



**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY**

Chapter 8: Out-of-Home Services

Effective Date: January 1, 2019

Section 50: Determining and Reviewing Categories of Supervision

Version: 2

STATEMENTS OF PURPOSE

When the Department of Child Services (DCS) places a child in an out-of-home placement, the per diem rates are based on a child's age and category of supervision. The Child and Adolescent Needs and Strengths (CANS) Assessment plays a critical role in decision-making regarding a child's category of supervision.

Per Diem rates are based on age groups 0 to four (4) years old, five (5) to 13 years old, and 14 and older. The categories of supervision align closely with the placement recommendations generated by the CANS Assessment explained in the table below. See Practice Guidance for more information on CANS placement recommendations.

CANS Placement Recommendations	Foster Care Category of Supervision
1-Foster Care	Foster Care
2-Foster Care with Services	Foster Care with Services
3-Therapeutic	Therapeutic Foster Care
4-or higher-Group home and Residential Care	Therapeutic Plus

Completion of the CANS is required either prior to placement or within five (5) days of placement. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment. If the CANS is completed after placement, DCS has five (5) days to complete the CANS. When the CANS is completed, the rate will be retroactive to the first day of placement.

DCS may, after thoroughly assessing the child's needs, determine that the category of supervision should be higher than the CANS recommendation. When this occurs, Local Office Director (LOD) approval is needed prior to finalizing the category (see Practice Guidance for additional information on overriding the CANS placement recommendation). The LOD's decision to finalize a higher category other than the CANS recommendation should be documented in the case management system as a note.

CANS Reassessments are required every 180 days and at case junctures. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment. When a CANS Reassessment is completed and the recommendation results in a higher category of supervision, the rate will increase to match the new category of supervision. The effective date of the new rate will be the date of the CANS Assessment. If the CANS recommendation indicates a lower category of supervision, DCS will temporarily continue to pay the higher rate as a stabilization rate. DCS will not lower the rate until two (2) consecutive CANS Assessments completed six (6) months apart show the need for a lower category of supervision and the rate change is approved.

Note: If a child moves to a new foster home placement, a new CANS must be completed. The new foster home placement will begin with the updated category of supervision rate.

Review of Category of Supervision

The DCS foster parent or Licensed Child Placing Agency (LCPA) may request a review of the child's category of supervision based on the following:

1. A case juncture;
2. The DCS foster parent or LCPA reasonably believes there is relevant, new, or changed information about the child's supervision needs that were not adequately addressed in the CANS Assessment or during discussions about the type of placement prior to the placement being made; or
3. There are supervision, behavioral, or medical concerns that are not adequately addressed by the CANS Assessment.

A DCS foster parent or LCPA may request a review of the child's category of supervision by submitting the [Child Placing Agency \(CPA\) and Department Managed Foster Homes Request for Review of Child's Category of Supervision](#) to the LOD:

1. Within the first 30 calendar days of placement;
2. Within the first 180 calendar days of placement; and
3. Not more than once every 180 calendar days thereafter.

The LOD or Collaborative Care Field Manager must hold a meeting to review the child's category of supervision within 14 business days of receiving the request. The Family Case Manager (FCM)/Collaborative Care Case Manager (3CM) should be in attendance at the meeting. It is highly recommended that the DCS foster parent or the LCPA foster parent be present.

Note: If the foster parent is licensed by an LCPA, the LCPA representative should also be present at the meeting.

Notice of the outcome of the review must be given by the LOD/Collaborative Care Field Manager or designee, in writing, to the DCS foster parent or LCPA within five (5) business days of the meeting. The LOD/Collaborative Care Field Manager or designee must use the [Notice of Decision Regarding Review of the Child's Category of Supervision](#) form when giving notice of the outcome of the review. The child's category of supervision, as determined or revised by the LOD/Collaborative Care Field Manager or designee upon completion of the review, will be effective as of the date of the notice of the outcome of the review and it will not be retroactive. Any payments made by DCS after the effective date of a new rate will be adjusted in accordance with the final approved category of supervision for the child.

Code Reference

N/A

PROCEDURE

To establish the child's category of supervision when the child is placed in out-of-home care, the FCM/3CM will:

1. Complete the CANS either prior to or within five (5) days of placement;

2. Review the CANS scores to determine the appropriate placement recommendation and/or category of supervision for the child;

Note: If concerns arise about the rating (e.g., the placement recommendation and/or category of supervision does not seem appropriate for the child), a new CANS should be completed with the assistance of the FCM/3CM Supervisor.

