



Children & Family Services Provider Opportunities

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CFS Licensing Unit

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Health & Human Services

Agenda

1. ND Foster Care Providers
 - a. Levels of Care
 - b. Long-Term vs. Short Term
2. Overview of provider opportunities
 - a. Respite Care
 - b. Shelter Care
 - c. Substitute Care
 - d. New Policy: Childcare Support
3. Recruitment and Retention
 - a. Coalitions
 - b. Provider Task Force
 - c. Foster Parent Mentoring

ROLES & RESPONSIBILITIES

Custodial Agency (Zone, DJS, Tribal Nation)

- Comply with child welfare law, rule and policy.
- Provide training to all staff to ensure compliance with law, rule and policy.
- Engage families to prevent removal.
- Collaborate with the court system.
- Complete initial and ongoing relative searches.
- Arrange for a least restrictive, most appropriate placement.
- Manage the day-to-day needs of the child in foster care: court, placement, visitation, medical, child care, education, visitation..
- Engage in ongoing communications with child's foster care provider, parents and others.
- Assess and address the ongoing needs of the child, child's parents, and foster parents.
- Facilitate monthly face-to-face visitation
- Lead a quarterly CFTM and make final decisions regarding the case plan for the child.
- Transport the child to foster parents' home for introduction and help settle the child into their new placement.
- Collect and bring the child's belongings to placements, complete an initial inventory and track the items.
- Resolve concerns that may arise in the child's placement.
- Submit paperwork to CFS FCSA unit for reimbursements
- Recruit and retain licensed foster homes.

Foster Care Provider

- Provide safe care and basic needs to children in placement.
- Provide input concerning case planning goals and tasks, services and permanency achievement for the child.
- Communicate with professionals to ensure services are offered/delivered.
- Receive support and training to provide quality care and services to children in placement.
- Request services or assistance from the child's case manager.
- Notify the case manager of any issues the child may be experiencing.
- Participate in the planning of family visitation (parents, relative, siblings).
- Participate in child events, appointments, school functions as determined appropriate for the child.
- Participate in and identify culturally appropriate events and activities to maintain connections for the child.
- Attend court hearings as a party to the case.
- Foster parents submit reimbursement receipts timely to the custodial case manager.
- Foster parents sign acknowledgment of child placement options, recognizing foster care is intended to be temporary and all members of the child's team is working to achieve timely permanency.

