



Children & Family Services
Levels of Family Licensure
April 1, 2024 Policy Changes

NORTH
Dakota | Health & Human Services
Be Legendary.

Training Agenda

1. Authorized Agents

- ✓ HHS – CFS Licensing Unit
- ✓ Nexus PATH
- ✓ Tribal Nations

2. Levels of Licensing - Family Foster Care

- ✓ Licensed – Full
- ✓ Licensed – Relative
- ✓ Certified

3. Safety – Criminal Background checks

4. Home Study Policy Changes

5. Which Level?

6. Placement Requests

7. Shelter/Respite

8. Forms/Data/Payment

9. Wrap Up!

Family Licensing – Authorized Agents



CFS Licensing Unit
State Homes



Nexus PATH Family
Healing

THREE
authorized
agents in
addition to
CFS
Licensing



Tribal
Nations



Unaccompanied
Refugee Minor
Program

Levels of Family Foster Care



Unlicensed Caregiver (relative, kinship)



Fully Licensed

- Additional policy requirements
- Allowed to care for related and unrelated children
- No placement maximums, with the exception of treatment foster care.



Certified

- Adjusted policy requirements
- Allowed to care for related and unrelated children
- 30 day placement maximums



Relative License

- Adjusted policy requirements
- Allowed to care for related children only.
- Prohibited from caring for unrelated children
- No placement maximums, with the exception of treatment foster care.

You Choose Which Level of Licensure You Want to Provide!

Levels of Family Foster Care

* CERTIFICATION *	** FULL LICENSE **	* IDENTIFIED RELATIVE LICENSE*
State Homes Only	State, Nexus PATH, and Tribal Homes	State, Nexus PATH, and Tribal Homes
<p>Seeking to Provide Service:</p> <ul style="list-style-type: none"> • An early intervention, <u>prevention</u> and safety support for children in need of out of home care due to a present danger plan or foster care entry. • A short-term placement resource for: <ul style="list-style-type: none"> ○ Foster care (30 days or less) ○ Emergency shelter care (14 days or less) ○ Respite care (4 days or less) 	<p>Seeking to Provide Service:</p> <ul style="list-style-type: none"> • An early intervention, <u>prevention</u> and safety support for children in need of out of home care due to a present danger plan or foster care entry. • A short and long-term placement resource for: <ul style="list-style-type: none"> ○ Foster care ○ Specialized foster care ○ Emergency shelter care (14 days or less) ○ Respite care (4 days or less) 	<p>Seeking to Provide Service:</p> <ul style="list-style-type: none"> • A safety support for <u>relative</u> children in need of out of home care due to foster care entry. • Short and long-term placement resource: <ul style="list-style-type: none"> ○ Foster care for <u>relative</u> children
<p>Level Highlights:</p> <ul style="list-style-type: none"> • Approved Criminal Background Check • Serve up to 3 children at one <u>time</u> • Bed Space/Sleeping Arrangements <ul style="list-style-type: none"> ✓ Must have at least 1 permanent bed ✓ Temporary beds = 14 day max • Placement maximum = 30 days • Certification Timeline <ul style="list-style-type: none"> ✓ 2-year certification ✓ Annual Onsite visit ✓ Quarterly Check ins • Physical exam is not <u>required</u> • Initial Training Requirements <ul style="list-style-type: none"> ✓ Orientation = 90 min overview ✓ Pre-Service = Abbreviated Training (3 <u>hrs</u>) ✓ Initial Fire = 2 hours • Ongoing Training Requirements <ul style="list-style-type: none"> ✓ Minimum of 8 hours per two-year renewal period, inclusive of 1 hour of required fire safety. Essentially 4 hours per year. 	<p>Level Highlights:</p> <ul style="list-style-type: none"> • Approved Criminal Background Check • Serve up to 6 children at one <u>time</u> • Bed Space/Sleeping Arrangements <ul style="list-style-type: none"> ✓ Must have at least 1 permanent bed ✓ Temporary beds = 14 day max • Placement Maximums: <ul style="list-style-type: none"> ✓ State/Tribal = No placement maximum ✓ Nexus PATH = 6 mo. (ETFC) and 12 mo. (TFC) ✓ Respite = 4-day max ✓ Shelter/Emergency On-Call = 14 <u>day</u> • Licensure Timeline <ul style="list-style-type: none"> ✓ 2-year licensing maximum ✓ Annual Onsite visit ✓ Quarterly Check ins • Physical exam is <u>required</u> • Initial Training Requirements <ul style="list-style-type: none"> ✓ Orientation = 90 min overview ✓ Pre-Service Training = 27 hours ✓ Initial Fire = 2 hours • Ongoing Training Requirements <ul style="list-style-type: none"> ✓ Minimum of 16 hours every two-year renewal period, inclusive of 1 hour of required fire safety. Essentially 8 hours per year. 	<p>Level Highlights:</p> <ul style="list-style-type: none"> • Approved Criminal Background Check • Serve up to 6 <u>relative</u> children at one <u>time</u> • Cannot provide foster care to <u>unrelated children</u> • Cannot provide shelter/respite to <u>unrelated children</u> • Bed Space/Sleeping Arrangements <ul style="list-style-type: none"> ✓ Must have at least 1 permanent bed ✓ Temporary beds = 14 day max • Placement Length of Stay: <ul style="list-style-type: none"> ✓ State/Tribal = No placement maximum ✓ Nexus PATH = 6 mo. (ETFC) and 12 mo. (TFC) • Licensure Timeline <ul style="list-style-type: none"> ✓ 2-year licensing maximum ✓ Annual Onsite visit ✓ Quarterly Check ins • Physical exam is not <u>required</u> • Relative License/Waiver (SFN 844) • Initial Training Requirements <ul style="list-style-type: none"> ✓ Orientation = 90 min overview ✓ Pre-Service = Abbreviated Training (3 <u>hrs</u>) ✓ Initial Fire = 2 hours • Ongoing Training Requirements <ul style="list-style-type: none"> ✓ Minimum of 8 hours per two-year renewal period, inclusive of 1 hour of required fire safety. Essentially 4 hours per year.

