



State of Tennessee
Department of Children's Services

Relative Caregiver Program Operations Manual

Relative Caregiver Program

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Chapter One

Development of the Relative Caregiver Program

Background

Relative caregivers are increasingly finding that they cannot provide for related children on their own, both because they lack sufficient resources, and because of the complexity of the children's needs.

These families have varying needs, depending on the family's income, number of related children in their care, support systems, and legal relationship to the children. Because most relative caregivers prefer not to formalize their relationship with the children in their care, they face greater obstacles to services and have fewer services available to them than those who are willing to formalize their arrangements. Some relative caregivers are reluctant to take formal steps partly out of hope that the circumstances that led to the children being placed with them will soon be remedied. They also feel that since they are already related, there is no need to adopt them or take other legal measures to declare their commitment to raising the child because of the existing family relationship.

Relative caregivers sometimes face negative biases, which traditionally have been based on the premises of intergenerational dysfunction and "American values of self-sufficiency." These biases aside, many child welfare experts have recognized the value of kinship care as means of preserving family ties, providing continuity of care, and reducing the trauma of separation for vulnerable children. Research indicates that relative caregivers typically provide safe and nurturing environments for children in their care, despite their limited resources. Children in kinship care reap significant benefits, when compared with children placed with non-relatives. These positive outcomes include greater stability, a greater sense of belonging, and more natural contact with birth parents and siblings.

The Relative Caregiver Program developed out of the recognition that abused children, neglected children, and children whose parents are unable to provide for them are best served if cared for by other suitable family members, rather than by unrelated caregivers. While relatives may be willing to care for these children, doing so may be difficult due to financial limitations or the need for other services. The Tennessee General Assembly passed legislation allowing for the development of The Relative Caregiver Program on June 9, 2000. Four million (\$4,000,000.00) dollars was allocated to support the Relative Caregiver Program through a two-year pilot in Shelby, Davidson, and Upper Cumberland (Overton, Fentress, Pickett, Jackson, Clay, Putnam, Cumberland, Macon, Smith, Dekalb, Cannon, Van Buren, Warren, White) regions – serving sixteen counties. The program was initially funded through the federal Temporary Assistance to Needy Families (TANF) block grant prior to being built into the Department of Children Services base budget. Funding for the pilot decreased, after TANF funds were no longer being used to fund the program.

The pilot regions began administering services in April 2001. In June 2002, Legislation passed which extended the pilot for an additional two years. Effective July 1, 2004, the Relative Caregiver Program became a formal program administered by the Department of Children's Services.

DCS completed an expansion of the Relative Caregiver Program to Hamilton, Knox, Northwest and Southwest Region in July 2005. The program started in the Northeast Region in July of 2006. The Relative Caregiver Program became a state-wide program offering supportive services to relative caregivers throughout the entire state of Tennessee in December 2006 with the expansion of the program to the Mid- Cumberland, Southeast and South Central Regions.

The Department of Children's Services (DCS) administers this public/private collaboration designed to support children who are not able to be raised by their parents, and are being cared for by grandparents, aunts, uncles and other extended family members by contracting with community-

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based agencies. These committed and caring relatives have stepped in to raise children whose parents are unavailable, and are serving as a safety net for children. Through respecting what is unique and special within each family, providing accurate, easy-to-follow information about existing resources available to families, filling in the gap where services are not available, and providing emergency/start-up financial assistance, the Relative Caregiver Program seeks to further strengthen the caregivers' abilities to maintain supportive and stable environments for children.

Collaborative partnerships at both the local and state levels have been important to implementation of the Relative Caregiver Program. Service implementation moved rapidly largely due to the active participation of local community-based partners.

Chapter Two

Relative Caregiver Program Philosophy and Values

- Children should remain in their birth family whenever possible.
- Siblings need to stay together or have regular contact.
- The families must take and feel ownership over the Service Plan.
- Relative caregivers must receive respect from the program staff.
- Staff must be sensitive to the limitations and strengths within individual families and work from a family strength focus.
- Family privacy must be respected.
- Honesty is essential. Manipulation is unacceptable. Families understand and accept the difference.
- Children live in a family. Staff must work with the whole family, including birthparents when available and appropriate.
- Families should be assisted to do for themselves. Do not do or give everything to a family. Do not cripple but empower. Do not promote dependency.
- Listen. Staff must not tell clients what to do.
- All families are not appropriate caregivers. Be clear with the caregivers that staff of the Relative Caregiver Program are mandated reporters pursuant to T.C.A. 37-1-403 Reporting of Brutality, Abuse, Neglect or Child Sexual Abuse and Missing Children.
- Working with relative caregivers is very different from other Child Welfare or Aging social services practice. Relative Caregiver Program staff persons must understand the whole family from "cradle to grave". Relative Caregiver Program staff persons are not just primarily concerned for the child or the caregiver; they are concerned for both, as well as the birth parent – when appropriate. This is very different and requires thought and a shift in program philosophy. Intergenerational families are unique and we must begin to look for new and better ways to serve them, while ensuring the safety of each member.
- Children of Native American Heritage Statement: The Relative Caregiver Program (RCP) shall comply with all rules, regulation and laws governing the Indian Child Welfare Act of 1978 (ICWA) and make a diligent effort to identify those children/youth and families subject to the Act. All RCP services affecting children identified as Native American must be conducted in compliance to the federal guidelines outlined by ICWA. The goal of the ICWA is to strengthen and preserve Native American families and culture.

Chapter Three

Relative Caregiver Program Advisory Committee

Each agency offering the Relative Caregiver Program must establish an Advisory Committee for the program in their respective region(s).

Advisory Committee Overall Purpose

- Provide feedback to staff regarding type and quality of services being delivered and make suggestions for improvement or changes.
- Help develop comprehensive public relations strategies targeted at public/private agencies and potential clients.
- Ensure that the program is aware of the real and essential needs of those it serves and to represent members of the community who have a vested interest in the program.
- To serve as ambassadors for the Program's goals and objectives.
- Provide a source for volunteers.

Composition of Committee

- 11 to 15 individuals
- 25% of membership relative caregivers
- 1 DCS Representative
- 1 DHS Representative
- Professional, Community and Faith-Based Kinship Advocates

Guidelines

Meetings are to be held quarterly at a site and time that best meet the needs of the majority of the committee members. A chairperson, co-chairperson and secretary will serve one year as advisory committee elected officers. An agenda is to be prepared for each meeting and minutes recorded. Minutes recorded from these meeting must be submitted in written form, as an attachment to the monthly report, to DCS Central Office Staff/Kinship Support Network.. Meetings should provide an opportunity to address program updates, challenges, successes and needs. The Committee should provide suggestions to address any needs or concerns of the program. Relative Caregivers should be active participants of the Advisory Committee – leadership roles are encouraged.

Chapter Four Community Support

Each Relative Caregiver Program shall demonstrate working relationships with other community agencies for the purpose of making referrals, coordinating services and ensuring that participants have access to needed services. Each program needs to have the ability to respond creatively and comprehensively to the needs of children and their relative caregivers. No Relative Caregiver Program should be solely dependent upon one source of funding. Service provision needs to respond creatively and comprehensively to the needs of children and their relative caregivers. Abiding by the definitions outlined in the Service Delivery chapter in this Operations Manual, agencies must deliver the following core services:

- Information and Referral
- Caregiver Support Groups
- Groups for Children and Teens
- Education and Informational Workshops
- Respite & Enrichment Services
- Family Advocacy - Short-term Case Management w/triad –caregiver, child, birth parent (when appropriate)
- Outreach
- Emergency Financial and/or Start-up Assistance
- Whole Family Enrichment

Lead agencies of the Relative Caregiver Programs may provide additional services and shall work with other agencies in the community to refer and link children and their relative caregivers to services such as Individual and Family Counseling, Material Assistance, Legal Services, Housing Assistance, Mentoring, Homemaker Services, Mental Health Services, etc.