Making Placement Decisions

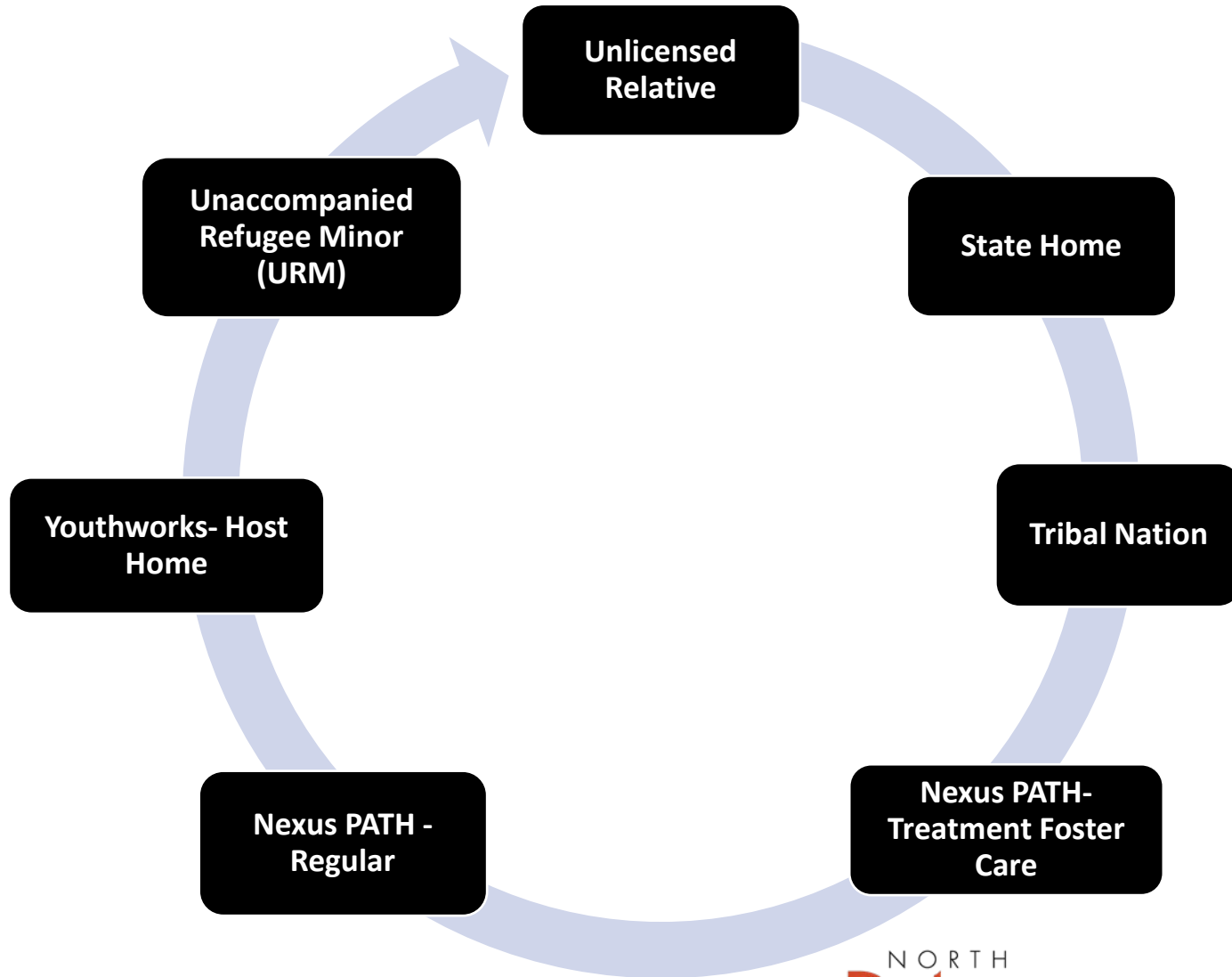


LEVELS OF CARE

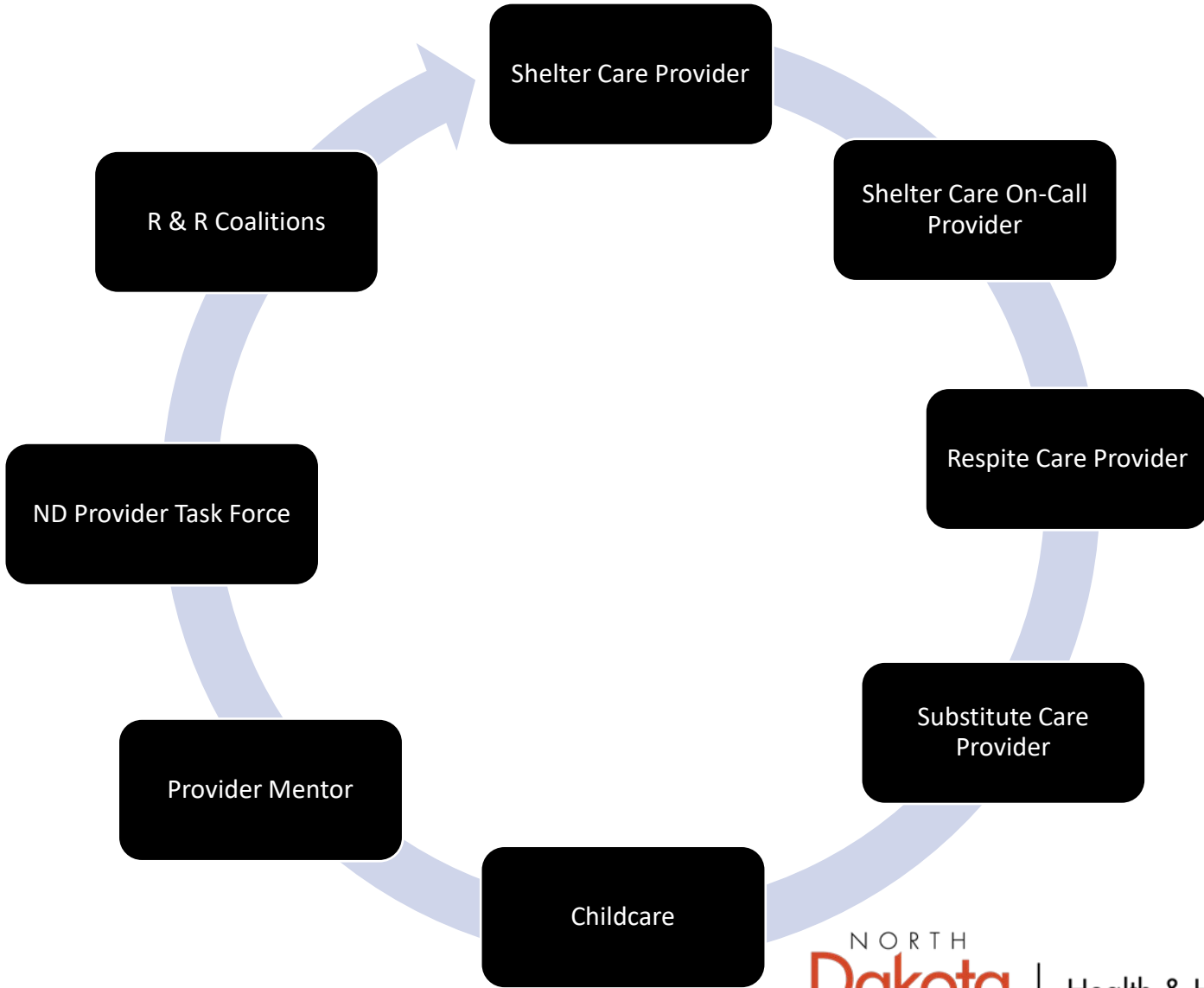
ND Levels of Foster Care: *NDCC 50-06-06.14. Requires the human service zones to explore the option of kinship care if a child is unable to return home due to safety concerns. Absent kinship options, the human service zones shall provide permanency options that are least restrictive and near the family's home. A child in foster care can enter and exit any level of care noted below dependent on their eligibility and needs. Note: Psychiatric Residential Treatment Facilities (PRTF), substance use disorder (SUD) treatment, acute hospitalizations stays, and detention are not foster care placements.*

