

1590 PLACEMENT IN CERTIFIED OUT-OF-STATE RESIDENTIAL TREATMENT PROGRAMS

Chapter: **Case Management Standards for CP and JJ Field Services**

Section: **Case Transfers and Interstate Compact**



New Hampshire Division for Children, Youth and Families Policy Manual

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Approved:

[Signature]
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Related Statute(s): [RSA 169-B](#), [RSA 169-C](#), [RSA 169-D](#), [RSA 169-F](#), [RSA 170-A](#), [RSA 170-E](#), [RSA 170-G](#), and [RSA 186-C](#)

Related Admin Rule(s): [He-C 6350](#)

Related Federal Regulation(s): [SSA 471](#)

Related Form(s): **ICPC FORM 100A, ICPC FORM 100B, FORM 1550, FORM 1552, FORM 1553, FORM 1582, FORM 1583, FORM 1584, FORM 1609, FORM 1656, FORM 1657, and FORM 1969**

Bridges' Screen(s) and Attachment(s):

DCYF's commitment to the safety, permanency, and well-being of children/youth extends to the Division's practice of partnering with other states in providing the opportunity for children/youth to be placed in residential treatment programs outside their home state when it is in their best interest.

Purpose

This policy outlines procedures specific to both Child Protective and Juvenile Justice for placing children/youth in residential treatment programs outside their home state through the Interstate Compact on the Placement of Children (ICPC).

Definitions

"CPS" means the Bureau of Field Services' Child Protective Services within DCYF.

"CPSW" or **"Child Protective Service Worker"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Child Protective Service Worker.

"DCA" means Deputy Compact Administrator for the Interstate Compact on the Placement of Children (ICPC).

"DCYF" or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

"ICPC" or **"Interstate Compact on the Placement of Children"** means the federally recognized compact between all states, the District of Columbia, and the US Virgin Islands in which participants work together to ensure the safety and stability of placement of children and youth across state lines.

"JJS" means the Bureau of Field Services' Juvenile Justice Services within DCYF.

"JPPO" or **"Juvenile Probation and Parole Officer"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Juvenile Probation and Parole Officer.

"Placement" for the purpose of this policy means the act by a public or private child-placing agency or individual intended to arrange for the care or custody of a child/youth in another state.

“Private ICPC” means any ICPC request relevant to a child/youth who is not involved with DCYF that is made by a parent or guardian.

“Receiving State” means the state to which the child/youth is to be sent, brought, or caused to be sent or brought.

“Sending State” for the purpose of this policy means the state requesting to initiate the placement of a child/youth in a receiving state.

Policy

- I. ICPC applies to placements between states when an agency, a court, or an individual in one state wishes to place a specific child/youth in another state under their care or custody in a residential treatment program or with a parent, relative, foster home pursuant to policies 1584 and 1585.
- II. The Deputy Compact Administrator (DCA) at State Office is responsible for overseeing all referrals for interstate placements in residential treatment programs of children/youth coming into New Hampshire or going out of state. This includes:
 - A. All children/youth who are involved with CPS/JJS;
 - B. Youth placed by another state agency (e.g. Developmental Services or Behavioral Health) in a residential treatment program in another state when there is no CPS/JJS involvement; and
 - C. Situations in which a parent/guardian wishes to place a child/youth in their care in a residential treatment program in another state when there is no CPS/JJS involvement.
- III. Relative to children/youth coming from other states, the DCA shall make the determination as to if the child/youth is approved to attend the residential treatment program in NH or not.
- IV. Relative to NH CPS/JJS cases, CPSW/JPPOs shall explore and exhaust all available in-state residential and community resource options prior to seeking an out-of-state residential treatment program (see Form 1609 Directory of Certified Residential Treatment Programs).
- V. When the CPSW/JPPO is unable to identify an appropriate program in NH with the capacity to meet the complex needs of an individual child/youth, the CPSW/JPPO shall:
 - A. Consider if the child/youth requires intensive residential treatment services not available in NH;
 - B. Document in Bridges in-state options that were explored and exhausted prior to consideration of an out-of-state residential treatment program, including the reasons that in-state options were not appropriate or available; and
 - C. Review the case record and placement requirements with their Supervisor.
- VI. If an out-of-state residential treatment program is deemed necessary, the CPSW/JPPO shall search for an out-of-state placement with the capacity to meet the child/youth’s needs and review the search results with their Supervisor.