Chapter Five Program Outreach

Each Relative Caregiver Program must publicize its services to assure that caregivers throughout the region know about available services. Information about the Relative Caregiver Program's mission, goals, eligibility and accessibility should be made available to the region. This visibility should be achieved through avenues such as group presentation, one-on-one outreach, public service announcements, news media, television, and community events. The best way the community will find out about the program will be through individuals who have been served with respect and dignity.

Tips:

- Get business cards for staff
- Have an Open House
- Build relationships with faith-based organizations
- Build relationships with local school systems
- Build relationships with Area Agencies on Aging & Disabilities
- Build relationships with Family Resource Centers
- Build relationship with local juvenile courts
- Build relationships with local housing authority
- Build relationship with Department of Human Services
- Build relationship with Department of Children's Services
- Build relationship with local Health Department
- Develop a speaker's bureau that includes relative caregivers
- Distribute brochures
- Hold Informational Meetings for the community
- Post flyers & brochures in schools, churches, DHS offices, Juvenile and Family courts, health care facilities, Laundromats, grocery stores, hospital emergency rooms, child care centers, libraries, and local community agencies
- Publish newsletters and/or program calendars
- Develop and maintain a current Relative Caregiver Resource Handbook

Chapter Six Client Referral-Intake and Action Plan Development

Families may be referred to the Relative Caregiver Program by DCS, DHS, hospitals, community mental health services, schools, juvenile or family courts, churches, private agencies, and other child and family serving agencies. Self-referrals are also allowable.

Priority must be given to those families referred through the Department of Children's Services (DCS), Department of Human Services (DHS) and the Courts, as well as those children at-risk of placement into state custody.

Many referrals may come in by telephone. A plan should be developed to quickly assess for program eligibility within thirty (30) days of initial contact to program. If an assessment takes longer than thirty (30) days, a waiver must be submitted to DCS Central Office. Families must be informed upfront that they will be required to cooperate with an in-home assessment in order to complete eligibility determination for the program. Any second attempt or follow-up assessment out side of the home must be completed in a neutral location where confidentiality is maintained. Staff should make appropriate and helpful referrals for those non-eligible children and relative caregivers. Each program must have a Grievance process in place for families who do not agree with their eligibility decision or service delivery.

RCP staff should be trained to evaluate home safety, observe evidence of prior or current substance abuse by caregivers, observe the caregivers' physical and mental functioning, determine the availability of a supportive extended family system, assess caregivers' willingness & ability to provide a safe, permanent home, implement Action Plan recommendations and meet any special needs of the children in their home. DCS will not be involved, so many of these families will not have any other case manager coming into the home. It is, therefore, particularly important for RCP staff to carefully assess child safety. RCP staff should also be available to attend DCS regional cross-functional team meetings.

NOTE: If the RCP staff believes it is not in the best interests of the child(ren) to remain in the relative home, appropriate steps should be taken to ensure the safety of the child(ren). These steps should include making a report to Child Protective Services, or if DCS has prior involvement alerting the referring DCS case manager.

To ensure consistency of information gathered, always use the forms listed below:

- Relative Caregiver Program Determination of Financial Eligibility Form (CS-061)
- Relative Caregiver Program Letter of Understanding (CS-0619)
- Relative Caregiver Program Family Information Form (CS-0618)
- Family Advocacy & Support Tool (FAST)
- Relative Caregiver Program In-Home Service Plan (CS-0620)
- Home Safety Checklist (CS-0676)

Completion of the, RCP Determination of Financial Eligibility Form,, RCP Family Information Form, RCP Letter of Understanding and an in-home assessment are required prior to making the final determination of eligibility.

In order to identify the issues on which the RCP services should focus, the RCP staff person and the family should collaboratively complete a Family Advocacy & Support Tool (FAST) and develop a

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Relative Caregiver Program In-Home Service Plan (CS – 0620) based on identified needs. Once a Service Plan has been developed, the RCP staff should work to help the family achieve the goals outlined. Well-documented progress towards the Service Plan should be maintained in the case record. The Home Safety Checklist should be completed to assess and examine the physical dwelling of the caregiver to determine if there are any safety risks for the children in the home. Any non compliance areas regarding the checklist should be addressed timely.

Action Plans may include varying levels of service delivery based on individual family needs. An assessment should be made to determine whether the family needs case management services. Most relative caregivers are able to meet their family needs without the support of Case Management. Many kinship families do not want intrusion into their privacy. Some families just want the knowledge that a safe, understanding person or place is available for calls or visits when needed or that Case Management/Family Advocacy help is available when needed. Programs should respect the fact that some caregivers may be interested in only one or more Direct Service components such as respite care or support groups, and this may be the only reason some families become involved in the program.

Direct Services within the RCP program may include the following services: Caregiver Support Groups, Children and Teen Groups, Enrichment and Respite Care, Transitional Child Care Assistance, Material Assistance, Homemaker Referral, Transportation Referral, and Tutoring and Mentoring. To monitor the ongoing service needs of the family, the RCP staff should maintain quarterly contact with the family through quarterly home visits. Families may be appropriately assigned to the Direct Service category when the living situation is stable, children have adjusted, there is no evident need for oversight, there exist a strong support system and the family has tapped into needed resources.

Case Management/Family Advocacy Services within the RCP program are designed to be short-term and assist families with handling family conflict, maintaining stability, reunification efforts when appropriate, adjusting to living situation, advocating with school systems; courts; and other public systems. This service will also help link families with needed services provided by other community agencies, such as Individual and Family Counseling Referrals, participation in Child and Family Team Meetings, Mediation, Legal Services referrals, and managing Families First Kinship Care (FFKC) pilot. RCP staff should visit case managed families monthly. Frequency of visits should be based on individual needs of families and staff should appropriately respond, if the family needs to be seen more frequent than monthly. Program supervisors should work with case management staff to determine needs of the family, as in frequency of visits and length of time the family needs services. Average time for short-term case management services should be six (6) months. It is extremely important for case management staff to remember the basic philosophy and values of the program as stated in Chapter Two of this manual. One of which is that families should be assisted and empowered to do for themselves. Do not do or give everything to a family. Do not cripple but empower. Do not promote dependency.

Chapter Seven Determining Program Eligibility

Each Relative Caregiver Program is responsible for determining eligibility for program participation. Eligibility for the Relative Caregiver Program is valid for one year, unless circumstances occur within the course of the year that terminate eligibility (i.e. caregiver no longer has primary responsibility for the care and control of the child). Compliance with eligibility guidelines for participation in the Relative Caregiver Program will be monitored by the Department of Finance and Administration and Department of Children's Services. Eligibility must be re-determined annually to ensure that family continues to meet criteria.

On or before the 15th day of every month, each Relative Caregiver Program will report eligibility compliance on each family that was accepted into the program during the previous month. This will be submitted to DCS using the Relative Caregiver Program Web Application Database and the Relative Caregiver Program Monthly Report.