	Prevention Placements		Foster Care Placements			18+
	Shelter Care	Relative Care	Family Foster Care	Treatment Foster Care (Nexus-PATH)	Qualified Residential Treatment Program (QRTP)	Supervised Independent Living (SIL)
Parameter	Present danger exists and a child is in need of temporary safe care, referred by: <ul style="list-style-type: none"> ✓ CPS with Zone ✓ In-Home with Zone ✓ Foster care with a Zone 	Unlicensed relative providing care to children. <ul style="list-style-type: none"> ✓ Relative care that never enter foster care ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation 	Licensed foster home providing care to children. <ul style="list-style-type: none"> ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation. ✓ In 18+ Continued Care (ages 18 to 21) under placement and care of a Zone or Tribal Nation. 	Licensed foster home providing least restrictive treatment to children. <ul style="list-style-type: none"> ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation. ✓ Pre-approved for the BHD Voluntary Treatment Program. 	Licensed foster care facility providing 24-hour treatment for children. <ul style="list-style-type: none"> ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation. ✓ Pre-approved for the BHD Voluntary Treatment Program. 	Licensed setting managed by an agency providing care to: <ul style="list-style-type: none"> ✓ 18+ Continued Care youth under placement and care of a Zone or Tribal Nations.
Child Age	0 to 18	0 to 21	0 to 21	6 to 21	10 to 19	18 to 21
Presenting Child Need	Need <ul style="list-style-type: none"> • Behavior is typical for age and can be easily redirected • Acting out in response to traumatic stress, but episodes are brief and/or temporary. 	Need <ul style="list-style-type: none"> • Behavior is typical for age and can be easily redirected • Medically fragile infants (drug exposed newborns) • May present occasional grief, loss, anger, depression, anxiety, defiance, substance use, intentional misbehavior, running away or school difficulties. • Acting out in response to traumatic stress, but episodes are brief and/or temporary. 	Need <ul style="list-style-type: none"> • Behavior is typical for age and can be easily redirected • Medically fragile infants (drug exposed newborns) • May present occasional grief, loss, anger, depression, anxiety, defiance, substance use, intentional misbehavior, running away or school difficulties. • Acting out in response to traumatic stress, but episodes are brief and/or temporary. • Specialized family settings, HOST Homes work with victims of sex trafficking. 	Treatment Need <ul style="list-style-type: none"> • Behavior is typical for age but requires additional services, supports, planning and provider training to meet the child's needs. • Occasional behavioral health needs, which may present a danger to self or others. • Currently presenting episodes of emotional or impulsive aggression, traumatic stress, anxiety, defiance, impulsivity, hyperactivity, running away, intentional misbehavior, sexualized behavior, self-harm not requiring emergency medical intervention, sleep disturbance, or substance use. 	Residential Treatment Need <ul style="list-style-type: none"> • Behavior requires additional services, supports, planning and specialized clinical training provided by rotating staff to meet the child's needs. • Frequent behavioral health needs which may present a danger to self or others. • Frequent emotional or impulsive aggression • Currently presenting episodes of traumatic stress, psychosis, anxiety, defiance, impulsivity, hyperactivity, running away, intentional misbehavior, self-harm not requiring emergency medical intervention, substance use and/or sexual aggression • Not acutely suicidal or homicidal. 	Need <ul style="list-style-type: none"> • Aged out of North Dakota foster care • Behavior may be typical for age and can be redirected • Experienced or currently experiencing behavioral health needs including substance use. • Acting out in response to life stressors, but episodes are brief/ temporary and easily redirected. Currently working or in school.
Level of Care details	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports 	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite 	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite 	<ul style="list-style-type: none"> • Served by outpatient community resources (therapy, med, etc.) • Eligibility is reviewed every 90 days • Public School • Additional in-home supports • Additional case management • Ongoing Respite 	<ul style="list-style-type: none"> • Formal assessment completed by 3rd party, approving/denying placement. • Eligibility is reviewed every 90 days. • Trauma informed treatment offered by a clinical team. • 6 months aftercare support. 	<ul style="list-style-type: none"> • Served by outpatient community services (therapy, med management, etc.) • Additional case management Supportive services to transition to adulthood
Length of Stay	7 days	Undetermined	Federal = less than 12 months	9 months	3 to 6 months	Unlimited for ages 18 to 21

Family Level of Care



Licensed Provider Opportunities



LICENSED PROVIDER

Why get licensed?

1. Positively impact a child, family and community
2. Provide temporary support to children and families and make a lifelong impact
3. Receive further education, training and technical assistance
4. Receive financial support



Foster care funding
can be used to
reimburse for the
cares in a licensed
home.

UNLICENSED CAREGIVER

Kinship ND

Limited Funding!

Kinship ND may support costs in the home.

<https://kinshipnd.com/>

TANF Kinship Care

Limited Funding!

HHS – Economic Assistance will authorize reimbursement per policy.



Foster care funding cannot be used to reimburse for the cares in an unlicensed home.

Supplement & Support



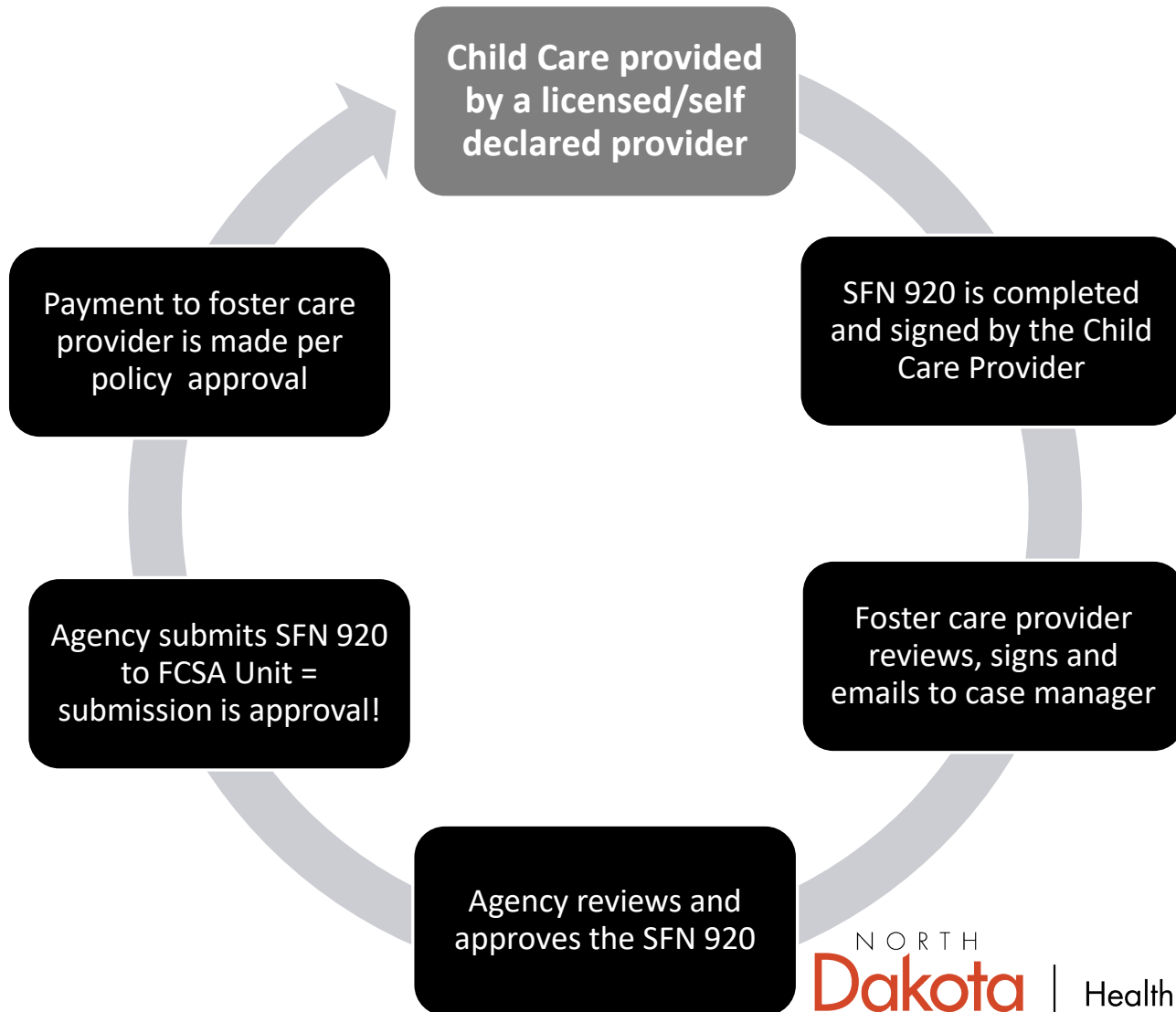
Foster Care - Child Care Reimbursement



Why did CFS expand policy:

