

Child Placing Agencies Contract FAQ

Updated January 5, 2024

CAREGIVER SUPPORTS MODEL

The levels are based on groupings identified by DSHS Research and Data Analysis (RDA) unit. The original model in the RDA research paper had 10 levels. RDA refined this model using more recent cohorts than the 2015-2018 cohort and narrowed down the indicators used. For example, the original report had separate categories defined largely by gender based on internalizing or externalizing behaviors so these categories could be combined into a single complex mental health category because the need was mental health but the manifestation was different. Additionally, Juvenile Justice Involvement was excluded as an indicator because of the potential for bias. Note that Substance Use data is not included in the model because of federal privacy laws for this type of health information. After the statistical modeling was redone, the seven-level model as seen below emerged.

Details on the research behind the levels is available in RDA's report:

<https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-124.pdf>.

| | LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 | LEVEL 5 | LEVEL 6 | LEVEL 7 |
|---|-------------------------------|-------------------------------------|--|---|---|---------------------------------------|--------------------------------------|
| New Support Levels | Basic Maintenance Foster Care | Support Needs: Adolescent Low Needs | Support Needs: Chronic Physical Health | Support Needs: Developmental Disability | Support Needs: Developmental Disability & Chronic Physical Health | Support Needs: Moderate Mental Health | Support Needs: Complex Mental Health |
| Rates for Caregiver Support Levels Based on Age | | | | | | | |
| Age: 0-5 | \$722 | N/A | \$1,407 | \$1,749.50 | \$2,092 | \$2,434.50 | \$2,777 |
| Age: 6-11 | \$846 | N/A | \$1,531 | \$1,873.50 | \$2,216 | \$2,558.50 | \$2,901 |
| Age: 12+ | \$860 | \$1,202.50 | \$1,545 | \$1,887.50 | \$2,230 | \$2,572.50 | \$2,915 |

SCOPE OF WORK

Q: Why are there program requirements that are in the current contract that are not included in the SOW for updated CPA contract?

- Child-specific service plan
- Family progress in case plan compliance
- Monthly case aide progress report
- Case management services
- 90-day health and safety
- 30-day monthly visit

A: CPAs will not do this work in the new contract:



Washington State Department of
CHILDREN, YOUTH & FAMILIES

- CPAs, under the new work, will not be building child specific case plans. They will be building Caregiver Support plans based on the areas listed in the SOW.
- CPAs will also not be reporting family progress in a DCYF case plan.
- Monthly case aide reports can be summarized in the quarterly caregiver support plan report.
- DCYF will no longer be contracting for case management services for children and youth and will only be contracting for caregiver support that will be directed to the caregiver, not the youth.
- Any 90-day visit to the home would be for licensing maintenance, not a health and safety visit for the youth placed in the home. DCYF is not allowed to use contracted providers for health and safeties for youth placed in WA state. This was federal guidance provided to DCYF years ago. DCYF is proposing that CPAs do quarterly check ins with the homes they license.
- There is no requirement in the new contract for 30-day monthly visits.

Q: In the SOW, can you tell us more about the Caregiver Support Plan for each youth and if there is a tool DCYF wants CPAs to use since this must be done with the social worker and caregiver within 14 days?

A: A template will be developed for the Caregiver Support plan, but the plan will be developed with a caregiver to determine what level of support they need to support the youth placed into their home. The initial and quarterly Caregiver Support plan will be provided to the assigned social service specialist.

Basic Support (level 1-3) plan would include what support the caregiver need to:

- Assist coordinating with education advocacy coordinators as available for service to school aged children.
- Assistance coordinating with Apple Health Coordinated Care health and dental services.
- Assistance identifying and accessing childcare.
- Parenting skills – providing as request, resources and skills training to support the Caregiver in safely and supportively parenting for the children and youth in their care.
- Assistance in providing culturally relevant services to each child.
- Assistance with transition to adulthood planning.
- Assist with crisis support service that include twenty-four/seven (24/7) crisis phone support and coaching.

Enhanced Support plan (4-7) would the supports the caregiver needs to:

- Assist with school related supports.
- Assistance coordinating with Apple Health Coordinated Care health services.
- Assistance identifying and accessing childcare.