All program data contained in the Relative Caregiver Program Web Application requires backup documentation. This record keeping must be done on approved forms, contained within the Case File, and must be legible and available to DCS. DCS and the Department of Finance and Administration will audit a random sample of Case Files at least one time each contract year to verify documentation of program eligibility and the data contained in the Relative Caregiver Program Web Application.

If it is determined that the Relative Caregiver Program, specifically the lead agency, is not accurately determining program eligibility, the program will be out of compliance with their contractual agreement with the Department of Children's Services. Appropriate steps, up to and including a revocation of their contract, will be taken by the Department of Children's Services to ensure that financial assistance and services are provided to kinship families in an equitable, lawful, compliant and respectful manner.

Families are eligible for the program by meeting the following seven (7) standards. Any exceptions made to these standards must be granted by a waiver- approved by the Department of Children's Services. Waiver procedures are detailed at the end of this chapter.

1. The relative caregiver must have primary care and control of the child through informal family arrangements or through legal custody or guardianship.
2. The child must be age 18 or under; age 19, if child will complete high school or any equivalent vocational/technical training before age 20.
3. The relative caregiver and their spouse must take part in an in-home assessment and provide supporting documentation verifying program eligibility. The caregiver must agree to accept support services.
4. The caregiver must be able to provide a safe home for related child and be committed to providing that home as long as is necessary and appropriate, until the child reaches the age of majority. The child must reside in the home with the relative caregiver and this must be the child's primary residency.
5. The relative caregiver must be related to the child by blood, marriage or adoption.
6. In order to receive Emergency Financial or start-up Assistance from RCP, the relative caregiver family must not be in receipt of any type of kinship payment or subsidy (i.e., Foster Care Board Payment, Families First Kinship Care Payment, or Subsidized Guardianship) and the household

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income cannot exceed twice the current Federal Poverty guideline. The primary relative caregiver, the secondary caregiver (caregiver's spouse) and all of the children in the home should be counted to determine the size of the family unit. Some of the children counted in the household size may not be eligible for the Relative Caregiver Program.

* For the Annual Update of the HHS poverty Guidelines, please refer to the following web link at: <http://aspe.hhs.gov/proverty/> (for amount given at 100%, please multiply by 2 for 200%)

7. As specified by DCS, all families served through the Relative Caregiver Program must physically and legally reside within the county or counties identified in the proposal and contract.

Determination of Relative Caregiver Ability to Provide a Safe and Stable Home

Policy Statement: To be eligible for the Relative Caregiver Program, the relative caregiver must be able to provide a safe home for related children and be committed to providing that home as long as is necessary and appropriate, until the child reaches the age of majority. The Home Safety Checklist, CS-0676), must be completed to assess the safety of the home and filed in the case record.

Verification: An assessment of the caregiver's ability to provide a safe and permanent home must be included in during the Initial Assessment and throughout a families involvement with the Relative Caregiver Program. Verification is the responsibility of the Relative Caregiver Program Staff.

Determination of Relationship

Policy Statement: To be eligible for the Relative Caregiver Program, the relative caregiver may be related through blood, marriage or adoption.

Verification: Relationship must be verified before participating in the Relative Caregiver Program. Providing documentation is primarily the responsibility of the relative caregiver. Relative Caregiver Program staff must evaluate the evidence used to establish relationship as to its validity, consistency and credibility. Any concerns about conflicting information must be resolved before determining eligibility. Each step of the relationship between the child(ren) and the relative caregiver(s) must be documented.

Documentation: The following types of documents can be used to verify relationship. At least two documents are required, if there is no record for the family in ACCENT. **If verification of relationship can be found in ACCENT, other documentation is not needed, and this should be indicated in the Case File.** Information regarding relationship must be maintained in the Case File as well as the Relative Caregiver Web Application.

- Records contained in the ACCENT DATABASE for Families First participants which consistently specify the degree of relationship between the child and caregiver
- Birth Certificates or copies of birth certificates to establish relationship of child to his or her parent
- Hospital Birth Records
- Family Bible or other family records which are in ink and have not been altered
- Trust Documents if relationship is specified in document
- Wills and deeds to property if the individuals and relationships are specified
- Census Bureau Records that list child belonging to a particular family
- Written statements of physicians or midwives who attended the births and remember the names of persons involved

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- Copies of income tax returns listing the child as a specific relative
- Juvenile Court or Family Court Records
- Hospital Records which specify relationship
- School Records which specify relationship
- Military Records which specify relationship
- Newspaper Records which specify relationship
- Written materials of other kinds may be used when they contain evidence of relationship

In **emergency** situations, when there is no documented proof of relationship, the relative caregiver's statement is acceptable as long as he or she gives the reason there is no proof of relationship, explains relationship to the child(ren), and is able to provide one notarized statement from someone who is in a position to verify relationship. Relative Caregiver Program staff can write out the statement, have the individual sign the statement, and have the document notarized. Required documentation must be gathered within **thirty (30) days** once the emergency situation has been addressed.

Determination of Household Income

Policy Statement: In order to receive emergency financial assistance, the relative caregiver and spouse (if applicable) shall not have a total adjusted household income that exceeds more than twice the current Federal Poverty Guidelines. The primary relative caregiver, the secondary caregiver (caregiver's spouse) and **all of the children in the home** should be counted to determine the size of the family unit. These children may or may not be eligible for the Relative Caregiver Program.

***For the Annual Update of the HHS Poverty Guidelines, please refer to the following web link at: <http://aspe.hhs.gov/poverty/> (for amount shown at 100%, please multiply by 2 for 200%**

Eligible children (children age 18 or 19 if will complete high school or equivalency by age 19 in the informal primary care of a relative), **the primary relative caregiver, and the spouse of the primary relative caregiver** are the individuals living in the household who must be considered when determining household income. The program must count the following sources of monthly income to determine Household Income.

- Income produced from a Trust Fund
- Income produced from Interest Payments, Dividends, Annuities, and Royalties
- Gross earned income or money derived from the work efforts of the primary relative caregiver, and the primary relative caregiver's spouse such as wages, salaries and commissions. Garnished or diverted wages are considered to be earned income.
- Profit from self-employment such as rental income and small business enterprises.
- Pensions
- Social Security benefits for eligible children when the primary relative caregiver or the spouse of the primary relative caregiver are the representative payees.
- Veterans benefits for eligible children when the primary relative caregiver or the spouse of the primary relative caregiver are the representative payees.
- Military allotments for eligible children when the primary relative caregiver or the spouse of the primary relative caregiver is the representative payee.

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To be eligible for the Relative Caregiver Program Financial Assistance, the Countable Resources for the eligible children, primary relative caregiver, and the spouse of the primary relative caregiver must be less than \$15,000.00 at the time of application. When determining the Total Countable Resource amount, RCP staff must use the equity value of the resource. The equity value is determined by subtracting the amount of encumbrances from the fair market value of the resource. The following are considered Countable Resources.