1. Irregular Payments (Category 40) can be made on behalf of a child in a licensed setting
2. Provider Task force influenced this change due to
 - a) Geography
 - b) 10 to 14-year-olds with supervision needs
 - c) Infant childcare being hard to locate
3. Federal regulation does allow for a “licensed” provider to receive payment
4. \$5 per hour cap

Foster Care - Child Care Reimbursement



Shelter Care - Respite Care - Substitute Care



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Shelter Care - Respite Care - Substitute Care

	Shelter Care	Respite Care	Substitute Care
Policy	607-05-35-40-01	607-05-70-45-20-01	624-05-15-47
Definition	Temporary care during which a child needs a safe bed outside of the home.	Temporary <u>relief</u> care for a child with special medical, emotional, or behavioral needs, which require time-limited support, supervision and care.	Temporary care of a child when the licensed foster care provider is unavailable for more than a portion of one day.
Length/Duration	No greater than 7 consecutive days Providers must comply with licensing standards regarding permanent vs. temporary bed space.	Overnights = No greater than 4 consecutive days Non-overnights = 12 hr/wk No limit on the number of requests	No greater than 14 consecutive days, so long as the home has permanent bed space. Substitute care cannot exceed 7 consecutive days, if using temporary bed space per licensing standards.
Provider/Setting	Licensed foster care provider Licensed childcare provider	Licensed foster care provider Licensed childcare provider Contracted Vendor (no overnights)	A substitute caregiver must be a responsible adult, age 21 or older, willing to provide care in the absence of the foster care provider, including: <ul style="list-style-type: none"> • An identified relative (NDCC 50-11) • A licensed foster care provider
Referral Form or Provider Agreement	SFN 928: Licensing Specialist completes with foster care provider SFN 931: Worker/Case Manager completes after Shelter Care episode W-9 completed by provider and blank voided check, if needed	SFN 929: Worker/Case Manager submits to CFS for <u>prior</u> review/approval W-9 completed by provider and blank voided check, if needed	Not applicable A licensing amendment is <u>not required</u> for substitute care. However, the custodian must ensure compliance with permanent vs. temporary bed space.
Payment Option	\$38/day Claims submitted to CFS Licensing Unit from worker/case manager The Unit will make payments to licensed providers.	\$55/day SFN 929 claims are submitted to the CFS Licensing Unit from worker/manager The Unit makes payments to licensed providers or vendors.	Not applicable Personal exchange between the foster care provider and substitute caregiver. It is recommended and most often occurs that the foster care provider agrees to reimburse the <u>daily rate</u> .

EXAMPLES

Shelter Care	Respite Care	Substitute Care
<p>Shelter care may be needed when:</p> <ol style="list-style-type: none">1. Present danger exists2. Mom is experiencing a behavioral health crisis and is admitted to the local psych unit. It is known mom has support of her mother coming to live in the home until further notice. Children need shelter care until grandma arrives.3. Dad is arrested for an outstanding warrant. It is known he will be released from jail following his court hearing on Monday. Children need shelter care for four nights.4. Mom is under the influence and engages in a dispute at a hotel. Law enforcement calls the Human Service Zone for assistance. Mom states her sister can come stay with her, but she cannot arrive until tomorrow. Children need shelter care for one day.	<p>Respite care may be needed when:</p> <ol style="list-style-type: none">1. Child is destroying property; child and foster care provider both need a weekend to regroup.2. Child's behaviors challenge daily routine; foster care providers need a weekend break.3. Foster care provider is attending a family event and the child in foster care is autistic with a feeding tube, his needs exceed his ability to comfortably join the family for the weekend.4. Unlicensed grandma is caring for twin toddlers who require extra supervision. Grandma is tired and could benefit from two afternoons per week.5. A mother of a substance exposed newborn would like to participate in day treatment services and needs a break from the high demands of her baby. Respite is provided for six hr/wk.	<p>Substitute care may be needed when the licensed foster care provider is:</p> <ol style="list-style-type: none">1. Going on vacation for a week,2. Attending a funeral out of town and will be gone all weekend,3. Having a medical procedure and would benefit from 4 days of support and coverage,4. Attending a concert overnight,5. Going to a wedding where children are not invited,6. Transporting a child to a medical procedure out of state and cannot take all of the children with them,7. Painting bedrooms and spring cleaning, and do not want kids in the home for the weekend.

Substitute Care



Substitute Care

- ✓ Temporary care of a child when the licensed foster care provider is unavailable for more than a portion of one day.
- ✓ Pre-planned
- ✓ If greater than a portion of one day, the child's **custodian must approve** the arrangement.



Duration of Substitute Care

Substitute care cannot exceed 14 days, unless otherwise approved by HHS Children and Family Services.

An amendment is not required for substitute care. However, the custodian must ensure the provider is in compliance with permanent vs. temporary bed space.

Temporary Bed Space = 7 days



Substitute Care Providers

A substitute caregiver must be a responsible adult, age 21 or older, willing to provide care in the absence of the foster care provider, including:

- An identified relative of the child (NDCC 50-11)
- A licensed foster care provider



Reimbursement

- **The Department does not reimburse for substitute care arrangements**
- Personal exchange between the foster care provider and substitute caregiver.
- It is recommended and most often occurs that the foster care provider agrees to reimburse the **daily rate** from their monthly foster care maintenance.