Caregivers vs. Providers

Placement & Reimbursement Options for Identified Relatives						
4.1.2024	Unlicensed Caregiver			Licensed/Certified Provider		
Program	Kinship ND - Reimbursemen	Kinship ND - Allowance	TANF Kinship Care (TANF Child Only)	Certified Provider	Regular/State Foster Care	Treatment FC (Nexus PATH)
HHS Section	CFS Prevention	CFS Prevention	Economic Assistance	CFS Licensing	CFS Licensing	CFS Licensing
HHS Contact	701-328-1453 or kinship@nd.gov	701-328-1453 or kinship@nd.gov	1-866-614-6005 or applyforhelp@nd.gov	701-328-2322 or cfslicensing@nd.gov	701-328-2322 or cfslicensing@nd.gov	701-328-2322 or cfslicensing@nd.gov
Who Qualifies	All caregivers (relative or fictive) who have full time care of a child not their own.	Caregivers (relative or fictive) working with a Zone or Tribal Nation In-Home program, who have fulltime care of a child not their own.	Caregivers who are <u>related</u> to the 5th degree to the relative child.	Applicant willing to provide short-term (less than 30 days) care to children in need. Includes respite and emergency shelter care in a family setting.	Applicant willing to provide temporary foster care in a family setting to children (ages 0 to 21) until permanency can be achieved.	Applicant willing to provide treatment foster care services in a family setting to children (ages 6+) with defined symptoms and behaviors.
Identified Relative Licensing Waiver	Not applicable	Not applicable	Not applicable	Not applicable	Yes - Relative licensing standards may apply. This includes only caring for a <u>relative</u> child, a difference in training, physical exams, etc.	Yes - Relative licensing standards may apply. This includes only caring for a <u>relative</u> child, a difference in training, physical exams, etc.
Financial Assistance	Reimbursement up to \$800.00 per Kinship child - lifetime total	Receive up to \$450 per kinship child per month, up to 6 months	Varies based on household & standard of need	Varies based on age of the child + Respite and/or On-call rates may	Varies based on age of the child + Respite and/or On-call rates may	Varies based on treatment level of the child.
Daycare Assistance	Reimbursed as part of standard reimbursement	Receive up to \$600.00 month, up to 6 months	Yes - amounts vary	Yes - 100% cost billed by daycare on SFN 920	Yes - 100% cost billed by daycare on SFN 920	Yes - 100% cost billed by daycare on SFN 920