- Cash on Hand
- Checking accounts in a bank, credit union, or other financial institution
- Savings accounts in a bank, credit union, or other financial institution
- Bonds
- Non-recurring lump sum payments and retroactive payments are countable resources. Examples include unemployment benefits, workman's compensation, cash gifts, cash prizes, income tax returns, refunds on security deposits on rental property
- Pensions are only considered Countable Resources if they become accessible due to termination of employment.
- Equity value of property such as boats, vacation homes, and mobile homes that are not homestead property
- All stock not associated with retirement
- Savings Certificates
- Trust funds are Countable Resources except when the trust was established in a will, the trust is producing regular income which is available to the beneficiary, the trust has been set up for a minor under the age of eighteen (18) and the amount of the trust is under \$5,000.00.

Verification: Household Income must be verified before a family may receive emergency financial or startup assistance through the Relative Caregiver Program. RCP staff must also determine that the family is not receiving any other type of kinship subsidy and that other community resources have been exhausted, prior to providing this service. Also, ensure that families have been referred to the Department of Human Services to apply for benefits including the Families First Child Only Grant.

If complete, current data on the family can be found in the ACCENT database, **the primary relative caregiver and the spouse of the primary relative caregiver must provide a social security card.** A copy of this card must be filed in the Case File. If the Household Income can be verified with the ACCENT database, no other documentation is required. See Household Income Determination in ACCENT Database Chart and Countable Resource Determination in the ACCENT Database in the Appendix.

If complete, current data on the family cannot be found in the ACCENT database, Household Income and Countable Resources may be verified by examining other documentation provided by the relative caregiver. Copies of income and resource documentation should be filed in case record. See Household Income Determination and Countable Resource Determination in the Appendix.

Documentation: Required documentation for the Case File and the Relative Caregiver Database related to determining Household Income is detailed in the following charts. All primary relative caregivers must have signed the 'Relative Caregiver Program Letter of Understanding'.

1. Household Income Determination in ACCENT Database
2. Household Income Determination
3. Countable Resource Determination in ACCENT Database

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4. Countable Resource Determination

Waiver Procedures

The RCP Director should grant waivers to meet any additional emergency or extraordinary circumstances, which may not meet all of the eligibility requirements. A waiver should only be requested, if there are no other community resources available to address the family's needs. These procedures do not apply to decisions made internally by programs regarding the dissemination of financial assistance, unless the caregiver does not meet the eligibility criteria of having income that does not exceed 200% of the Federal Poverty Guideline.

1. The Waiver Request Form must be completed in its entirety by the requesting staff. Staff should sign and date the form and submit to Program Director.
2. Program Director should review waiver request. If the director approves of the waiver request, then the director should sign and date the form. The form must then be submitted by fax or mail to DCS Central Office Director for the Relative Caregiver Program. Copies of the waiver must be (1) forwarded to Central Office by fax or mail, (2) placed in the file and (3) reviewed with the Financial Oversight Committee during regular meeting.

*If the Program Director denies the waiver request at the program level, this needs to be indicated on the form and a copy of the waiver request should be placed on file.

Annual Re-determination

Program must schedule annual re-determination appointments with caregiver to ensure that they continue to meet program eligibility criteria (i.e. caregiver still maintains informal primary care and control of child, re-verify household income in the event that financial assistance is requested, assess old Service Plan and complete a new Service Plan, complete the FAST for any grandfathered cases, update consent forms and other program forms. Once relationship is initially verified, no further documentation is needed.

If the caregiver, does not comply with appointment for re-determination at the end of eligibility year, the case should be closed.

Native American Heritage Procedure:

1. If it is believed or confirmed that the child or parents are Native American but the tribe or registration information is not known, tribal affiliation must be determined. The family advocate must contact the Bureau of Indian Affairs for assistance and this must be done in collaboration with the appropriate Regional Legal Counsel and the family. (Not all tribes fall under the Indian Child Welfare Act)

2. Tennessee is in the Eastern Region of the Bureau of Indian Affairs and the contact information for assistance is as follows: Bureau of Indian Affairs, Eastern Region

545 Marriott Drive, Suite 700
Nashville, TN 37214
Phone: (615) 564-6700; Fax: (615) 564-6701

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3. The Bureau will instruct on the process and further procedures to be followed to determine the Indian child/family's tribe or affiliation.
4. If the case involves a child/family outside of the Eastern Region jurisdiction of the Bureau of Indian Affairs, contact or the appropriate Regional Legal Counsel for assistance.

Chapter Eight Service Delivery

Each service provider must adhere to the following service descriptions to be eligible to receive reimbursement of allowable expenses.

The lead agencies may authorize service providers through a subcontract to administer services. These subcontracts must be approved by DCS. Minority subcontractors are highly encouraged, as available.

Relative caregivers participating in the Relative Caregiver Program must be given an opportunity to provide feedback as to the effectiveness of the service received. The Client Satisfaction Surveys may be used for this purpose. This shall include the option to remain anonymous. A grievance process must also be developed by the lead agency.

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SERVICE NAME: Short-term Case Management

SERVICE PURPOSE: To help kinship families maintain stability, provide support and empower them to become self-sufficient.

SERVICE DEFINITION: Designed to provide short-term assistance and coordination of services for the whole family based on identified needs. Monthly home visits will be provided to help the family maintain stability, address adjustment issues, assist with accessing services in the community, address family conflicts, advocate with public systems such as schools and court, and provide assistance with reunification efforts when appropriate. Case management will last for a period of six (6) months, after which time the family will progress to direct services until case closure. **Note** that in some cases, case management may last for a period of less than or more than six (6) months depending upon individual family needs. The program must provide the kind of support that is uniquely tailored to each individual kinship family being served.

SERVICE ACTIVITIES include, but are not limited to:

1. Assessment of family needs.
2. Working with the triad (caregiver, child, birth parent) when available and appropriate.
3. Development and implementation of a Action Plan in conjunction with the family for the purpose of mobilizing formal and informal resources and services identified in the assessment to meet the family's needs and draw on their strengths.
4. Advocacy and Coordination of services.
5. Periodic reassessment and revision of the plan based on changes in the status of the family or their circumstances. Evaluating the appropriateness and effectiveness of services(s) in meeting the needs of the family, including the convening of case conferences and team review of case plans, when necessary.
6. Monthly Home visits with the family.
7. Assist family with reunification efforts when appropriate.
8. Maintain accurate case records in accordance with guidelines established by the Operations Manual. Case notes should clearly detail family situation and services provided.

Data Tracking: For reporting purposes maintain accurate records of the number of children and relative caregivers receiving services. This will be reported at least monthly to DCS by entering information into the RCP Web Application and submitting monthly and quarterly reports.

STAFF REQUIREMENTS:

The Relative Caregiver Program must employ staff persons with a Bachelors degree in a human service field or who by training or experience has the ability to effectively determine the needs of relative caregivers and match those needs with appropriate services.

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LEVEL 1 SHORT-TERM CASEMANAGEMENT / FAMILY ADVOCACY

{Special Note: All cases may not enter at Level 1. Case-Management will be determined by the Family Advocate Supervisor or Program Director}

FA Responsibilities while Family is receiving Short-term Case Management / Family Advocacy

- FA/CM will conduct a monthly home visit and document in case notes
- RCP Family Assessment and all other required documentation is complete as required by program
- FA/CM reports observations to supervisor on a regular or as-needed basis. FA/CM also documents observations and interventions
- FA/CM or designee has entered all family information into the Web application
- FA/CM has distributed a Caregiver Client Satisfactory Survey at the initial home visit to be returned at the discretion of the caregiver
- To transition to LEVEL 2 DIRECT SERVICES, FA/CM has recorded that the family has achieved all goals and objectives identified on the Family Action Plan
- The “Family Self Sufficiency Tool (FSST)” has been initiated between the FA/CM and Supervisor to discuss and approve case transition to LEVEL 2 DIRECT SERVICES. The FSST must be signed by the Caregiver, FA/CM and Supervisor and filed in the case file.