Substitute Care Example

A licensed provider will be going out of state for a week, an identified relative (foster mom's adult sister known to the children as "auntie") has offered to care for the children at her home. The custodial agency completes a public search on "auntie" and agrees the substitute care arrangement is appropriate for the children and does allow for the one week stay.



Substitute Care Example

Provider A is heading to a concert, which will take them out of town for the weekend (Friday until Sunday at 4:30pm). They live close to Provider B and the children play together often. Provider B is willing to care for Provider A's placements for the weekend. Provider A states they will pay Provider B their daily rate for Friday, Saturday and Sunday as they are so very thankful for the support. Provider A calls the case manager to ask if the custodial agency would approve the weekend stay. The case manager knows Provider B has 2 children already and asks where the kids will be sleeping. It is discussed that there is an extra bedroom with bunk beds, so bed space will not be an issue. The case manager agrees this is an appropriate substitute care arrangement for the children.

Substitute Care Example

Provider A is going to a wedding and children are not invited. **Provider A** contacts **Provider B** who agrees to take the twins for the weekend. **Provider A** contacts the custodial agency to obtain approval. The case manager verifies bed space and approves the arrangement.



Respite Care



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Health & Human Services

Respite Care

- Pre-planned arrangement
- Temporary relief care
- Special medical needs of the child
- Behavioral health needs of the child
- Requires time-limited supervision and support
- Stabilize placement
- Prevent removal from the home

Eligibility

Children under the age of 18 involved with:

Human Service Zones

- Child Protection Services (CPS)
- Case Management (In Home/Foster Care)

Division of Juvenile Services (DJS)

- Foster care placement

Tribal Social Services

- Foster care (IV-E) clients

Post-Adoption or Post- Guardianship

- Department subsidy recipient only

Human Service Center (HSC)

- HSC clients dually involved with a Human Service Zone, Tribe or DJS.

Duration

Overnights

No greater than 4 calendar days per respite care episode.

Non-overnights

No greater than 12 hours per week per respite care episode.



There is **no** limit on the number of respite care requests an eligible child may receive.

Respite Providers

- Licensed foster parents
- Licensed childcare providers
- Contracted vendor/s with the Department.



Requesting Respite

- **Pre-approval** for respite is required from the CFS Licensing Unit.
- Human Service Zones will utilize the ND provider list.
- DJS or a Tribal Nation must make diligent attempts to secure a respite home, prior to contacting the CFS Licensing Unit.
- The case manager/worker must submit the completed Part 1 of the SFN 929 to the CFS Licensing Unit in efforts to gain pre-approval.



RESPITE REQUEST AND PROVIDER AGREEMENT
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES
 SFN 929 (4-2022)

Clear Fields

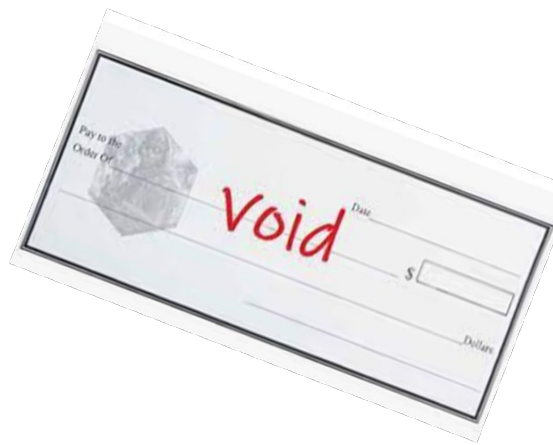
Respite care is temporary relief care for a child who requires time-limited supervision and support by an eligible respite care provider. Children and Family Services will reimburse the cost of respite care to an eligible provider as determined by policy.

PART 1: RESPITE REQUEST - The case manager/worker shall complete part one and submit to the CFS Licensing unit at cfslicensing@nd.gov for pre-approval.

AGENCY REQUESTING RESPITE CARE			
<input type="checkbox"/> Human Service Zone	<input type="checkbox"/> Division of Juvenile Services (DJS) (Paid FC Only)	<input type="checkbox"/> AASK	
<input type="checkbox"/> Tribal Nation (IV-E only)	<input type="checkbox"/> Human Service Center (HSC)	<input type="checkbox"/> Nexus-PATH (Internal Respite)	
AGENCY PROGRAM			
<i>Specify the agency program in which the child is involved</i>			
<input type="checkbox"/> Child Protective Services (CPS)	<input type="checkbox"/> Case Management (In-Home or Foster Care)	<input type="checkbox"/> Post-Guardianship (subsidy client)	
<input type="checkbox"/> Post-Adoption (subsidy client)	<input type="checkbox"/> Human Service Center client who is dually involved with a Human Service Zone, Tribe or DJS		
RESPITE PROVIDER			
<i>Specify the respite care provider identified</i>			
<input type="checkbox"/> Child Care Provider	<input type="checkbox"/> Foster Care Provider	<input type="checkbox"/> Contracted Vendor - STOP and call the vendor directly, no SFN 929 needed	
DEMOGRAPHICS			
<i>Provide basic demographic information of the child and referring agency in the event of an emergency</i>			
Child's Name (First and Last)		Date of Birth	Age
Agency Name		Agency On-Call Telephone Number	
Primary Case Manager/Worker Name		Primary Case Manager/Worker Telephone Number	
Primary Caregiver and Relationship		<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Parent/Guardian
		<input type="checkbox"/> Relative Caregiver	<input type="checkbox"/> Other (specify):
Primary Caregiver Telephone Number			
Primary Caregiver Physical Address		City	State ZIP Code
EXPLANATION OF NEED FOR RESPITE CARE			
<i>Specify information regarding the need for respite care to better inform the respite care provider. Include information regarding child's special medical, emotional or behavioral needs, allergies, the child's likes and interests, etc. If transporting the child will be required by the respite provider, detail why, for what and how much transportation is needed for the respite care episode.</i>			
RESPITE CARE FREQUENCY			
<i>When respite care is provided by the same provider, an agreement can be signed once per quarter (every three months). Indicate the frequency agreed upon by the case manager/worker and the provider.</i>			
<input type="checkbox"/> One Time	<input type="checkbox"/> Overnights (maximum 4 days)		
<input type="checkbox"/> Ongoing (describe below):	<input type="checkbox"/> Daytime hours only (maximum of 12 hours per week)		
Days	Frequency	Starting Date	Expiring Date
	Per Week		
	Every other Week		
	Per Month		

Reimbursing Respite

- If the request is approved, the case manager/worker will be required to submit Part 2 of the SFN 929 after the respite care occurs.
- Part 2 of the SFN 929 should be completed and signed by the case manager/worker and signed by the provider.
- If needed, the case manager/ worker will be asked to gather a completed W-9(SFN 53656) and blank voided check from the provider.
- Claims are paid every week



PART 2: PROVIDER AGREEMENT - Must be completed by the case manager/worker and signed by the provider and submitted to the Department no greater than 30 days after the respite services occur.