3. Generate an Individual Child Placement Referral (ICPR), which will contain the category of supervision, rate, and other information the LCPA or foster parent needs to invoice DCS;

Note: If a sibling group is placed in a foster home, the FCM/3CM will complete an ICPR for each child.

4. Complete the CANS Reassessment a minimum of every 180 days and at case junctures. The category of supervision should be adjusted as appropriate; and
5. Generate an ICPR when there is a change in the child's age range (i.e., age 5 [five] and age 14) or a change in the child's category of supervision.

Note: If the CANS recommendation indicates a lower category of supervision, DCS will temporarily continue to pay the higher rate as a stabilization rate. When the child's placement remains the same, DCS will not lower the rate until two (2) consecutive CANS Assessments completed six (6) months apart show the need for a lower category of supervision, and the rate change is approved.

The FCM/3CM Supervisor will:

1. Staff the results of a CANS when there are concerns about the rating (e.g., the placement recommendation and/or category of supervision does not seem appropriate for the child); and
2. Approve the ICPR.

When it is determined the ICPR should be a negotiated rate the LOD will:

1. Staff the results of the CANS with the FCM and/or FCM Supervisor;
2. Make a final determination regarding the negotiated rate; and

Note: If it is determined a negotiated rate exceeding the Therapeutic Plus level is necessary, a request to negotiate a resource home rate must be submitted to the Regional Manager (RM) for final determination.

3. Approve the ICPR.

When it is determined the ICPR should be a negotiated rate exceeding the Therapeutic Plus Level, the RM will:

1. Staff the results of the CANS with the FCM, FCM Supervisor, and/or LOD;
2. Make a final determination regarding the negotiated rate; and

Note: Once approved, a RM Appeal must be completed.

3. Approve the ICPR.

When a Foster Parent submits a request for review of a child's category of supervision, the LOD/Collaborative Care Field Manager or designee will:

1. Meet with the FCM/3CM and FCM/3CM Supervisor to review the CANS and all other relevant information;
2. Convene a meeting within 14 business days of the receipt of the request and include the foster parent, FCM, 3CM, and the FCM/3CM Supervisor;

Note: If the foster parent is licensed by an LCPA, the LCPA representative should also be present at the meeting.

3. Make a decision on the request for review of a child's category of supervision and ensure the DCS foster parents or LCPA are notified within five (5) business days of the meeting. A new CANS should be completed if new information is obtained through the meeting; and

Note: If a new CANS is completed that results in a recommendation for a change in the category of supervision, or the LOD/Collaborative Care Field Manager makes a decision to change the category of supervision, the FCM/3CM must complete a new ICPR.

4. Approve or deny the override of the category of supervision.

PRACTICE GUIDANCE

Overriding the CANS Placement Recommendation and Corresponding Category of Supervision

DCS may want to consider overriding the CANS Placement recommendation to choose a higher category of supervision (and corresponding foster care rate). The guidelines below are only intended to provide general examples of common situations when DCS may want to consider overriding the CANS placement recommendation to choose a higher category of supervision (see [8.E Tool: Category of Supervision Policy to Practice](#)).

Youth with Complex Medical Conditions

The highest level of placement recommended on the CANS for a child with severe medical needs is often Therapeutic Foster Care. Most medically complicated youth require a very high level of care in a home setting, nursing home, or hospital. For youth requiring nursing home or hospital care per the recommendation of a medical provider, DCS would override the CANS placement recommendation as it relates to placement of the child. When nursing home or hospital care is not necessary for medically complicated and fragile youth, DCS may also consider overriding the Therapeutic Foster Care category of supervision in order to adequately compensate the foster parent for the additional attention and medical care required to provide in their home to meet the needs of the youth.

Youth with Developmental Disabilities/Intellectual Disabilities (DD/ID)

Depending on each youth's unique risk and needs, it is also possible Therapeutic Foster Care would be the highest level of placement recommended on the CANS for youth with significant developmental and intellectual disabilities. While placement in a foster home is likely the most appropriate placement option for such youth, there are times when DCS may want to consider

overriding the Therapeutic Foster Care category of supervision.

Youth with Severe Behavioral Health Conditions

While rare, there are times when a CANS is completed for a youth with unique risks and needs such that:

1. The Placement Recommendation is for Foster Care, Foster Care with Services (Moderate Foster Care) or Therapeutic Foster Care, and/or
2. The Behavioral Health Recommendation is for Intensive Community-Based Services: Wraparound or Intensive Community Services: Community Alternative to Psychiatric Residential Treatment Facility Medicaid Grant (CA-PRTF, PRTF or State Hospital).

