Follow-Up Document for the Webinar

## 2021-2022 Child Welfare Policy and Practice Update

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Family and Children's Resource Program
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Sponsored by NC Division of Social Services

Recording: if you missed the webinar or want to view it again, go to: <a href="https://fcrp.unc.edu/multimedia/">https://fcrp.unc.edu/multimedia/</a>

## **Answers to Questions Asked During the Webinar**

Responses in this document are from the NC Division of Social Services Child Welfare Services Section.

I. Did it (legislation) state that there was going to be a statewide intake and what would that look like? How will the statewide CPS Intake look for the counties? What changes?

The Legislature requested an operational plan/feasibility study be conducted for options for a statewide child protective services (CPS) hotline. A planning and evaluation team consisting of Public Knowledge has been contracted to conduct the study, and directors representing local child welfare departments are participating by providing feedback on proposed centralized intake recommendations. The finalized study will be provided to the Legislature.

- 2. (Regarding IVE Candidacy) does that mean TSP or Custody?
  - IV-E candidacy is not the same thing as either TSP (child with a temporary safety provider) or custody (foster care).
  - A child in a TSP is probably at imminent risk of foster care and <u>may</u> be a candidate. A child
    in a TSP would be a candidate if there is a case plan developed together with the family that

states the child is at imminent or serious risk of foster care, identifies the reason for the risk, and includes at least one service offered or provided on behalf of the child to address the risk.

- A child in custody <u>cannot</u> be a candidate for foster care. Federal policy states clearly that a child cannot be a candidate for foster care and in foster care at the same time.
- 3. (Regarding notification) What about for LGBTQ couples if they have not undergone the stepparent adoption process but are on the birth certificate. According to Senate Bill 693/SL 2021-132, relative is defined as an individual directly related to the juvenile by blood, marriage, or adoption, including, but not limited to, a grandparent, sibling, aunt, or uncle. So, if the stepparent is related to the child by marriage, then they meet the definition of a relative and should therefore be included in relative notifications.
- 4. (Regarding rapid response team info) Is that 5 business days from completion of the CCA or from when the LME/MCO notifies the hospital that an assessment is needed?

Here's the timeline once hospital notifies DSS that a youth should not remain in the hospital (ready for discharge) and no appropriate placement is available:

- Within 24 hours, the DSS Director notifies LME/MCO or prepaid health plan of the need and requests an assessment.
- Within 5 days an assessment must be completed (comprehensive clinical assessment, psychiatric evaluation, or a substantially equivalent assessment).
- Within 5 days from assessment, the director must identify a placement and place youth
  if the assessment indicates the level of care needed is a traditional foster care home –
  level 1 group home.
- Within 5 days from assessment, the LME/MCO or prepaid health plan must identify an
  appropriate provider, authorize services, and assign a care coordinator if the
  recommended level of care requires prior authorization (Medicaid funded treatment).
- Within 5 days of an appropriate provider being identified and authorized, the DSS director must place the juvenile in the placement.

The LME/MCO is responsible for arranging the assessment once notified (see DSS policy below). Once the assessment is completed, the placement should be identified within 5 business days. <a href="https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/permanency-planning\_manual.pdf">https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/permanency-planning\_manual.pdf</a>

The director, or their designee, must contact the appropriate LME/MCO or prepaid health plan to request an assessment within 24 hours of the determination that the juvenile should not remain at the hospital and no appropriate placement is immediately available.

The assessment will be performed by either the juvenile's clinical home provider; the hospital, if able and willing; or other qualified licensed clinician within five business days following notification from the director. An assessment pursuant to N.C.G.S §122C-142.2 is defined as a

comprehensive clinical assessment, psychiatric evaluation, or a substantially equivalent assessment.

If a comprehensive clinical assessment recommends a traditional foster home or a Level I group home, the director must identify and provide the placement within five business days. The county department of social services is responsible for transporting the juvenile to the identified placement within five business days after the identification.

If the assessment recommends a level of care requiring prior authorization by the LME/MCO or prepaid health plan, the LME/MCO or prepaid health plan must authorize an appropriate level of care and identify appropriate providers within five business days and assign a care coordinator for the duration that the LME/MCO or prepaid health plan provides services to the juvenile. Once an appropriate level of care has been authorized and providers identified, the director must place the juvenile in the appropriate placement within five business days. The county child welfare agency is responsible for transporting the juvenile to the identified placement.

5. Question on sharing confidential info—can DSS share a court order with SSA when applying for a social security card or disability/death benefits? They require a certified order but recent co atty advisement was that DSS cannot provide to SSA without a court order based on statute.

Please refer to N.C.G.S. 7B-2901 which states which persons or entities may examine the juvenile's record and obtain copies of written parts of the record without an order of the court. Social Security Administration is not a person or entity referred to in this section of legislation, and therefore an order of the court is required for SSA to receive a certified order.