This agreement is entered between the Department of Health and Human Services and:

Respite Care Provider Name		Respite Care Provider Telephone Number	
Specify Type of Respite Care Provider			
<input type="checkbox"/> Licensed Foster Care Provider	<input type="checkbox"/> Licensed Child Care Provider	OVERNIGHT RESPITE CARE ONLY	
Date License Effective	Date License Expires	Current Bed Capacity	Respite Care Bed Capacity
<input type="checkbox"/> This is a Nexus PATH licensed foster home providing respite internally to the Nexus PATH agency. The agency is seeking the temporary bed capacity waiver due to this signed agreement.			

*For licensed foster parents providing respite care overnight:
This agreement is in addition to the foster care license issued by the Department. A license amendment is **not required** to provide respite care. This agreement will be kept on file as an amendment waiver in the event the number of beds when providing respite care exceeds the number on the license. The licensed foster parent agrees to provide temporary respite care only to the child identified on the agreement.

Public Agency, Custodian, or Primary Caregiver will:

1. Provide necessary information regarding a safety plan, emergency contact information, the child's medications, daily schedule, including any appointments, school events, etc.
2. Provide enough supplies; clean clothes, toiletries, special blanket or stuffed animal, diapers, wipes, formula for the duration of the respite stay. Respite care providers will not receive reimbursement for supplies.
3. Ensure space and bed accommodations available for the respite care are appropriate, if applicable.

The respite care provider shall keep confidential all records relating to this agreement except when the records must be open for inspection by the Department or its designated representatives.

Child Name		Respite Care Start Date	Respite Care End Date
Respite Care Start Date	Respite Care End Date	Respite Care Start Date	Respite Care End Date

RESPITE CARE RATE

Child care provider drop in/daily rate \$ _____

Foster care provider respite rate \$ _____

Additional cost \$ _____

May include the cost of transportation to appointments or school, or the cost of licensed child care during a respite stay if the foster parent is working.

Number of Days	x	Rate	+	Additional Cost	=	TOTAL
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DEPARTMENT REIMBURSEMENT (check one)

Licensed respite care provider: Reimbursement from the Department.

TFC Provider - Non-client: Reimbursement from the Department directly to the TFC provider.

TFC Provider - Over capacity serving on agency client: No reimbursement from the Department.

It is further agreed that this agreement does not constitute an employer/employee relationship between the Department and Respite Care Provider, that this agreement may be terminated by either party by giving 30-days' written notice, and that there are no other agreements, either oral or written, that impact this agreement.

SIGNATURE SECTION

By signing this agreement I attest that the respite care occurred.

Provider Signature	Date
Case Manager/Worker Signature	Date

Approved Respite Scenarios

Child is destroying property; the primary caregiver asks for help to re-group and seeks respite care to temporarily provide relief and support.

Approved Respite Scenarios

Relative caregivers are caring for a medically fragile infant, who is a substance exposed newborn. The child is inconsolable and requires 24-hour care. The relative caregivers are needing a break to re-group. Given the needs of the child, the case manager requests respite care to assist in meeting the child's needs, manage placement stability, and support the relative caregiver.

Approved Respite Scenarios

A mom is caring for her two children. There was a recent CPS assessment opened. The two children require extra supervision and have temper tantrums that can last for hours at a time. The CPS worker recognizes mom would benefit from one weekend of respite care each month to provide relief and support to her, and to stabilize the children in the home.

Become a respite care provider

Let's hear from a North Dakota foster care provider because they provide respite services:



Theresa Miller

Mandan, North Dakota

What would you tell a family considering respite and why would you encourage them to do it?

Shelter Care



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Health & Human Services

Shelter Care

- Does not require a Temporary Custody Order(TCO)
- Present danger exists
- Temporary out of home placement
- Cannot exceed 7 calendar days
- Diversion from foster care



Eligibility

Children under the age of 18 involved with a Human Service Zone:

Prevention (CPS and In Home)

- ✓ No TCO obtained
- ✓ To be used as diversion and early intervention for children when present or impending danger exists, and temporary safe care is required.

Foster care cases opened greater than 24 hours, are all opened in FRAME

- ✓ All foster care cases will identify the licensed foster parent in FRAME as the primary placement and will receive reimbursement through CCWIPS.

Shelter Care Duration



Placements cannot exceed 7 calendar days

Shelter Care Providers

- Licensed foster parents
- Licensed childcare providers



Approved Shelter Scenarios

Due to present danger in the Hettinger home, the agency is seeking a temporary out of home placement. Grandma, living in Minnesota, is involved with the family and available to care for the children, but cannot arrive to the home for 3 more days. The parents agree to the out of home safety plan, the case manager places the children into a shelter care on-call providers home and requests to utilize shelter care funding. This diversion does not require the agency to obtain a TCO and the children do not need to enter foster care. The safety plan is for grandma to arrive and assist with in-home supports and services for the Hettinger family. The case remains open as an in-home program and will be monitored accordingly.

Approved Shelter Scenarios

Law enforcement pulls dad over for speeding and there is a warrant for his arrest. There are three children in the vehicle and CPS is contacted to assess the situation. CPS visits with dad identifying there are no family or friends to care for the children. It is known dad will be released from jail early next week and CPS asks dad if he agrees to an out of home safety plan where the children could reside with a licensed provider over the weekend. CPS places the children in the shelter care on-call providers home for 4 days and requests to utilize shelter care funding. This diversion does not require the agency to obtain a TCO and the children do not need to enter foster care. CPS will remain the point of contact until dad is released and the children are returned to his physical custody.