Overview of Updates



CBCU – Background Check Changes

Criminal Convictions

- ✓ Relative, Kinship TANF, Licensed, Certified, QRTP employee, etc. = ALL the same!
- ✓ Cannot overturn “direct bearing offenses”
- ✓ Rulemaking Updates/Changes
 - Controlled substance Act, class A, B, C all added (federal)
 - Convictions to be determined rehabilitated after a period of time
Simple assault; 12.1-17-03, reckless endangerment; 12.1-17-06, criminal coercion; 12.1-17-07, harassment; 12.1-17-07.1, stalking; 12.1-22-01, robbery, if a class C felony; or 12.1-31-07.1, exploitation of an eligible adult – penalty, if a class B felony under subdivision c of subsection 2 of that section or a class B felony under subdivision d of subsection 2 of that section; or chapter 19-03.1, Uniform Controlled Substance Act, if a class A, B, or C felony;
 - Department Review Panel added if there is a dispute about the findings.

The department also has authority to request a fingerprint-based criminal background check whenever a licensed, certified, or approved foster care provider or adult household member is known to have been involved in, charged with, or convicted of an offense.

Law, Rule Policy Changes

Highlights

1. Fingerprint-based criminal background check criteria was enhanced
2. Certification level added to state homes (initially).
3. Relative licensing enhancements.
4. Complete overhaul of the 622-05 licensing policy manual.
5. Extended the licensing period from one year to two years.
6. Onsite visits required each year.
7. Furnace inspections were no longer needed, changed initiated in October 2023.

Law, Rule Policy Changes

Highlights

8. Water Temperature

- a. Licensing staff testing with thermometer is no longer required.
- b. Education on water temp must be completed annually. Providers can test their own water temp.

9. Physical Health

- a. Physical exam remains for fully licensed.
- b. Physical exam is not required for certified or relative providers.

10. Annual self-declaration forms will no longer be required.

11. Home Floor Plan – Continue to require initially; reviewed annually.

12. Disaster Emergency Plan – Continue to required initially; review annually.

Law, Rule Policy Changes

Highlights

13. Functional Literacy – Enhanced to reinforce an applicant must demonstrate their ability to read and engage in all forms of communication.
14. Conflict of Interest policy enhancements if a provider is also employed by a child welfare custodial agency.
15. Temporary beds space was capped at 7-days. Policy expanded to 14 days to align with SFPM present danger plan timeframes.
16. Milk testing is not required, but must be from an approved source.
17. Food in wholesome condition, free from spoilage or contamination.
18. Training requirements were reduced for fully licensed providers.
19. Updates to many licensing forms.

Home Visits



Initial Onsite Visit

Highlights of the Process

- Onsite visits (at least 1 face-to-face, but many are done in person). These are done to complete the assessment, discuss family needs and experiences
- Walk through of the home for safety
- Review of pertinent documents; SFN 1037, CAN check, training needs
- Review orientation and pre-service training is underway
- Ensure awareness of law, rule and policy



Please note that if you have major changes:
Address change, someone moves in or out, changes in banking information, criminal charges, etc. - **your licensing specialist should be notified immediately.**

Annual Onsite Visit

Highlights of the Process

- 90 days prior to your 12 month mark, Licensing Specialist will do the quarterly check in via telephone call and will schedule an onsite visit
- Onsite meeting is required to discuss family needs and experiences
- Walk through of the home required for safety review
- Review of pertinent documents; CAN check, training hours



Please note that if you have major changes: Address change, someone moves in or out, changes in banking information, criminal charges, etc. - **your licensing specialist should be notified immediately.**

Renewal Licensing Process

Highlights of the Process

- 90 days prior to expiration, you will be notified your renewal is coming due
- Annual forms and updated verifications (if applicable) will need to be submitted
- Renewal meeting will be held to discuss family needs and experiences
- Walk through of the home for safety
- Review of pertinent documents; renewal forms, CAN check, etc.
- Training Hours



Please note that if you have major changes: Address change, someone moves in or out, changes in banking information, criminal charges, etc. - **your licensing specialist should be notified immediately.**

Level of Family Licensure?