Caregiver criteria for transition

- Caregiver has maintained stability in the home with no crisis up to 6 months or responded appropriately to crisis with assistance from RCP or other community resource
- Caregiver has asked RCP for help in problem solving as needed
- Children immunizations are all up to date per statement from caregiver.

LEVEL 2 DIRECT SERVICES

FA responsibilities while family in Direct Services

- FA/CM conducts Quarterly home visit and document in case notes
- FA/CM continues to observe and document home visits and consults with supervisor on a regular or on as needed basis
- RCP Family Assessment and all other required documentation is complete as required by program
- FA has distributed a Caregiver Client Satisfactory Survey at the initial home visit to be returned at the discretion of the caregiver
- To transition to LEVEL 3 Graduated Caseload Status, FA/CM has recorded that the family has achieved all goals and objectives identified on the Family In-Home Service Plan
- Conduct a Level 2 Family self-sufficient TOOL (FSST) between the FA/CM and Supervisor to discuss and approve case transition to LEVEL 3 Graduation Caseload Status. The Family

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Self-Sufficient Tool must be signed by the Caregiver, FA/CM and Supervisor/ Program Director

Caregiver criteria for transition

- Caregiver has maintained stability in the home with no crisis for 1 year or responded appropriately to crisis with assistance from RCP
- Caregivers regularly utilizes at least one other positive support system or person
- Caregivers demonstrates effective problem solving skills in most situations
- Caregivers demonstrate positive parent-child interactions skills with guidance from FA
- Caregivers demonstrates reduction of one or more risk factors related to child abuse and neglect
- Children immunizations are all up to date per statement from caregiver.

LEVEL 3 GRADUATED CASELOAD STATUS

- Graduated Case Celebration for all graduated cases within the current fiscal year for all graduated case recipients
- Cases will not be monitored by RCP and should show closed in Web Application
- Caregivers will continue to receive monthly newsletters (*optional*)
- Caregiver & Children may participate in the following RCP Services: Support Groups, Youth & Teen Groups, Information & Referral, Educational Workshops and Material Assistance that is donated and not purchased with program dollars.
- Caregiver & Children are not eligible for the following: Financial Assistance & Respite & Enrichment Services, Whole Family Enrichment, or services requiring expending program dollars such as material assistance, transportation, or childcare.

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SERVICE NAME: Groups for children and teens.

SERVICE PURPOSE: Create a safe atmosphere for children experiencing out-of-home care in the homes of relatives to receive support and socialize with children of like experience.

SERVICE DEFINITION: Structured groups and activities allowing children to build a sense of community and belonging among other children in relative care, and address attachment issues evolving from separation, loss, and grief through social and cognitive development. This service should be provided for children of all ages in relative care, including teens.

SERVICE ACTIVITIES:

1. A variety of activities including arts and crafts, games, and group discussion. Groups should be divided according to age.
2. Activities to encourage creativity and individual expression.
3. Activities to provide the opportunity for development and demonstration of appropriate social skills with peers and adults.
4. Activities to provide an opportunity to address issues around trauma, grief and loss, identity and trust in relationships.
5. Activities to encourage exploration and celebration of cultural identity.
6. Holidays, seasons and significant personal milestone are recognized and celebrated.
7. Snacks should be provided.
8. Recommend closing activities to include children and caregivers in a large group meeting.
9. If the relative caregiver has responsibility for more than one child, this group will be provide for all children in the household (including biological child) in order to give the caregiver an opportunity to participate in the caregiver support group.

Data Tracking: For reporting purposes maintain accurate records of the number of children attending each group. This will be reported at least monthly to DCS by entering information in the RCP Web Application and submitting monthly and quarterly reports.

MINIMUM STANDARDS:

1. Service may be provided by qualified professionals and volunteers.
2. Service must be provided in a location easily accessible to target caregivers.
3. Documentation of the qualifications of Volunteers must be maintained in each file.

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SERVICE NAME: Information and Referral

SERVICE PURPOSE: Information and referral and access to services

SERVICE DEFINITION: Include any service for children and relative caregivers to ensure access to accurate information and linkage with available services within the program or community at large.

SERVICE ACTIVITIES:

1. Information Giving: Provision of accurate and pertinent information to a relative caregiver about available public and private resources. This information can range from a limited response, such as an organization's name, address and telephone number, to detailed data about community services system (such as explaining how the intake system works for a specific agency), agency policies and procedures for application.
2. Referral Giving: Assessment of the needs of the relative caregiver, evaluating appropriate resources, indicating organizations capable of meeting needs, active participation to ensure the service will be delivered to the client, helping participants locate alternative resources when services are unavailable and staff contact with the providers on behalf of the caregivers to schedule appointments or negotiate for services.

MINIMUM STANDARDS:

1. The Relative Caregiver Program (RCP) staff must follow-up all initial referrals. Staff should contact the caregiver or provider to determine the outcome of the initial referral and to determine if the service(s) was/were appropriate and effective in meeting the needs of the family or if additional assistance is needed.
2. The RCP must maintain a current resource file which lists agencies and available services, procedures, fees, office locations and hours, contact person(s), eligibility requirement, etc.
3. Walk-In service facilities must be accessible to individuals with disabilities.
4. Walk-In facilities must make provision for space allowing for private meetings and conversations.
5. The Relative Caregiver Program must develop and maintain current records of participants whose requests for service have not been met.
6. Families who are determined eligible for the program must participate in a RCP Family Assessment. An In-home Service Plan must be developed in cooperation with the RCP family. The plan must contain a statement of the family problems, needs, strengths, resources, a statement of goals and objectives for meeting identified needs, any barriers to goals/outcomes, a description of methods and approaches to be used and identification of services to be provided by the RCP and /or other agencies. There should be a schedule for services being provided.

Data Tracking: For reporting purposes maintain accurate records of the number of persons contacting the program and receiving information and referral services. This will be reported at least monthly to DCS by entering information in the Web application and submitting monthly and quarterly reports.

- When information and referral is given to a person contacting the program, who is not a part of the program and not seeking to be determined eligible for RCP services, this should be documented on the RCP Referral Information form and tracked and reported through the program as Information and Referral service.

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- When information and referral is given to a caregiver who is assigned to Direct Services, this should be documented in the case record and tracked and reported through the program as Information and Referral service.
- Caregivers that make contact with RCP and are interested in becoming a part of the RCP program should go through an Intake process to determine program eligibility. This service should be tracked as an Intake and not Information and Referral, although the RCP Referral Information form must be completed.
- Information and Referral service provided to caregivers assigned for Case Management should be tracked as case management services, not Information and Referral.
- When caregivers have made contact with the program, have initiated the intake process, but are on the waiting list and contact the program for additional information and assistance, this should be tracked and reported through the program as Information and Referral service.