Shelter Care On-Call

- Providers receive **\$100** per week to be on-call
(Friday at 12:00am- Thursday 11:59pm) 7 calendar days
- Providers will also receive the daily rate per child if a placement occurs
- Available for children under age 18

Shelter Care looks different:

- Prevention/Diversion
 - Human Service Zone CPS case
 - Human Service Zone In-home case
- Foster Care Placement
 - Human Service Zone has obtained a temporary custody order(TCO)
 - Law enforcement places children into protective custody

How to Provide Shelter Care On-Call ?

- SFN 928: Licensing Specialist completes with foster care provider.
- W-9 completed by provider and blank voided check, if needed is submitted to the CFS licensing unit for payment.



AGREEMENT TO FURNISH SHELTER CARE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES
 SFN 928 (9-2022)

Clear Fields

This agreement is entered between the Department of Health and Human Services and:

Licensed Foster Care Provider (Provider)	Provider Number
License Effective Date	License Expiration Date

This agreement is in addition to the family foster care license issued by the Department. The licensed foster care provider agrees to provide temporary shelter care services.

- To eligible children in need of a safe placement including children involved with Human Service Zone Child Protective Services, In-Home and or Foster Care programs,
- Engage with the child and his/her family to best meet the child's temporary needs,
- Engage with the agency worker or case manager regarding the child's placement, demeanor, strengths, and challenges,
- Participate in any transition or planning meetings with agency staff pertaining to the child,
- Participate in the treatment plan or medical appointments scheduled on behalf of the child,
- Maintain a foster care license,
- If electing to offer on-call, the foster care provider will accept emergency placements during the on-call week or request to change weeks with another provider prior to the start of the on-call rotation.

The agreement will terminate when the foster care license expires or the family requests to no longer offer/provide the service, which ever is first.

Department shall reimburse the Provider:

- **Daily Rate:** The total amount of reimbursement per child under this shelter care agreement may not exceed the daily rate established by the Department. Shelter care/ safe bed placements cannot exceed 7 calendar days.
- **On-Call Retainer:** If a licensed foster care provider commits to offer on-call services for emergency placements and is approved as an on-call provider, a weekly retainer (Friday through Thursday) is issued to the provider.

Provider shall keep confidential all records relating to this agreement except when the records must be open for inspection by Department or its designated representatives.

It is agreed that this agreement does not constitute an employer/employee relationship between Department and Provider, that this agreement may be terminated by either party by giving 30-days' written notice, and that there are no other agreements, either oral or written, that impact this agreement.

Signature Section:

Provider's Signature	Date
Provider's Signature	Date
CFS Licensing Unit Signature	Date

Reimbursing Shelter Care On-Call

- SFN 931: Worker/Case Manager completes after Shelter Care episode, only if the children do not enter foster care.
- The on-call retainer is reimbursed the week following the on-call schedule



SHELTER CARE PLACEMENT CLAIM
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES
 SFN 931 (5-2022)

Clear Fields

Shelter care is a temporary safe bed offering a short-term stable placement for a child until present danger is remedied or a shelter care hearing is held. The intent of offering and providing shelter care as a "safe bed" for a few days is not only a diversion from foster care but is known to reduce trauma to children and increase support for families. The Human Service Zone case manager/worker shall submit to the CFS Licensing unit at cfslicensing@nd.gov. Children and Family Services will reimburse the shelter care rate to an eligible provider as determined by policy.

PROVIDER DEMOGRAPHICS

Licensing Agency
 NDDHS Nexus PATH Tribal Nation Other (specify):

Provider Name Shelter Agreement (SFN 928) on File Yes No On-Call Shelter Care Provider Yes No

BED CAPACITY WAIVER FOR SHELTER CARE EPISODE

Date License Effective	Date License Expires	Current Licensed Bed Capacity	Shelter Care Bed Capacity
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This claim is a supplement to the signed shelter care agreement. The claim will be kept on file as an amendment to the license in the event the number of beds when providing shelter care exceeds the number on the license. This claim form provides a temporary bed capacity waiver, not to exceed 7 days. Bed Capacity may not exceed placement of six children in foster care.

HUMAN SERVICE ZONE PROGRAM

Specify the agency program in which the child is involved

Child Protective Services (CPS) In-Home

If the child is in foster care, placement changes must occur in FRAME.

Agency Name Agency On-Call Telephone Number

Agency Case Manager/Worker Name Agency Case Manager/Worker Telephone Number

EMERGENCY CONTACT N/A refer to agency information above

Name Telephone Number

Relationship to the Child/ren
 Parent/Guardian Relative Caregiver Other (specify):

Primary Caregiver Physical Address City State ZIP Code

SHELTER CARE PLACEMENT DETAILS

Maximum 7 calendar days

Child Name	Date of Birth	Age	Entry Date	Exit Date	Other Eligible Expenses (must submit actual expenses for licensed daycare costs, clothing, and excess mileage)

CFS Manages the On-Call Schedule



Who should I contact with questions about Shelter Care On-Call

1. Who should I contact with questions about becoming a shelter care on-call provider?

A: Dana Lindemann danalindemann@nd.gov 701-328-4983

Brittany Fode brifode@nd.gov 701-328-4934

2. Who should I contact with payment questions specific to shelter care on-call?

A: Dana Lindemann danalindemann@nd.gov 701-328-4983

Brittany Fode brifode@nd.gov 701-328-4934

3. Who should I contact with questions and concerns about children who have been placed in home during a shelter care on-call rotation?