- VII. The Division must take into consideration the following when determining the appropriateness of an out-of-state residential placement:
 - A. The available in-state resources;
 - B. The child/youth's permanency plan, concurrent plan, and connections, including whether the distance between a potential out-of-state placement and the child/youth's family might impact visitation and reunification;
 - C. Past placements and the effectiveness or ineffectiveness of those placements, including whether a potential out-of-state placement would compromise the safety of the child/youth or the community;
 - D. The specialization of the out-of-state provider and whether the intervention can be completed during the time the child/youth remains under Court jurisdiction;
 - E. The needs of the child/youth (specifically case records that document the levels of risk and need, and provide specific recommendations to address safety issues, health and treatment needs, educational requirements and level of care);
 - F. The input of the child/youth, as well as that of their team, including the parent(s), current clinician, CASA/Guardian Ad-Litem, and other team members;
 - G. The commitment of the school district regarding the child/youth's IEP, if applicable; and
 - H. Whether sufficient information exists to complete the referral (e.g., are additional evaluations required such as a physical or dental examination, or completion of an IEP).
- VIII. If it is determined that out-of-state placement of the child/youth is the most appropriate, the District Office Supervisor or their designee shall:
 - A. Make a request for approval to the CPS/JJS Field Administrator to place the child/youth at an out-of-state residential treatment program certified pursuant to He-C 6350; and
 - B. Consult with the Fiscal Specialist around how the program will be paid for and provide all requested information, court orders, etc.
- IX. Once the CPS/JJS Field Administrator approves the placement, the CPSW/JPPO must file a motion with the Court seeking an order for placement at the out-of-state residential treatment program.
- X. The CPSW/JPPO then prepares and forwards a copy of all required documentation as outlined in CPSW/JPPO responsibilities below.
 - A. The ICPC paperwork should not be submitted to the DCA until the court order is obtained; and
 - B. Placement can only be made once the DCA has advised that the receiving state has agreed to the placement.
- XI. Upon approval for the placement from the receiving state, the CPSW/JPPO shall provide the Fiscal Specialist with a copy of the Court's order and the date placement will be effective.

Responsibilities

- I. The CPSW/JPPPO is responsible for:
 - A. Completing an IC/Referral in Bridges under "other workload:"
 1. The "information" and "client" tabs must all be completed;
 2. The ICPC Form 100A Interstate Compact Placement Request must be completed; and
 3. The Bridges referral packet must be transferred to the State Office in-box;
 - B. Forwarding copies of the following supporting documents to the DCA:
 1. Signed ICPC Form 100A;
 2. Acceptance letter from the residential treatment program;
 3. Cover letter (see practice guidance below for contents);
 4. Court Order showing jurisdiction (custody or guardianship);
 5. Any social history, pre-dispositional investigation (PDI) report, and/or court reports with information on the child/youth;
 6. Updated Child/Youth Information Sheet (Form 1552 or 1553);
 7. Case Plan (1550);
 8. Any relevant evaluations on the child/youth or family;
 9. ICPC – Verification to Receiving State of Title IV-E Eligibility and Medicaid Provision (Form 1584);
 10. Medical and financial plan of support (Form 1582);
 11. Educational plan for the child/youth, including the responsible school district if the child/youth is eligible for special education;
 12. A birth certificate for the child/youth; and
 13. Case manager statement (Form 1583 Statement of Caseworker/Potential Placement/Party Under ICPC);
 - C. Corresponding with the other state through the DCA and keeping the DCA apprised of any changes in case status that could potentially affect the placement;
 - D. Ensuring that the Fiscal Specialist assigned to the District Office is notified of any and all changes in placement immediately;
 - E. Remaining current about the activities of the child/youth in the residential treatment program;