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SERVICE NAME: Outreach

SERVICE PURPOSE: Public Awareness

SERVICE DEFINITION: Educational and Information Presentations, Recruitment and Fundraising

SERVICE ACTIVITIES:

1. One-on-One or Group Presentation: oral presentation using information to promote an issue that would have a positive impact on the lives of Relative Caregivers and the child(ren) they are raising.
2. Position Paper: written information supporting a position taken on an issue benefiting Relative Caregivers and the child(ren) they are raising.
3. Media: providing educational information to the public about a Relative Caregiver Program issue that is being promoted using newspapers, radio (interviews and/or public service announcements) posters, brochures, newsletters and flyers.
4. Meetings: arranging individual conferences with community leaders, other social services agencies and policy makers to discuss factual information and/or concerns around an issue.

Data Tracking: For reporting purposes maintain accurate records of the number of outreach activities conducted by the program. This will be reported at least monthly to DCS by entering information into the web application and submitting monthly and quarterly reports.

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SERVICE NAME: Educational Workshops

SERVICE PURPOSE: Empower relative caregivers by providing accurate easy-to-follow information.

SERVICE DEFINITION: Relative caregiver training designed to provide critical education and information that empower caregivers to provide optimal care for their related children.

SERVICE ACTIVITIES:

1. Education and information giving sessions pertinent to the needs and interests of Relative Caregivers and children in their care will be provided in a safe comfortable setting.
2. Relative caregivers and children will be given the opportunity to share information by participating in a facilitated discussion.
3. Participants will be given an opportunity to evaluate training.
4. Increase the relative caregivers understanding and volume of information regarding: 1) the needs of the children in their care and control; 2) the services available to them through the various Kinship Care Programs; 3) the legal rights and options available to caregivers in Tennessee; and 4) the community resources available to relative caregivers.

Data Tracking: For reporting purposes maintain accurate records of the number of workshops/informational sessions held. This will be reported at least monthly to DCS by entering information in the RCP web application and submitting monthly and quarterly reports.

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SERVICE NAME: *Emergency Financial/Start-up Assistance*

SERVICE PURPOSE: Support caregivers' ability to provide the basic care.

SERVICE DEFINITION: Provision of emergency one-time financial or start-up assistance for family needs such as security deposits, transitional child care assistance, purchase of clothing or furniture to adapt to care of child. This assistance will not be available to families who are receiving any other type of kinship subsidy beyond the regular child-only grant and/or whose household income exceeds 200% of the current Federal Poverty Guideline. Staff must ensure that caregiver has applied for benefits through the Department of Human Services and available other community resources have been exhausted.

Relative Caregiver Program directors may grant waivers to the one-time financial or start-up assistance guideline based on assessment of extenuating circumstances of individual families. Copies of waivers must be (1) forwarded to Central Office by mail or fax, (2) placed in the file, and (3) reviewed with Financial Oversight Committee during regularly scheduled meetings.

SERVICE ACTIVITIES:

1. Payments are designed to meet one-time short-term needs, crisis situations, or start-up costs only. Long-term or ongoing needs may not be met through the Relative Caregiver Program financial aid.
2. Financial aid may be used to purchase a wide range of tangible items, supports, services or other needs based on available funds.
3. Payments may not be made which would duplicate available existing supports.
4. All financial aid determinations will be based on written requests for assistance submitted by the Relative Caregiver Program staff person to a lead agency designee and based on identified needs. This written request must be contained within the Case File.
5. Each Relative Caregiver Program must maintain adequate support documentation to verify contracted and paid for services and expenses incurred.
6. Monthly stipends or other regular financial assistance are not available to children and their relative caregivers through the Relative Caregiver Program.
7. Direct payments to kinship families through the Relative Caregiver Program are prohibited.

Data Tracking: Report actual amount of contract funds utilized.

REQUIREMENTS:

1. Relative Caregiver Program Staff may determine financial need and submit requests for financial aid. Each of these staff persons must have been provided training by the Financial Oversight Committee to determine financial need in an equitable, compliant, respectful, and lawful manner.
2. Each Relative Caregiver Program must organize a Financial Oversight Committee of at least three persons to ensure that financial aid is provided to kinship families in an equitable, lawful, compliant and respectful manner. The names of potential Financial Oversight Committee members must be submitted to and approved by the Department of Children's

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Services. Include at least one lead agency representative and at least one person with expertise in the area of finance.

Examples of eligible financial needs that may be met through contract funds:

- Utilities – Any utility that provides service to the home (i.e. gas, electric, phone, etc.) for the caregiver in order to provide a safe environment for their relative child. A current copy of the utility bill must be presented, if there are any questions regarding the documentation, staff should contact the utility department prior to issuing payment with contract funds. *Allow one time per year, unless approved by waiver request.
- Rent/Mortgage – Assistance may be provided towards delinquent rent or mortgage or towards security deposits. A copy of the lease or delinquent statement must be presented to the program prior to payment being issued. *Allow one time per year, unless approved by waiver request.
- Transitional Child Care – Limited assistance may be provided, after the caregiver has sought assistance from Department of Human Services. Statement from the child care provider indicating amount owed must be presented to the program prior to payment being issued. *Allow one time per year, unless approved by waiver request.
- Material Assistance – Assistance may be provided to help adjust and stabilize living arrangement (i.e. beds, clothing, linen, school supplies, school uniforms, other clothing items, other household furnishings, emergency food boxes. Program should first seek donated items and clearly document items that were purchased for material assistance to families. *Allow as often as needed.
- Respite and Enrichment– Specific assistance funds may be used to pay for respite and recreation activities, if they are not budgeted elsewhere in program budget line items.

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SERVICE NAME: Enrichment & Respite Care

SERVICE PURPOSE: Relative Caregiver Family Support, Social Interaction, and Educational Enrichment.

SERVICE DEFINITION: Provision of any service that gives the relative caregiver scheduled or emergency “time off” from child rearing responsibilities or provides a safe and fun environment where structured activities foster social interaction and development.

ADDITIONAL ENRICHMENT ACTIVITIES (OPTIONAL):

YOUTH COUNCIL: Youth that will help promote the program mission, purpose, and goals. The youth council is to help with the planning and coordination of youth services by providing a format for youth to voice their opinions and ideas.

TUTORING/HOMEWORK ASSISTANCE: Facilitate the learning process by providing instructional assistance on a variety of school-related subjects.

MENTORING: *Time that the child/teen spends in mentoring activities may be counted as respite for the caregiver.

SERVICE DELIVERY: Respite & Enrichment Services should be held regularly as defined in the agencies contract.

SERVICE ACTIVITIES:

- Respite services can be provided at the Relative Caregiver Family Center or at community outings like a movie, roller skating, eating out, or whatever is fun for the children.
- Respite services will be available for single or multiple hours during daylight or nighttime. The services may be available for more than a single day at a time.
- Events will be held in safe environment with adequate space needed to deliver respite services.
- Activities will be adequately staffed with both volunteers and relative caregiver staff.
- Reservations must be made prior to the scheduled activity to ensure adequate food, materials, and supervision.
- Structured enrichment activities are organized and provided by staff or other qualified facilitator, for example / arts and crafts, games, field trips, concerts, plays, lectures, sports, and special events.
- Unstructured activities are provided without a formal facilitator. Examples include card playing, checkers, pool, bingo, quilting, and talking with other participants.
- If the relative caregiver has responsibility for more than one child, recreational services will be provided for all children in the household in order to give the relative caregiver a real break.
- Providing educational resources through computer software geared to enhance understanding of academic subject matter using additional educational resources: worksheets, hands on manipulative and educational video, and giving one on one instruction (tutor and student).
- Activities provide the opportunity for development and demonstration of appropriate social skills with peers and adults and encourage creativity, individual expression, exploration, and celebration of cultural identity.