A: The placing agency of the child

Become an on-call shelter care provider

Let's hear from North Dakota foster care provider's because they participate in shelter care on-call services for their area:



Jasmyn Giese
Fargo, North Dakota



Kate and Ryan Jockers
Mandan, North Dakota

[Did you have any fears, worries or hesitation, what would you want other providers to know?](#)

Recruitment & Retention



NORTH DAKOTA
FOSTER OR ADOPT

CALL 833.378.4663

NORTH DAKOTA
Human Services
Be Legendary.™

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FOR CHILDREN

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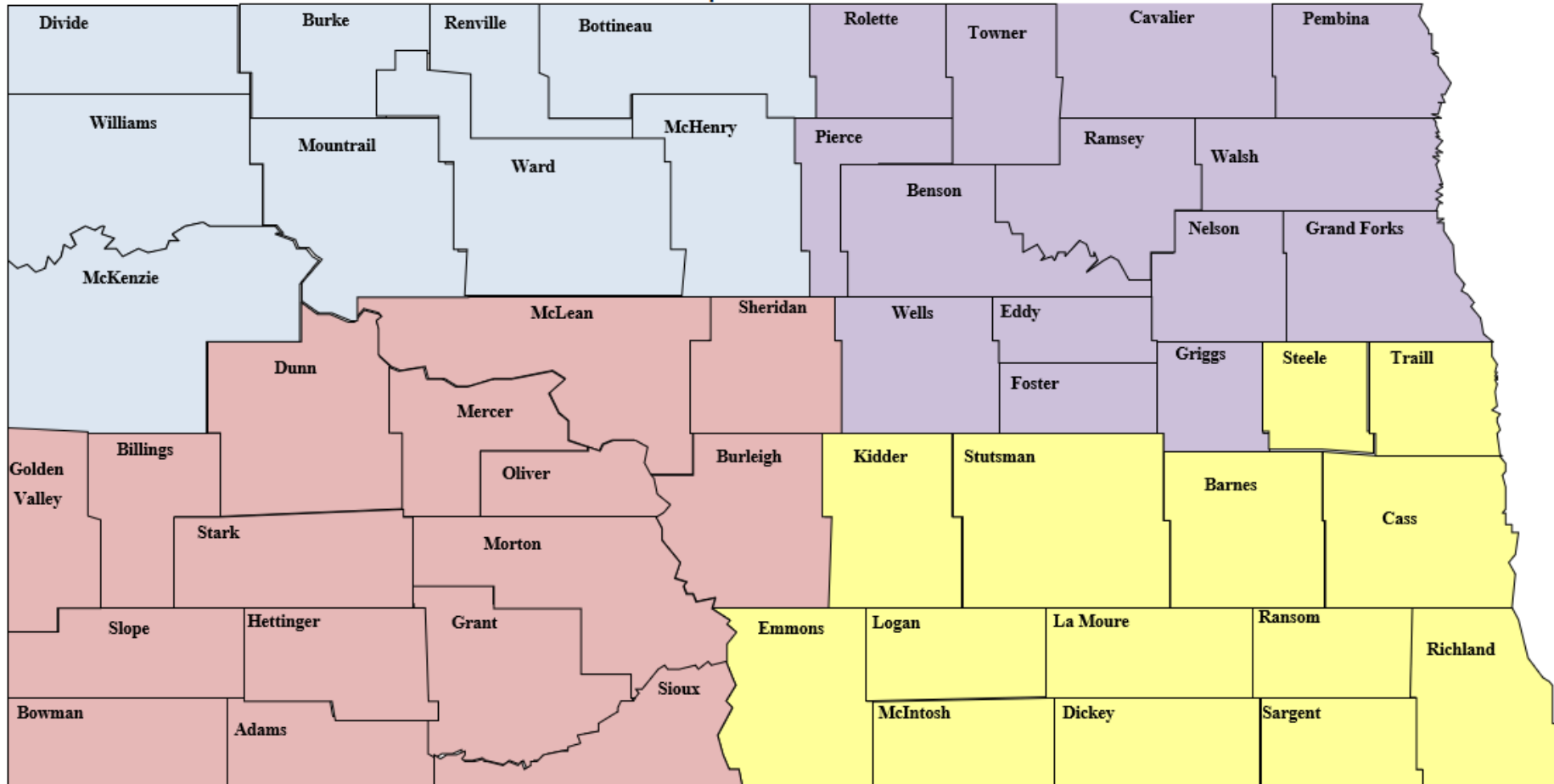
NORTH DAKOTA
FOSTER OR ADOPT



Recruitment & Retention
Coalition Participation

*Everyone is welcome to help with
these important efforts.*

R&R Coalition Participation



NORTH DAKOTA

FOSTER OR ADOPT

**BE THE DIFFERENCE
IN A CHILD'S LIFE**

CALL 1.833.378.4663

To find out how you can
foster or adopt.

NORTH
Dakota

Be Legendary.

Health & Human Services

ND Provider Task Force

1. Every other month
2. Virtual TEAMS meeting
3. Currently licensed providers
4. Respectful, visionary, and solution focused
5. Willing to discuss ND licensing processes, supports, directionality of the newly developed CFS Licensing Unit, statewide quality assurance, and more.



Mentoring Programs

NORTH DAKOTA
FOSTER OR ADOPT



**FOSTER PARENT
MENTOR PROGRAM**

**Native American
Training Institute (NATI)**

**ICWA
Cultural Liaison**

Can't be a foster care
provider right now?

**Be a cultural resource to a
family serving Native
American children in
placement.**

**Call NATI at
701-255-6374**

NORTH DAKOTA
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**POST ADOPT
MENTOR PROGRAM**

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CHILDREN ARE WAITING
**THEY NEED
YOU!**

Learn more
by
calling today!



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Dakota
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Health & Human Services

Questions?



Contact Us:

CFS Licensing Unit

Email: cfslicensing@nd.gov

Toll-free: 1-888-334-1330

Local: 701-328-2322

Fax: 701-328-0962



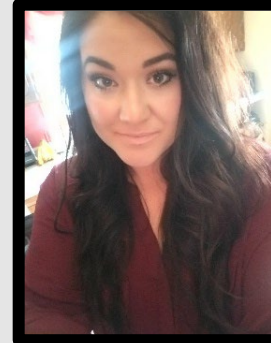
Back Row (L to R): Amber Nix, Rachel Suda, Bob Schock, Teresa Weiseler Kubal, Jennifer Thoreson, Monica Miller
Middle Row (L to R): Becka Koll, Samantha Everson, Shantel Froelich, Megan Colbenson, Barb Reed, Jennifer Puppe.
Front Row (L to R): Jenny Smyth, Brittany Fode, Michelle Jacob, Kathy Molland, Natalie Straub, Kelsey Bless



Renee Grussing



Brooke Kosiak



Sadie Olson



Dana Lindemann

THANK YOU!

