type="checkbox"/> Domestic violence |

_____ County Social Services

Note: This issue by itself does not meet the criteria for foster care candidacy. Check the issues that led to the case opening.

DESCRIBE OTHER CONDITIONS OR ISSUES (Attach additional sheet if necessary)

The following reasonable or active efforts are being made to prevent the child from being removed from their parent or guardian.

(Please check all that apply. Provide a description/explanation of those services.)

- | | |
|--|---|
| <input type="checkbox"/> Child protective services case management | <input type="checkbox"/> Family support services |
| <input type="checkbox"/> Parenting education | <input type="checkbox"/> Truancy prevention services |
| <input type="checkbox"/> Chemical dependency services | <input type="checkbox"/> Special education services |
| <input type="checkbox"/> Individual counseling | <input type="checkbox"/> Before and/or after school programming |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Youth services |
| <input type="checkbox"/> Information and referrals to community based services | <input type="checkbox"/> School intervention strategies |
| <input type="checkbox"/> Family based services – counseling | <input type="checkbox"/> In home public health services |
| <input type="checkbox"/> Family counseling | <input type="checkbox"/> Gang prevention efforts |
| <input type="checkbox"/> Family based services – life management skills | <input type="checkbox"/> Probation services |
| <input type="checkbox"/> Housing services | <input type="checkbox"/> Probation services |
| <input type="checkbox"/> Legal services | |

DESCRIBE REASONABLE/ACTIVE EFFORTS (Attach additional sheet if necessary)

SAMPLE

This section for use by the Foster Care Candidacy Specialist	
<input type="checkbox"/> Child or family has an open county/tribal case.	CASE NUMBER
<input type="checkbox"/> There is evidence of court proceedings in relation to the removal of the child from the home, in the form of:	
<input type="checkbox"/> A petition to the court <input type="checkbox"/> A court order or <input type="checkbox"/> A transcript of the court proceedings.	
Foster Care Candidacy Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
SIGNATURE OF SPECIALIST	DATE
DATE OF INITIAL DETERMINATION	DATE OF SIX MONTH RE-DETERMINATION

You must retain this documentation for 4 years after the determination (or re-determination) date.

ATTACHMENT U

DHS Contacts for LCTS Questions

We understand the importance of having a single contact with each county in the administration of the LCTS. All questions directed to DHS must be routed through the county's LCTS Coordinator or LCTS Fiscal Reporting & Payment Agent. We are committed to routing calls and emails from local staff back to these individuals.

Danna Reese

Tribal and Collaborative Reimbursement Specialist

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Beth Chaplin

Foster Care/Title IV-E Specialist

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Contact ***Danna*** for:

- LCTS Forms or to verify DHS receipt of a form
- Questions regarding quarterly-change due dates
- ALL questions pertaining to LCTS Random Moments
- Reporting a change in the LCTS Coordinator or LCTS Fiscal Reporting & Payment Agent (FRAPA)
- “Timelines for LCTS” questions
- Adding or deleting partners from the LCTS
- *MISSED* Random Moment Log sheets
- LCTS Cost Report and Cost Pool questions
- Annual Settle-up or Miscellaneous Claim Adjustment questions
- Questions pertaining to Desk Audit follow-up
- Remittance Advice and/or LCTS payment questions
- Requests for waivers on the 10% administrative spending rule
- Requests for waivers on the 24 month spending rule
- LCTS Annual Spending Report – questions on how to complete
- LCTS Annual Spending Report publications
- “I’m a new LCTS Coordinator and I need help” type questions
- “I’m a new LCTS Fiscal Reporting & Payment Agent (FRAPA) and I need help” type questions
- LCTS applications (new counties)
- LCTS Contract
- Responsibilities of county, collaborative & participating partners
- Who is eligible to participate on the LCTS
- LCTS activity code questions and related technical assistance
- 40% participation rule
- LCTS claiming
- Federal-related questions
- DHS' administrative costs
- Interest on the LCTS earnings
- DHS' fiscal policies surrounding the LCTS
- LCTS spending questions
- LCTS training for LCTS Coordinators and Recorders
- LCTS training for LCTS Fiscal Reporting & Payment Agents
- LCTS training for time study participants