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- Community Service Projects for youth and teens which will allow the youth and teens to volunteer for community services and organizations in which they have an interest. (* This is inclusive of the number of respite/enrichment services contractually required.

MINIMUM STANDARDS:

- Respite care providers and volunteers must have successfully completed training as required by the Relative Caregiver Program.
- Written procedures to govern the administration of medications will include at a minimum:
 - a. Identification of medications to be dispensed or administered, both prescription and non-prescription medications, and under what conditions dispensing or administration may take place.
 - b. Verification of prescription and dosages, (for each child);
 - c. A policy on dispensing of non-prescription medication includes the administration of these medications to be done by the respite provider only.
- There must be a publicized announcement of events, informing program participants (i.e. published in local newspaper, newsletter, agency's calendar of events, direct mailing).
- The physical and mental condition of participants must be considered in planning enrichment activities.
- A variety of events reflecting needs and interests of relative caregivers and the child(ren) in their care should be provided.
- Services must be provided in a location that is easily accessible to target audience.
- Snack will be provided at respite & enrichment events.

Data Tracking: For reporting purposes maintain accurate records of the number of children and relative caregivers receiving services. This will be reported at least monthly to DCS by entering information in the RCP web application and submitting monthly and quarterly reports.

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SERVICE NAME: Caregiver Support Groups

SERVICE PURPOSE: To build and nurture a network of relative caregivers that provides emotional support. To help families increase their ability to work effectively together to achieve resolution of family disputes involving all family members.

SERVICE DEFINITION: Provision of support through regularly scheduled meetings with other relative caregivers and trained facilitators to discuss feeling, concerns and problems facing relative caregivers. Birth parents should be encouraged to attend support groups, when appropriate, to increase and encourage likelihood of reunification when appropriate.

OBJECTIVES:

- Make groups accessible.
- Provide format that facilitates discussion & the sharing of information.
- Promote community unity by utilizing various agency sites such as churches, community centers and health clinics.
- Encourage peer (caregiver) facilitation.

SERVICE ACTIVITIES:

- Regularly scheduled meetings offered a minimum of one time per month in each service county.
- Groups will be available on an on-going, drop-in basis.
- Trained staff and/or trained relative caregivers will serve as group facilitators.
- Support groups will be 1-2 hours in length.
- Snack or meal may be provided.

STAFFING REQUIREMENTS:

The Relative Caregiver Program will employ or contract with sufficient staff and peer facilitators, who have adequate training and experience, to provide facilitation of support groups for relative caregivers. This staff must possess the following:

- Training in group facilitation skills and techniques.
- Awareness of the unique challenges and rewards of relative care giving.
- Access to co-facilitation with a licensed clinical family counselor.
- Effective communication skills.

Data Tracking: For reporting purposes maintain accurate records of the number of caregivers attending support group. This will be reported at least monthly to DCS by entering information in web application, monthly and quarterly reports.

Chapter Nine

Data Collection and Monthly Reporting

Each Relative Caregiver Program must maintain an accurate and confidential record on each participant, which documents participant identifying data, requests for service, and services provided. The sections of the Case File Record are detailed below.

In order to create an audit trail, all program reports and statistics reported require backup documentation. This record keeping must be done on approved forms, contained within the Case File, must be legible and available to DCS. DCS will audit a random sample of Case Files at least one time each contract year to verify documentation of program eligibility and the data contained in the Relative Caregiver Program Database. Audits may be random and unannounced.

The Relative Caregiver Program must submit monthly reports and financial invoices to DCS on or before the fifteenth (15th) day of every month. Submit a Quarterly Progress Report detailing achievement of outcomes set forth in the agency's contract as aggregated data for number of persons served, cases closes, services provided, demographics summaries, placements reason and graduated cases for caregivers and children. Quarterly Reports will be due October 15th, January 15th, April 15th and July 15th.

Relative Caregiver Satisfaction Survey Summaries are to be submitted with the Quarterly Reports on January 15th and July 15.

The financial data provided to DCS on a monthly basis will be provided on an invoice sheet provided by DCS. Each Relative Caregiver Program will provide expenditures by line item in the budget and should maintain appropriate backup documentation of these expenditures at the program site.

Case File

All family case files shall be maintained in the following systematic manner and shall be safeguarded from unauthorized and improper disclosure of information. The privacy of any health related or medical information shall be maintained pursuant to federal guidelines and DCS policy. Case files should be organized by kinship family. The file cabinets, shelves or drawers where files are stored must be in a Secured location. Case files must be stored alphabetically by the primary relative caregiver's name and out of public view. Information must be filed in chronological order with the most recent on top.

Part One

Family Information Form (CS-0618) for primary caregivers, eligible children, non-eligible children, and other adults in the household should be contained in this first section of the Case File. This section must include a copy of the social security card for the primary relative caregiver and his or her spouse, if spouse is in the home. The social security card can be substituted with a medical card that contains the social security number on the card along with the person's name or a written comment of verification from ACCENT with case number.

Part Two

This part of the Case File must contain all required documentation regarding determination of program eligibility. Required documentation is listed below.

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1. Required documentation related to Degree of Relationship. No documentation is required other than the signed 'Letter of Understanding' (CS –0619) for families verified within the ACCENT database.
2. Required documentation related to Household Income (See Chart) The Determination of Program Eligibility (CS-0614) should be contained in this section. No documentation is required other than the signed 'Letter of Understanding' for families verified within the ACCENT database.
3. Court Order granting Temporary Legal Custody (optional)
4. Family Advocacy & Support Tool (FAST)

Part Three

This section of the Case File should include all forms related to service plan delivery. This section must include documentation of the signed RCP In-Home Service Plan (CS – 0620), services utilized, and case closing documentation. This section will contain written requests for financial aid as well as documentation to verify the provision of all contracted professional services, if requested.

Part Four

This section should document contact with the members of the kinship family, other family members, and professional contacts related to serving the family. These case notes should contain documentation of progress towards achieving the goals outlined in the RCP In-Home Service Plan. Case Notes should be filed with most recent information on top.

Case Notes

Case notes serve as the official record of efforts made to serve Relative Caregiver Program clients, children/youth and families. This information may be used in administrative hearings, court proceedings, audits, and reviews. Case notes should be legible, accurate, and completed in a timely manner (within 72 hours of contact).

When writing case notes, staff shall be mindful of the right to *confidentiality* and shall not include information about persons unrelated to the case, except where those persons have a direct effect on the client child/youth and family (in which case, only relevant information shall be documented).

* Refer to HIPPA information as shown in Agency's contract.

Case notes:

- a) Must be written in clear and complete sentences,
- b) Must be written concisely without omitting relevant information, and
- c) Must *not* include *slang* language or subjective/personal value judgments.
- d) Abbreviations and acronyms used must be commonly understood and acceptable.

Case notes that document contacts with or on behalf of client children/youth and families shall identify:

- a) The name (and relationship to the client child/youth) of each person contacted,
- b) The location of the contact (if the contact is face-to-face or an unsuccessful face-to-face attempt),
- c) The beginning and end times of the contact, and
- d) If telephone contact was made, indicate who initiated the telephone call.