- Parenting skills – providing as request, resources and skills training to support the Caregiver in safely and supportively parenting for the children and youth in their care.
- Assistance in providing culturally relevant services to each child.
- Assistance with transition to adulthood planning.
- Assist with crisis support services. This shall include, but not limited to:
 - i. Twenty-four/seven (24/7) crisis; and
 - ii. Assist in developing crisis planning that includes after hours availability that include:
 - A. Phone coaching and assistance; and
 - B. In-person coaching and assistance as needed.
- Assisting the Caregiver to locate and schedule appropriate respite care for each youth.
- Assistance with creating and implementing support plans as necessary for youth and caregivers.
- Assistance with coordinating case aide supports as needed.

Q: How will CPAs be able to provide the appropriate level of support if they are not participating in permanency planning, court hearings, or other care meetings and if they don't have access to the child's parents' information to assist with navigating the relationship with birth parents?

A: Foster parents have a legal right to receive notification of court hearings and receive information about the care needs of the child under RCW 74.13.330. However, DCYF has an obligation to protect the confidentiality of the birth parents/families of origin in case planning. In addition, under the DS Settlement Agreement and Implementation Plan, DCYF has further obligation to improve its policies and procedure in conducting Family Group Planning meetings. During the stakeholder process to develop the plan, families and youth identified a need to improve our practice to develop agenda's for FTDMs with input from the youth and family. Youth and families can involve who they want in FTDMs. There is nothing that prevents a CPA agency staff from attending but it is not required work in the contract. The goal of the planning meetings is for caregivers to attend and DCYF expects the agencies to assist them in doing that.

The new CPA contract is focused on supporting the caregivers which is a shift in the work of CPAs. The work that is listed in the SOW is the work that will be funded by DCYF. If a caregiver wants a CPA to attend a court hearing, there is nothing preventing the CPA from attending. DCYF is not requiring attendance at court hearings in the SOW and is not providing funding for it. Similarly, nothing prevents a CPA from attending other meetings. The primary focus of CPA agencies under the contract is not managing the child's case, it is about providing supports to the caregiver of the child.

Q: Is it possible that support levels will be reduced as youth stabilize in a placement?

A: Yes. A youth needs to show a period of stabilization for at least two review periods before a decrease in level is considered.

DIRECT PAYMENTS TO CAREGIVERS

Q: Is the decision to pay caregivers directly final? When will direct payments to caregivers start?

A: Yes, the decision to pay caregivers is final. DCYF leadership carefully considered the benefits and drawbacks to this change and decided to move forward with direct payments to caregivers. It also is aligned with the preferences of some CPAs. Unfortunately, it is not possible in the current DCYF payment system to pay some CPA caregivers through CPAs and other CPA caregivers directly, so it was not an option to offer both methods.

Direct payments will start with the implementation of the new level payments for licensed caregivers (Phase 1) of the Caregiver Supports Project, January 1, 2024.

Q: How will DCYF ensure that families are paid correctly and promptly when they assume responsibility of paying families directly? Will there be more information or training for foster parents about the administrative logistics of claiming payments?

A: Timely placement entry has been identified as a primary barrier to timely payments. On 9/20, DCYF is bringing multiple agency department leaders together face-to-face to discuss strategies for improving timely placement entry. DCYF is committed to improvement in this area and future discussions will follow the 9/20 meeting.

Update 12/14/23: It was determined that all placements will be entered by the placement desk. This decision was made to help increase the rate of timely placement entry. One of the positive impacts we expect to see, because of this decision, is an increase in timely payment.

DCYF is aware that some caregivers chose to be CPA homes so that they could avoid claiming their own invoices through the state. Although this will be a pain point, DCYF leadership determined that it was important to move to direct payments to caregivers for the reasons mentioned in the answer above. Knowing that the change will be a challenge for some caregivers and that they are not happy with this change, DCYF has put together a plan to make the transition as smooth as possible. CPAs are welcome to provide input on the proposed strategies, in the bullets below, to assist caregivers with the transition and to provide additional suggestions for consideration. DCYF will provide multiple sources of information and support to caregivers who are transitioning to direct payments from DCYF starting in January.