Which Level of Licensing?

Community member wants to provide a safe space to children in need of a foster care placement:



**Fully
Licensed**

Which Level of Licensing?

Grandma wants to care for only her 2 grandchildren.



**Relative
License**

Which Level of Licensing?

A community member wants to provide respite to support providers and children in her neighborhood.



**Certified
Provider**

Which Level of Licensing?

**Coach is identified as a placement option for a specific child.
They have a long-standing relationship.**



**Identified
Relative
Provider**

Which Level of Licensing?

1. Uncle and aunt are caring for two relative children but are willing to care for unrelated children.
2. Aunt is caring for three relatives but would like to offer respite/shelter to unrelated children.
3. Grandparents are caring for two grandchildren + two unrelated children.



**Fully
Licensed**

Child Placement Requests



Placement Requests

State Homes - ND Provider List

- Column added specific to level of licensure.
- Zones are required to review the list before calling providers.
- Respect preferences.
- Review status (open, not taking placement, full, HOLD).
- Transitioning “relative” provider **off the ND Provider List** – cannot care for unrelated children. Do not call.

Nexus PATH

- Treatment foster care referrals are managed by Nexus PATH.
- Use of Nexus PATH homes must be managed by Nexus PATH. It is ok to ask!
- Nexus PATH determines placement of a child into a Nexus PATH home.

Tribal Nations

- Tribal Nations license homes and gain HHS approval.
- Tribal Affidavit homes are managed by the Tribal Nation.
- Use of a Tribal Nation home must go through the Tribal office.
- If a state home is needed for a Tribal case, contact CFS Licensing Unit.

Shelter Care - Respite Care - Substitute Care

Shelter Care	Shelter Care On-Call	Respite Care
607-05-35-40-01	607-05-35-40-01	607-05-70-45-20-01
Temporary care during which a child needs a safe bed outside of the home.	A licensed foster care provider is on-call to take emergency placements of children ages 0 thru 17 not to exceed their pre-approved bed space.	Temporary <u>relief</u> care for a child with special medical, emotional, or behavioral needs, which require time-limited support, supervision and care.
<p>No greater than 7 consecutive days, unless otherwise pre-approved by the department, not to exceed 14 days with a present danger plan.</p> <p>Providers must comply with licensing standards regarding permanent vs. temporary bed space.</p>	<p>On-Call for a period of 7 days. (Friday at 12:00am- Thursday at 11:59pm)</p> <p>Have permanent or temporary bed space available for <u>at least two</u> children, ages 0 thru 17.</p> <p>Accept eligible placements for at least 7 calendar days. The 7 calendar days starts the date of placement. Placements <u>may</u> continue in the provider's home beyond the end date of their on-call rotation, depending on the day the child was placed.</p> <p>Placement cannot exceed 7 calendar days unless otherwise approved by the department and agreed upon with the provider.</p>	<p>Overnights = No greater than 4 consecutive days</p> <p>Non-overnights = 12 hr/wk</p> <p>No limit on the number of requests</p> <p>** It is important to remember Respite Care is NOT substitute care.</p>

AVAILABLE FOR
CERTIFIED PROVIDERS &
FULLY LICENSED PROVIDERS

Licensing Forms



Licensing Form Highlights



IDENTIFIED RELATIVE LICENSE - FAMILY FOSTER HOMES
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES
 SFN 844 (4-2024)

Clear Fields

Directions: North Dakota has three levels of licensing (licensed, certified, and relative). Federal regulations allow agencies to require different standards or waive non-safety licensing standards in order to eliminate barriers to placing children safely with identified relatives (NDCC 50-11-00.1(11)). The form must be completed and signed by the Provider/s, Custodian and the Licensing Specialist agreeing to the relative standards. Those who hold an identified relative license are prohibited from caring for unrelated children.

Foster Care Provider Name _____
 Authorized Licensing Agent (Agency Name) _____

IDENTIFIED RELATIVE WAIVER - CATEGORIES

Every effort must be made to ensure that all family foster care providers meet the relative licensing standards set forth in NDAC 75-03-14 and manual chapter 622-05. Select the area/s of requested waiver (if applicable):

- Age 21; waiver issued to a prospective foster parent no less than age 18 if determined appropriate
- Physical characteristics of the home
- Bedrooms/Sleeping Arrangements
- Background check results (not all results can be waived)
- Functional Literacy
- Other _____
- Applicant physical exam
- Full pre-service training
- Transportation

Provide any additional details agreed upon by the agency and relative:

SIGNATURES: APPLICANTS MUST SIGN

I/we hereby declare that we meet the requirements to be relative foster care provider/s required for foster home licensure.