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The narrative of case notes that document contacts (face to face, or significant telephone calls) with or on behalf of client children/youth and families shall be written in the following "PC-COP" format:

- a) **Purpose of Contact**
- b) **Content** - state what was discussed and/or accomplished
- c) **Observation/Assessment** -state in observable/measurable terms: individual behaviors and appearance, interactions among parties present, significant environmental factors, any progress made.
- d) **Plan** - state what is to be done next as a result of this contact, or as a natural progression of the case management process, including date/time and location of the next planned contact.

Unsuccessful attempts to make direct or telephone contact with or on behalf of client children/youth and families shall be entered as a case note.

Documentation of e-mail, regular mail, facsimiles (faxes), and other materials received/sent may be recorded as case notes and, if documented, will include the following minimum information:

- a) Date sent or received,
- b) Name (and relationship to the client child/youth) of the sender and recipient,
- c) Type and date of the document,
- d) Summary of the pertinent information,
- e) Any planned action to be taken based on the content of the document, and
- f) Location of the document.

Chapter Ten

Training

Relative Caregiver Program staff should receive adequate training in the following areas. Records identifying dates of training and topics covered are to be maintained in Relative Caregiver Program Staff personnel file. Training should be provided when initially employed and yearly thereafter during the All-Staff Sessions.

1. Relative Caregiver Program staff should be able to evaluate home safety.
2. Relative Caregiver Program staff should be able to identify and help relative caregivers understand the physical and mental developmental patterns, emotional and behavioral disorders of children.
3. Relative Caregiver Program staff should be able to work with the triad consisting of the caregiver, child and birth parent – when appropriate.
4. Relative Caregiver Program staff should be able to observe evidence of prior or current substance abuse by caregivers.
5. Relative Caregiver Program staff should be able to observe the caregivers' physical and mental functioning.
6. Relative Caregiver Program staff should be able to determine the availability of a supportive extended family system.
7. Relative Caregiver Program staff should be able to assess caregivers' willingness and ability to provide a safe, permanent home.
8. Relative Caregiver Program staff should be able to implement Action Plan recommendations and to meet any special needs of the child(ren) in their home.
9. Relative Caregiver Program staff should be knowledgeable of available private and public benefits available to kinship families.
10. Relative Caregiver Program staff must understand the purpose of the program, the role of the Department of Children's Service relative to this program, philosophy, ethics, policies and procedures for the program.

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Chapter Eleven Personnel

General Guidelines for Relative Caregiver Program Staff and Volunteers

Each Relative Caregiver Program utilizing volunteers shall have written procedures governing the recruitment, training, supervision, and evaluation of volunteers. Volunteers shall have a written job description, orientation to their duties, and training. Performance evaluations are recommended at least annually.

The Relative Caregiver Program and service provider(s) must comply with the equal employment opportunity Executive Order 1979-4 and civil rights compliance.

No Relative Caregiver Program staff member shall solicit or accept gratuities, favors, or anything of monetary value from a service provider, contractor, or potential contractor. To the extent possible under local, state, and federal law, rules, and regulations, penalties or other disciplinary actions will be applied for violations of their code by staff of the Relative Caregivers Program.

No paid or volunteer staff person of any service provider may solicit or accept gratuities, favors or anything of monetary value from program participants, offer for sale any type of merchandise or service; or may they seek to encourage the acceptance of any particular belief or philosophy by any program participant.

Each Relative Caregiver Program shall employ competent personnel sufficient to provide and coordinate services in compliance with the contractual agreement between each Relative Caregiver Program and the Department of Children's Services. Each program shall have an up-to-date written organizational chart clearly defining established lines of authority. Each program shall have clearly defined job description for staff assigned to the Relative Caregiver Program. The program director shall be designated and have the responsibilities of ensuring that services are available on a day to day basis according to the contract, governing statutes, and in a manner that best serves the caregiver families.

Every Relative Caregiver Program and contract service provider staff person or volunteer who enters the home of family caregivers must display proper identification which is an agency picture identification card.

It is unlawful to discriminate against any employee, applicant for employment, or recipient of service pursuant to the Federal Civil Rights Act of 1964, the Rehabilitation Act of 1973, Section 503 and 504, the Vietnam Era Veteran's Readjustment Assistance Act of 1974 (USE Title 38, Section 2012), the Age Discrimination Act of 1975, Section 303 and the Americans with Disabilities Act. Each program must clearly post signs in English, and other languages as may be appropriate, at agency offices and locations where services are provided, indicating non-discrimination in hiring, employment practices, and provision of services

The Relative Caregiver Program must comply with the equal employment opportunity Executive Order 1979-4 and civil rights compliance.

Background Checks for Volunteers, Interns and Staff Working Directly with Children

A background check must be done on all prospective volunteers and staff who will work with children. The background check must include the following:

- TBI fingerprinting check
- Criminal records check with local law enforcement

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- Checking the sex offender registry on the TBI website yearly
- Checking the Out-of-State Parole and Probation registry on the TBI website yearly
- Verification of current employment, and
- Two reference checks

Provisional approval of volunteers or staff working directly with children may be granted prior to receiving fingerprint investigation results if all the other elements of the background check have been completed and the volunteer has resided in the community for the past five years.

This provisional approval may be given by the Relative Caregiver Program Director if all of the above have been completed. Volunteers who have received provisional approval may only work directly with children when the activity is supervised by Relative Caregiver Program staff persons. Provisional approval may be granted for 90 days and may be renewed at the end of 90 days until the TBI fingerprint check is received. All documentation of approval should be included in the Volunteer File.

No staff person, interns or volunteer who has any contact with children shall have been convicted of a prior felony for an offense designated as a crime against a person or have been the subject of any substantiated or indicated case of child abuse or neglect. This would include spousal abuse, crimes against children including child pornography, or crimes involving violence including rape, sexual assault or homicide. An individual who has been convicted of any other type of prior felony may not volunteer or be employed unless: 1) the conviction occurred at least 5 years prior to the employee's hiring; 2) the individual has not been convicted of any other criminal offense since that conviction; and 3) the program director personally reviews the circumstances of the individual and determines the individual could work productively and constructively with children. Any individual who has been convicted of any prior misdemeanor may not volunteer or be employed by the Relative Caregiver Program unless: 1) the individual has not been convicted of any other criminal offense since that conviction; and 2) the program director personally reviews the circumstances of the individual and determines the individual could work productively and constructively with children.

APPENDIX

1. Relative Caregiver Program Monthly Report
2. Relative Caregiver Program Monthly Invoice
3. Family Advocacy & Support Tool (FAST)
4. Relative Caregiver Program Family Information (CS-0618)
5. Relative Caregiver Program In- Home Service Plan (CS-0620)
6. Relative Caregiver Program Caregiver Family Self-Sufficiency Tool (FSS Tool) (CS-0616)
7. Relative Caregiver Program Determination of Financial Eligibility (CS-0614)
8. Relative Caregiver Program Letter of Understanding (CS-0619)
9. Relative Caregiver Program Approval Letter
10. Relative Caregiver Program Denial Letter
11. Household income determination in ACCENT Database
12. Household Income Determination
13. Countable Resources Determination in ACCENT Database
14. Countable Resources
15. Waiver Request Form
16. Legal Options Brochure
17. Options for Relative Caregivers Chart
18. DCS Policies relevant to Relative Caregivers and Kinship Care
19. DCS Disclosure Statement – Options and Available Services for Relative Caregivers
20. DHS Policies relevant to Relative Caregivers