- Provide instructions on how to claim payments and sign up for direct deposit in multiple formats.
 - DCYF has drafted instructions for setting up direct deposit, registering for the Provider Portal, and claiming payments all in one document for ease of reference. This can be available to share directly with caregivers, sent out in

DCYF or CPA communications to caregivers, and posted in multiple locations accessible to caregivers.

- It is being reviewed by Payments subject matter experts for accuracy and Creative Services for user friendly formatting. It can be shared when revisions are complete, expected by the first week of October.
- Existing instructions have been posted on the DCYF Caregiver Supports Project website: [Caregiver Supports Project | Washington State Department of Children, Youth, and Families](#)
- DCYF plans to create videos demonstrating a walkthrough for setting up direct deposit, registering for the Provider Portal, and claiming payments.
- DCYF will facilitate virtual meetings where a DCYF staff member will be available live to answer questions about payments or help troubleshoot issues. Meetings will be offered twice monthly in October and November 2023 and in February and March 2024 and offered weekly in December 2023 and January 2024. The planned schedule is below:
 - Wed, October 11, 2023 12-1pm
 - Tues, October 24, 2023 6-7pm
 - Thur, November 2, 2023 12-1pm
 - Wed, November 15, 2023 6-7pm
 - Tues, December 5, 2023 6-7pm
 - Wed, December 13, 2023 12-1pm
 - Mon, December 18, 2023 6-7pm
 - Thur, December 28, 2023 6-7pm
 - Fri, January 5, 2024 12-1pm
 - Wed, January 10, 2024 6-7pm
 - Thur, January 18, 2024 12-1pm
 - Mon, January 22, 2024 6-7pm
 - Tues, January 30, 2024 12-1pm
 - Thur, February 15, 2024 12-1pm
 - Wed, February 28, 2024 6-7pm
 - Tues, March 12, 2024 6-7pm
 - Thur, March 28, 2024 12-1pm
- DCYF will have a list of point people for each region to contact in case of need for trouble-shooting payment issues.

RCW, WAC and Policy – Updated 12/14/2023 - [Crosswalk](#) starts on pg. 14

Q: RCW 74.13.280 and RCW 26.44.030(7) - What client information can be shared?

A: DCYF is authorized to share otherwise confidential information, but this is limited to what is needed to support the child’s case plan. These RCWs do not allow DCYF to share all information related to a case. The CPA contract does not limit the sharing the is outlined in this RCW.

Providers and caregivers will be provided the information they need to support the youth's case plan as it relates to the services being provided.

Q: RCW 74.13.330 - What is the foster parent's role in developing and participating in service planning?

A: Caregivers are encouraged and allowed to participate in the service planning and plans for a youth as they are able and willing. The CPA contractors will support caregivers in doing this work. This is not work that is included in the updated CPA contract's SOW for agency staff to complete.

Q: Will DCYF policy be updated?

A: Yes - the current CPA policy will be updated to align with the scope of work in the new CPA contract.

Q: Policies 1720 (FTDM), 1710 (SPM), 4313 (notifications of court hearings, providing reports to the court and information sharing with out of home caregiver), 4422 (Guidelines for client referrals) all involve sharing information to agencies and having caregivers attend meetings. How will agencies remain informed?

A: Agencies will still get information from DCYF when they get a referral from DCYF asking a CPA to place a youth in one of their licensed homes. DCYF will not be making direct referrals to homes that are licensed by a CPA agency. CPAs would share that information with the caregivers. If a caregiver, as a part of their caregiver support, asks a CPA representative to attend FTDMs or SPM, you can attend those meetings. The goal is for caregivers to attend these meetings, however, there is nothing in the contract that prevents CPAs from attending. The new contract does not require CPAs to attend these meetings.

Q: WAC 110-147-1305- Definitions

A: See contract changes crosswalk [below](#).

Q: WAC 110-147-1335- What additional steps must I complete prior to licensing?

1(b)- description of the services you will provide to children and their families.

A: See contract changes crosswalk [below](#).

Q: WAC 110-147-1370- What happens when licensing requirements differ from contract requirements?

A: See contract changes crosswalk [below](#).

Q: WAC 110-147- 1400- What do I need to consider in making foster care placements 1© and (d).