- F. Forwarding copies of the Child/Youth Information Sheet (Form 1552/1553); Medical Authorization (Form 1656/1657 depending on legal status); court orders; Case Plan (Form 1550); and any other reports/evaluations that can support the child/youth's treatment to the program as they are updated;
 - G. Attending treatment team meetings in person or if unable to be present, via phone;
 - H. Reviewing and filing progress reports and treatment plans prepared by the residential treatment program;
 - I. Addressing any concerns relative to the care and/or progress of the child/youth as they arise;
 - J. Communicating any unresolved issues with the program to the Community Program Specialist;
 - K. Requesting copies of incident reports prepared by the residential treatment program as necessary in order to assess the child/youth's safety and well-being;
 - L. Meeting with the child/youth face-to-face each month when physically possible, or speaking with them via telephone each month when face-to-face contact is not feasible;
 - M. Communicating with the person(s) who have contact with the child/youth to obtain any information relevant to the safety, permanency, and well-being of the child/youth;
 - N. Assuring that the parent(s) has/have copies of the report cards, the residential treatment program's progress reports and treatment plans, and incident reports (when applicable) sent by the program directly;
 - O. Ensuring that youth over age 14 are receiving Adult Living Preparation programming through the residential treatment program or through DCYF (as outlined in policy 1695 Preparing Youth for Adulthood) and services are documented on the Monthly NYTD Checklist Form 1969 pursuant to policy 1969; and
 - P. Ensuring that the placement circumstances of the child/youth are reviewed regularly with their Supervisor and utilizing the Permanency Planning Team (PPT) as appropriate so as to maintain a focus on the permanency needs of the child/youth, as well as ensuring that placement remains the least restrictive necessary to meet their needs.
- II. The Supervisor is responsible for:
- A. Ensuring that proper consideration is given to least restrictive placement options and in-state placements before approving out-of-state residential treatment programs;
 - B. Ensuring that children/youth are not placed in an out-of-state residential treatment program without the appropriate court order and approval from a Field Administrator;
 - C. Assisting the CPSW/JPPD in providing the DCA with all necessary paperwork to provide the program with relevant and timely information pertaining to the child/youth; and

- D. Assisting the CPSW/JPPPO in maintaining focus around ongoing assessment of the child/youth's needs relative to the continuation of residential treatment programming to ensure that the placement remains the least restrictive.
- III. When a residential treatment program outside of NH is being sought for a NH child/youth, the DCA is responsible for:
- A. Reviewing the ICPC referral for completeness and accuracy and consulting with the CPSW/JPPPO to ensure a complete packet is presented to the receiving state;
 - B. Forwarding four (4) Copies of the ICPC Form 100A and two (2) copies of all other documentation to the DCA in the receiving state;
 - C. Acting as a conduit between the CPSW/JPPPO and the receiving state if additional information is requested;
 - D. Notifying the District Office of the recommendation from the receiving state by forwarding the approved or denied ICPC Form 100A;
 - E. Acting as a consultant if difficulties arise with a placement;
 - F. Providing interpretation relative to the ICPC regulations;
 - G. Forwarding the Report of Child's Placement Status, ICPC Form 100B and possible supporting documents to the receiving state and the Fiscal Specialist assigned to the District Office upon case closure; and
 - H. Closing the Bridges case at State Office.
- IV. When a residential treatment program in NH is being sought for a child/youth from another state, the DCA is responsible for:
- A. Reviewing the ICPC referral for completeness and accuracy and consulting with the DCA from the sending state to ensure all necessary information has been provided;
 - B. Notifying the residential treatment program of their decision to accept or deny placement; and
 - C. Notifying the sending state of the decision to accept or deny placement.
- III. The receiving state is responsible for completing the necessary paperwork and forwarding to the DCA in NH.
- IV. The residential treatment program is responsible for:
- A. Complying with certification requirements pursuant to He-C 6350, Certification for Payment Standards for Residential Treatment Programs and He-C 6420 Medicaid Covered Services, and any contracts that are applicable at the time;
 - B. Providing for the physical, emotional, and educational needs of the child/youth while they are in the placement;

- C. Providing the sending state with regular progress reports and timely incident reports; and
- D. Making the sending state aware of any pending meetings relevant to the care and well-being of the child/youth.