Each child's complex developmental, intellectual, behavioral health, and/or medical conditions should be considered on a case-by-case basis when determining the child's category of supervision. After a thorough review of the entire CANS Assessment along with available medical and other related information (e.g., Diagnostic Assessments, school records, additional documentation provided by the biological and foster family, etc.), if the FCM/3CM and FCM/3CM Supervisor determine the CANS placement recommendation and category of supervision should be over-ridden, the case should be staffed with the LOD/Collaborative Care Field Manager for approval of the Therapeutic Plus category of supervision. If the LOD/Collaborative Care Field Manager believes a negotiated rate may be appropriate, the case should then be staffed with the RM for a final decision. An RM appeal is required for all negotiated rates.

Note: The procedures outlined above should be followed when DCS initiates overriding the CANS placement recommendation. The above is a separate process and is independent of the process of [Child Placing Agency \(CPA\) and Department Managed Foster Homes Request for Review of Child's Category of Supervision](#).

Review of Category of Supervision

If prior to or during the meeting on the category of supervision review, the foster parent provides information that was not taken into account in the initial CANS, the FCM/3CM, FCM/3CM Supervisor, and LOD/Collaborative Care Field Manager should determine if a CANS Reassessment is needed based on the new information. If the information provided by the foster parent was taken into account in the previous CANS, the FCM/3CM does not need to complete a new CANS. If the CANS Reassessment results in a higher category of supervision, the FCM/3CM should complete a new ICPR to adjust the foster care rate and should reevaluate the behavioral health services being provided to the child.

CANS Placement Recommendations (Levels)

Level 1-Foster Care is the minimum placement level recommended on the CANS for all children identified as removed/placed by DCS. The child's needs may be met in a family and community setting with access to school, friends, and community-based resources. The child may have a history of mild behavioral, or emotional needs that require a low level of service, such as outpatient therapy.

Level 2-Foster Care with Services (moderate foster care) indicates the child has a moderate developmental, behavioral, or emotional need. In addition to foster care in the community, the child, family, and resource family may be supported with treatment and support services to address and

manage identified needs.

Level 3-Treatment Foster Care indicates the child has a severe medical, developmental, behavioral, or emotional need or a high-risk behavior that is moderate to severe. In addition to foster care in the community, the child, family, and foster family are supported with treatment and support services to address and manage identified needs.

Note: Any child may also have a combination of any of the above needs.

Level 4- Group Home (GH) (15 years of age and older) indicates the child has moderate developmental, physical, or medical needs and/or moderately exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a GH setting if a suitable resource home is unable to meet the level of service and supervision intensity.

Level 5-Treatment Foster Care Plus (12 years of age and younger) indicates the child has moderate developmental, emotional, behavioral, medical, or physical needs and/or exhibits moderate sexual aggression or delinquency that may require increased intensity of supervision and level of services.

Level 6- GH/Treatment GH (for youth 12-14 years of age) indicates the child has moderate or severe emotional, behavioral, or developmental needs and a physical/medical need and/or exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a GH setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Level 7-Residential Treatment Center (RTC) indicates the child; usually 12 years of age or older, has a severe developmental, emotional, behavioral, physical or medical need and/or exhibits severe sexual aggression or delinquency that may require admission to a specialty program provided in a residential setting if a suitable resource home is unable to meet this level of service and supervision.

FORMS AND TOOLS

1. [Child Placing Agency \(CPA\) and Department Managed Foster Homes Request for Review of Child's Category of Supervision \(SF 55158\)](#)
2. [Notice of Decision Regarding Review of Child's Category of Supervision \(SF 55194\)](#)
3. [Request for Additional Funding \(SF 54870\)](#)
4. [8 E Tool: Category of Supervision Policy to Practice](#)
5. [Out-of-Home Risk and Safety Reassessment](#) – Available in the case management system
6. [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) – Available in the case management system
7. [Case Plan/Prevention \(SF 2956\)](#)
8. [Safety Plan \(SF 53243\)](#)
9. [Plan of Safe Care \(SF 56565\)](#)

RELATED INFORMATION

Case Junctures

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the Case Plan and/or Safety Plan. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement;
2. Formal or informal supports;
3. Family involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition;
9. Education; or
10. Court.

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