A: See contract changes crosswalk [below](#).

Q: WAC 110-147-1405- May I share information about the children with the foster parents?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1450 and 1455- qualifications

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1470- Do I need to employ consultants at my agency?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1495- What are the required case ratios of case manager staff to children under care?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1500- What are the preservice training requirements for staff, interns, and volunteers who directly care for children.

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1505- What is the requirement for staff in-service training?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1525- What are the requirements for children's record?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1540- What incidents involving children must I report?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1545- What are my reporting responsibilities when a child is missing from care?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1595- What are the requirements about nondiscrimination?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1600- Do I need a social summary for children under my care?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1605- Do I need a treatment plan for children under my care?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1610- How often should the case manager contact the foster child and family?

A: See contract changes crosswalk [below.](#)

Q: WAC 110-147-1620- What are the requirements for supervising children?

A: See contract changes crosswalk [below](#).

OTHER TOPICS

Q: What are the respite rates for each level?

A: Respite rates will remain the same but will be realigned to the seven levels instead of four.

Levels 1-3 = Tier 1 (\$22.44)

Levels 4-7 = Tier 2 (\$38.76)

Q: When should the CPA notify the placement desk of respite?

A: When they are scheduled and then again when they are completed.

FISCAL TOPICS

Fiscal Implications of Proposed Changes to CPA Contract

DCYF was asked to provide insight into the financial implications of proposed changes to the CPA contract.

The backdrop to the rate-setting effort is the Caregiver project, conducted at the departmental level and funded in the 2023-25 Budget. This project introduced a new definition of support for individuals (e.g., Kin, Foster Parents, caregivers) who provide homes and care to children placed by DCYF. From this project, a new CPA contract emerged, leading to significant alterations in deliverables. The rate modeling presented here reflects the service standards outlined in the Caregiver Supports Contract that will be required under the new CPA Contract. Although the new CPA Contract has additional components for CPA-specific activities such as licensing.

DCYF acknowledges the need for further work on the CPA contract and rate structures to adequately encompass the unique service responsibilities associated with being a CPA, the associated costs, and the necessary funding to support that work. We are committed to collaborating with CPAs to determine the earliest possible start date for this endeavor.

We also commit to monitoring and updating this new service as we implement. The requirements and associated costs are new. We will learn with CPAs and the new Caregiver Supports Contractors. Secretary Ross Hunter has made this project a top priority within DCYF.

DCYF has the capability to offer a systems-level assessment of the impact of this change. Using placement and service data from April 2023, we were able to confirm that CPAs, as a group, are

generally serving children and youth proportionally. Below shows the percent of children and youth, based on level of needs, placed by DCYF, as of April 2023.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--------------------------------------|-------------------|---------------------------|------------------------------|-----------------|-------------------------------------|---|-----------------------------------|
| | Basic Foster Care | Adolescent with Low Needs | Support with Physical Health | Support with DD | Support with DD and Physical Health | Support with moderate Mental Health needs | Support with Complex Health needs |
| Children and Youth Placed With CPAs* | 36% | 6% | 16% | 9% | 14% | 15% | 5% |
| All Children and Youth Placed | 39% | 8% | 14% | 7% | 10% | 15% | 7% |

* based on April 2023 data

Using the new average statewide rate and April 2023 placement and service data, DCYF has identified the difference in CPA rates today and under the new contract and payment structure. The amount of rate increase is reflective of placement acceptance decisions of each CPA. Across all CPAs there is an average 32% rate increase. The table below is de-identified and lists Provider’s rate increase data on the number of children and youth placed with that Provider in April. This table made two adjustments to the data – 1) Seven percent of children or youth were not in the Level data and were backed out of the calculations, 2) Where a Provider had more than one CPA contracts or Famlink Ids, they were collapsed.