Practice Guidance

How is an out-of-state residential treatment program identified?

- The key factors in determining an out-of-state residential treatment program include:
 - The program is able to meet the needs of the child/youth;
 - The program is a DHHS provider;
 - The program is certified by the Division and/or Department of Health and Human Services;
 - The program meets applicable building, sanitation, health, and fire safety codes;
 - The child/youth and parent(s) and/or guardian(s) have, if possible, made a visit to the prospective placement and have offered feedback; and
 - If the placement is a transfer to a more restrictive environment, then the child/youth has been given the opportunity to provide feedback.
- If a program is not a DHHS provider or is not certified but would best meet the needs of the child/youth, refer to policy 2600 Initial Certification for Payment Process for Residential Care in consultation with your Supervisor.
- The Community Programs Specialist is available for consultation in identifying appropriate residential services.

I am not satisfied with the practices of the out-of-state program who should I contact?

- If you and or your Supervisor have done your best to address the issues with the program and feel that things have not changed or you are not satisfied with the response, you should contact the Community Programs Specialist who will directly address the program. If you have addressed the issues and feel that there has been a change, you should still contact the Community Programs Specialist so they receive feedback as a result of the service.

Do I still need to see my youth face-to-face once a month and do I need to attend the treatment team meetings?

- The CPSW/JPPPO should consult with their supervisor around how to manage face-to-face contact and attendance of treatment team meetings. When it is feasible the CPSW/JPPPO should have monthly face-to-face visits and attend treatment team meetings.
- When a child/youth is placed in a residential treatment program in another state, it is not always feasible for the CPSW/JPPPO to meet with them face-to-face on a monthly basis or to attend treatment team meetings. In these instances, the residential treatment program acts as the receiving state agency, and:
 - The residential treatment program is responsible for providing information as to the welfare of the child/youth via progress reports and treatment notes;
 - The CPSW/JPPPO should be having at least monthly contact with staff at the facility, so as to have current information on the child/youth. This information should then be entered into Bridges;
 - The CPSW/JPPPO should have phone contact with the child/youth, to maintain their connection with that child/youth; and
 - The CPSW/JPPPO should request to participate in meetings by phone to support the treatment planning for the child/youth in alignment with the DCYF case plan.

If a youth on my caseload for probation is being considered for an out-of-state residential treatment program do I work with ICPC or ICJ?

- ICJ does not apply to youth being placed in an out-of-state residential treatment program and the placement must go through ICPC.

What if the child/youth needs Emergency Psychiatric Hospitalization?

- The residential treatment program's staff must take the child/youth to a local hospital or mental health center to obtain an evaluation for emergency psychiatric hospitalization.
- If the child/youth is admitted, services are paid through Medicaid or the parents' insurance.

What if the child/youth requires additional services while in the out-of-state residential treatment program?

- Non-Title IV-E eligible children/youth are not eligible for Medicaid in the receiving state.
- If the child/youth requires medical services, the CPSW/JPPPO must obtain coverage from the parent(s)' insurance (in the first instance), have the medical provider enrolled as a NH Medicaid provider, or have the medical provider enrolled as an ancillary service provider.
- If the child/youth is in a state that does not accept NH Medicaid, the child/youth must be enrolled in the Medicaid program of the state in which they are placed.
- If ancillary services are authorized, the out-of-state medical provider must be certified for payment and enrolled through New HEIGHTS.

What should I put in the cover letter?

- The reason for the referral;
- A description/critical information about the child/youth, including any medical/mental health diagnosis;
- The plan for the child/youth relative to length of stay and target discharge date;
- The plan to transition the child/youth to a less restrictive environment;
- A statement as to who is financially responsible for the placement and what medical coverage will be following the child/youth; and
- Contact information for the assigned CPSW/JPPPO.

Do CPSW/JPPOs do anything on private ICPC referrals?

- Private referrals do not involve CPS or JJS. The DCA processes the request for placement and then is no longer involved other than when the case closes. All aspects of the case/placement are managed by the sending state.