| Count of April 2023 Placements with a corresponding Child/Youth Level designation** | Case Managemen t Payments* | Intensive C/M | Level Payment | Difference In Rate*** |
|--|---|--------------------------|--------------------------|----------------------------------|
| 69 | \$33,197.97 | \$3,024.80 | \$43,648.50 | 22% |
| 7 | \$3,367.91 | \$464.68 | \$5,097.73 | 38% |
| 26 | \$12,509.38 | \$0.00 | \$16,514.21 | 32% |
| 7 | \$3,367.91 | \$0.00 | \$3,865.07 | 15% |
| 254 | \$122,207.02 | \$12,833.21 | \$164,775.8 4 | 24% |
| 6 | \$2,886.78 | \$0.00 | \$3,982.16 | 38% |
| 6 | \$2,886.78 | \$0.00 | \$3,960.41 | 37% |
| 9 | \$4,330.17 | \$0.00 | \$6,402.04 | 48% |
| 10 | \$4,811.30 | \$464.68 | \$5,954.77 | 14% |
| 11 | \$5,292.43 | \$2,323.40 | \$7,578.34 | -1% |
| 8 | \$3,849.04 | \$0.00 | \$4,848.72 | 26% |
| 1 | \$481.13 | \$0.00 | \$548.07 | 14% |
| 7 | \$3,367.91 | \$0.00 | \$4,424.57 | 31% |
| 6 | \$2,886.78 | \$1,763.82 | \$4,217.00 | -15% |
| 8 | \$3,849.04 | \$0.00 | \$4,928.05 | 28% |
| 29 | \$13,952.77 | \$0.00 | \$19,465.42 | 40% |
| 23 | \$11,065.99 | \$0.00 | \$16,911.08 | 53% |
| 9 | \$4,330.17 | \$0.00 | \$5,701.29 | 32% |
| 192 | \$92,376.96 | \$3,717.44 | \$123,852.5 6 | 30% |

| | | | | |
|----|-------------|----------|-------------|-----|
| 12 | \$5,773.56 | \$0.00 | \$7,432.24 | 29% |
| 1 | \$481.13 | \$0.00 | \$857.15 | 78% |
| 4 | \$1,924.52 | \$232.35 | \$3,191.78 | 54% |
| 40 | \$19,245.20 | \$0.00 | \$23,878.51 | 24% |
| 14 | \$6,735.82 | \$0.00 | \$9,251.55 | 37% |
| 2 | \$962.26 | \$0.00 | \$1,582.47 | 64% |
| 31 | \$14,915.03 | \$0.00 | \$21,334.55 | 43% |
| 22 | \$10,584.86 | \$929.36 | \$14,397.77 | 27% |

** Adjusted down to match total count children and youth leveled. At time of report, approximately 7% of placed children were not included in this analysis.*

*** This count collapses contract to single agency counts*

**** The two agencies with lower rates are a reflection of non-traditional use of CPA resources and DCYF is actively working with those Providers and Regional Staff. Adjusting to typical use of Intensive Case Management with these providers result in a 40% rate increase.*

STAFFING / CASE RATIOS

Q: Why is the caseload 25:1 being used? CPAs agree this is too high and should be closer to 18.

A: DCYF will use a weighted caseload within the contract. Meaning, a Support Manager cannot have a combined caseload that would exceed 1 FTE. DCYF would expect, a Support Manager with a typical distribution of cases across the levels, will have a case load of about 20.

| | Typical Placement Frequency | Expected Case Distribution or Case Count |
|-------|------------------------------------|---|
| Lvl 1 | 39.4% | 9.8 |

| | | |
|-------|-------|-----|
| Lvl 2 | 8.0% | 1.8 |
| Lvl 3 | 14.1% | 3 |
| Lvl 4 | 6.8% | 1.3 |
| Lvl 5 | 9.8% | 1.5 |
| Lvl 6 | 14.7% | 2.1 |
| Lvl 7 | 7.2% | 0.9 |

Typical Expected
20.4 Case Load

DCYF has received the feedback that agencies would prefer a 1:18 ratio across the board. However, when considering the case ratios for DCYF case workers, it was determined that this was the correct ratio for this scope of work and contract.

Q: What are the requirements for a supervisor, do they need to have a masters?

A: In the WAC (110-147-1450) and contract (section on Private Agency Services) a Program Manager is designated as the Supervisor for case management staff. A supervisor is equivalent to a Program Manager under this contract (WAC 110-147-1450). The provider would be required to have a ratio of 1 Program Manager/Supervisor per 6 FTEs.

Q: Can CPAs hire staff but not have them provide Case Aide hours until they have had required behavioral management training?

A: Yes.

Q: Is a service plan the same as a case plan?

A: Yes. A service plan is a document that DCYF provides that outlines provision of services that are outlined for the youth. This could be a court order or a case plan for a youth without court structure.

RETAINER

Q: Will DCYF use a retainer payment in the CPA contract?

A: No, DCYF will not use a retainer payment in the new CPA Contract. DCYF does pay for capacity in some of its contracts. This is a strategy that is utilized to ensure that capacity for service, as defined by DCYF, is available. Currently CPAs are not required to ensure that they maintain a defined amount of capacity. This is an area that could be explored in future contracts.

AFTER HOURS SUPPORT

Q: What does crisis support look like? And what is the reimbursement model?

A: The crisis response that will be available 24/7, is available in two forms, phone coaching and in-person (levels 4-7). DCYF believes that phone coaching would be the first line of crisis support for all levels. The in-person support does mean that you would need to have staff that could respond in strategic locations within a catchment area to be able to provide that level of support as needed.

The on-call support spans several dynamics – initial modeling effort, agency size, L&I standards, and Office of Financial Management (OFM).

- During the stakeholder discussions, it became evident from feedback provided by Foster Parents that after-hours support has become an implicit or unspoken expectation, which was likely not adequately funded under the current Case Management fee structure. DCYF has taken the initial step to fully fund this support cost, even in the absence of complete service data. It's acknowledged that the current methodology will require monitoring and assessment as this newly defined service element is implemented.
- The contractual requirements emphasize the development of caregiver support plans for each child and youth placed, with a focus on assisting Caregivers in training and planning for potential after-hours support.
- In developing the on-call support rates, DCYF has sought to align with the dynamics and funding strategies used within the DCYF child welfare Field Offices, while ensuring compliance with L&I rules.
- A challenge in this rate development process arises from Providers with perhaps only one or two children placed in a CPA home. One potential avenue for development could involve supporting Providers in establishing shared pools for on-call resources to address this issue.
- Regarding after hours response requirements, in person response needs to be an available option for children and youth level 4 through 7.

INSURANCE

Q: What is included in the insurance modeling? The number appears low, some agencies report budgeting around \$1,000 per month per FTE.

A: As part of the rate modeling, DCYF includes assumed costs for a single person to purchase medical, dental, and vision insurance in the open market. These assumptions were developed

by DCYF's expert advisors at Western Washington University and are standard in all decision packages for proposed rates in the 2024 Supplemental Budget.

Q: Can you explain the liability insurance rate modeling? The number appears low, some agencies report \$15,000 / FTE and more for small agencies.

A: The rate for liability insurance follows other data on insurance for community-based services. DCYF understands that that insurance rates for Child Placing Agencies are different. DCYF continues to work to understand an average or typical cost in this space. The data submitted to date by providers has a very high degree of variability at the per Licensed home cost. DCYF will continue to work with CPA providers to develop this position.

OTHER RATE MODEL POINTS

Q: What information from CPAs has been utilized to inform the rate modeling?

A: The larger changes resulting from CPA and WACF feedback include:

- A Quality Improvement/Performance Based Contracting staff
- Staff benefits
- Administrative support staff
- Simplified payments
- Billable time and miles for case aides

Q: Are case aide hours use-or-lose? Can they be banked? Can they surge to meet a time-limited need?

A: Case aide hours cannot be banked. We can look into pooling case aide hours within the month in the future.

Q: Can a Caregiver Support Specialist cover case aide time if it was needed?

A: Yes, a Caregiver Support Specialist can provide case aide however those hours would not be billable hours, they would be covered in the salary cost of the manager, unless the Caregiver Support Specialist is not carrying a full caseload.

Q: Is travel time included in the monthly allotted case aide hours?

A: No. Travel time is in addition to the monthly allotted case aid hours.

4 Most Common body systems from RDA based on their data:

1. NEUROLOGICAL BODY SYSTEM
 - Developmental disorders (would likely show up also as DD diagnosis)
 - Congenital syphilis
 - Congenital malformations of the brain or nervous system

- Diseases of the nervous system (e.g. epilepsy, cerebral palsy, bell's palsy, movement disorders)
- 2. PULMONARY-RESPIRATORY BODY SYSTEM
 - Asthma
 - Sleep apnea
 - Bronchopulmonary dysplasia
 - Cystic fibrosis
 - Tracheostomy
 - Congenital malformations of the lung, trachea, larynx, or other part of the respiratory system
- 3. CARDIAC BODY SYSTEM
 - Congenital malformations of the heart and circulatory system
 - Heart disease
 - Hypertension
- 4. MUSCULOSKELETAL BODY SYSTEM
 - Congenital malformations of the musculoskeletal system (e.g. of the skull, spine, jaw, etc.)
 - Muscle disorders
 - Scoliosis

Contract Changes for Child Placing Agencies (from Licensing Department)

What are the reasons for these changes?

Due to the recent changes to the Child Placing Agency (CPA) contract, to align with the Caregiver Supports changes, there were some WACs that needed to be clarified. After review of internal and external feedback, Licensing Division (LD) has created this crosswalk to provide a shared understanding of WAC interpretation to ensure consistency with the contract. These changes will be communicated out to our Regional Licensing staff, and they will be trained accordingly.

Based on federal guidance provided to DCYF years ago, we are unable to contract with in-state agencies to conduct health and safety visits for children and youth in the care and custody of DCYF. This is being removed from the contract to align with DCYF policy. Instead, we will be implementing a new approach, which involves regular communication and support to the caregivers of these children. Caregivers will be contacted at least monthly, either by phone or in person, and there will be quarterly in-person meetings as well.

Please note that this crosswalk solution is only interim to address any discrepancies between the contract and Licensing Washington Administrative Codes (WAC), as we are currently unable to change WACs. This crosswalk does not pertain to agencies who do not have a contract with DCYF. We believe this new approach will effectively support the caregivers who are licensed through a CPA regarding the specific child placed in their home.

Any questions you have specific to the contract, please contact the Placement Stability Program Manager. Any questions pertaining to the WACs, please contact your assigned Regional Licenser.

| Contract Changes Crosswalk | | | |
|---|--|---|---|
| RCW and WACs | | Original Interpretation | New Interpretation |
| <p>RCW 74.13.280 and 26.44.030(7)</p> | <p>What client information can be shared?</p> | <ul style="list-style-type: none"> • DCYF is authorized to share otherwise confidential information, but this is limited to what is needed to support the child’s and youth’s case plan. • These RCWs do not allow DCYF to share all information related to a case. • Providers and caregivers will be provided the information they need to support the child’s and youth’s case plan as it relates to the services being provided. | <ul style="list-style-type: none"> • There is no change and no conflict. |
| <p>RCW 74.13.330</p> | <p>What is the foster parent’s role in developing and participating in service planning?</p> | <ul style="list-style-type: none"> • Caregivers are encouraged and allowed to participate in the service planning and plans for a youth as they are able and willing. | <ul style="list-style-type: none"> • The CPA contractors will support caregivers in creating the child’s and youth’s service plan with DCYF. |

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| 110-147-1305 | Definitions | <ul style="list-style-type: none"> The definitions remain the same. | <ul style="list-style-type: none"> These are general definitions. Definitions do not conflict with the new contract. <ul style="list-style-type: none"> - Case Manager - Case Plan - Respite - Treatment Plan |
| 110-147-1335 | What additional steps must I complete prior to licensing? (1b) Description of the services you will provide to children and their families | <ul style="list-style-type: none"> CPAs provided services to children/youth and families. | <ul style="list-style-type: none"> CPAs may need to update their program description to reflect Caregiver Support Services for foster parents and case aide services for children. |
| 110-147-1370 | What happens when licensing requirements differ from contract requirements? | <ul style="list-style-type: none"> CPAs must meet the higher standard when the licensing requirements differ from contract requirements. | <ul style="list-style-type: none"> No change. CPAs must meet the higher standard when the licensing requirements differ from contract requirements. |
| 110-147-1400 | What do I need to consider in making foster care placements (1c/d)? | <ul style="list-style-type: none"> DCYF may have shared information with CPAs regarding the child's and youth's family and the wishes | <ul style="list-style-type: none"> CPAs will continue to receive referral packets that will help guide placement decisions. |

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| | | and participation of the child's and youth's parents. | <ul style="list-style-type: none"> DCYF can and will only share information with CPAs that is needed to support a child's and youth's case plan. The Caregiver Support Plan will have a place to incorporate any cultural considerations for the child(ren). |
| 110-147-1405 | May I share information about the children with the foster parents? | <ul style="list-style-type: none"> DCYF may have shared information about the child/youth and their family. | <ul style="list-style-type: none"> DCYF will share with CPAs information they need to support the caregiver to follow the child's and youth's case plan. |
| 110-147-1450 | Qualifications for Program Manager | <ul style="list-style-type: none"> Program Managers met the qualifications and fulfilled the responsibilities listed in this WAC. | <ul style="list-style-type: none"> Program Managers will no longer be responsible to ensure the completion of a child's and youth's plan of care and treatment. |
| 110-147-1455 | Qualifications for Case Manager | <ul style="list-style-type: none"> Case Managers met the qualifications and fulfilled the responsibilities listed in this WAC. | <ul style="list-style-type: none"> The qualifications have remained the same. |

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| | | | <ul style="list-style-type: none"> • CPAs may decide to transition case managers to new roles within their agency. • These are the same qualifications for a Caregiver Support Specialist. |
| <u>110-147-1470</u> | Do I need to employ consultants at my agency? | <ul style="list-style-type: none"> • Consultants met the qualifications and fulfilled the responsibilities listed in this WAC. | <ul style="list-style-type: none"> • Consultants will still provide oversight to Case Managers/Caregiver Support Specialists who have a bachelor's degree. |
| <u>110-147-1495</u> | What are the required case ratios of a case manager staff to children under care? | <ul style="list-style-type: none"> • One full-time case manager provided case management services for 25 children in care. | <ul style="list-style-type: none"> • CPAs are to follow the highest standard in either the contract or minimum licensing standards. |
| <u>110-147-1500</u> | What are the preservice training requirements for staff, interns, and volunteers who directly care for children? | | <ul style="list-style-type: none"> • There is no change and no conflict. |

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| <u>110-147-1505</u> | What is the requirement for staff in-service training? | | <ul style="list-style-type: none"> • There is no change and no conflict. |
| <u>110-147-1525</u> | What are the requirements for children's records? | <ul style="list-style-type: none"> • CPA staff/case managers were required to meet the requirements listed in this WAC. | <ul style="list-style-type: none"> • The WAC will not change. • Many of these items will be included in the child's and youth's referral and case plan that will be given to the CPAs. |
| <u>110-147-1540</u> | What incidents involving children must I report? | | <ul style="list-style-type: none"> • There is no change and no conflict. |
| <u>110-147-1545</u> | What are my reporting responsibilities when a child is missing from care? | | <ul style="list-style-type: none"> • There is no change and no conflict. |
| <u>110-147-1600</u> | Do I need a social summary for children under my care? | <ul style="list-style-type: none"> • CPAs were required to develop and complete a social summary within 30 days of placement. | <ul style="list-style-type: none"> • This WAC will not apply for DCYF contracted programs because the information will be provided to the CPAs by DCYF through a child's and youth's referral or case plan. |

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| <u>110-147-1605</u> | Do I need a treatment plan for children under my care? | <ul style="list-style-type: none"> • CPAs were required to assist in developing a written treatment plan within 30 days of placement. | <ul style="list-style-type: none"> • The CPA contract does not include providing treatment or therapeutic services. |
| <u>110-147-1610</u> | How often should the case manager contact the foster child and family? | <ul style="list-style-type: none"> • CPAs were required to complete health and safety visits on children placed in their homes as required in the department's policy. | <ul style="list-style-type: none"> • The department policy does not allow for contracted Health and Safety visits. This is not a policy change. |
| <u>110-147-1620</u> | What are the requirements for supervising children? | <ul style="list-style-type: none"> • CPAs were required to develop a plan to address supervision needs for a child/youth. | <ul style="list-style-type: none"> • DCYF will develop a supervision plan when required by policy and give a copy to the CPA. • CPAs can assist in developing the plan depending on the needs of the child/youth in the home and the caregiver support plan. |