Applicant 1 Signature _____
 Applicant 2 Signature _____

AUTHORIZED LICENSING AGENCY

- I have discussed with the relative/s options for a license to provide foster care as the licensing specialist, I request a relative license on behalf of the provider/s
- I have received page 2 of this document from the custodian

Licensing Specialist Signature _____
 Waiver Request Approved by HHS - CFS Licensing Unit
 HHS - CFS Licensing Representative Signature _____

SFN 844 (4-2024)
 Page 2 of 2
 Identified Relative Family Name _____
CUSTODIAL AGENCY IDENTIFIED RELATIVE ACKNOWLEDGMENT:
 I attest that the applicants qualify as an identified relative or kinship caregiver based on NDCC 50-11-00.1(11): "Identified relative" or "kinship relative" means:
 a. The child's grandparent, great-grandparent, sibling, half-sibling, aunt, great-aunt, uncle, great-uncle, nephew, niece, or first cousin;
 b. An individual with a relationship to the child, derived through a current or former spouse of the child's parent, similar to a relationship described in subdivision a;
 c. An individual recognized in the child's community as having a relationship with the child similar to a relationship described in subdivision a, or
 d. The child's stepparent.

I understand that due to the identified relative level of licensure, the provider is only licensed to care for the following children and they cannot care for unrelated children. HHS will not reimburse for any costs related to the care of any unrelated children. The provider will be issued a child specific license.

Please identify the relative children in foster care that are / will be living in the home.

Name/Initials of Child	Gender	Date of Birth	Child's Relationship to Applicant

When complete, return page 2 to the assigned licensing specialist or the CFS Licensing Unit. Failure to return this form may delay the issuing of the provider license.

SIGNATURES
 Custodial Agency _____
 Case Worker Name _____
 Case Worker Signature _____
 Case Worker Telephone Number _____
 Date _____

SFN 844: Relative Licensing

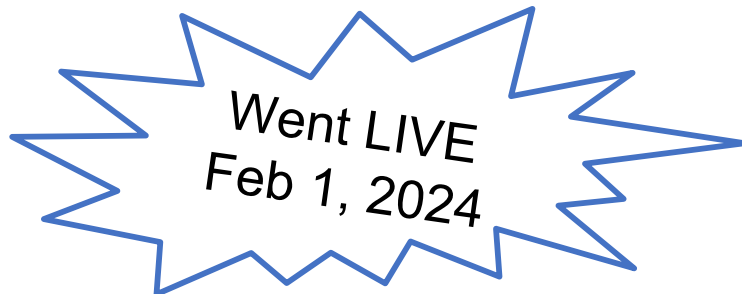
- Licensing Specialist completes Pg. 1
- Custodial Agency completes Pg. 2
- Waiver options continue
- Only for relatives so we need the relationship connection to the child!
- Signatures required
 - ✓ Provider
 - ✓ Licensing
 - ✓ Case worker

Licensing Form Highlights

SFN 889: Home Study

- Licensing Specialist completes
- The home study will be shared with adoption (AASK), if warranted
- Different layout
- Increased relationship building flow
- Increased review of PRIDE competency achievement

Licensing Specialists – If needed, CFS did record this training in late January 2024.



INITIAL HOME STUDY FOSTER CARE FOR CHILDREN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOSTER CARE
SFN 889 (4-2024)

Clear Fields

The authorized licensing agent worker must thoroughly discuss all information with applicants and complete ALL blanks. Attach supplemental information as necessary and complete Initial Licensing Checklist (SFN 850).

A. LEVEL OF LICENSURE

Full Licensure Certification (30 days or less) Identified Relative Waiver

B. IDENTIFYING INFORMATION

APPLICANT A

Name (First, Last) Age

APPLICANT B

Name (First, Last) Age

C. INTRODUCTION AND INTEREST IN FOSTER CARE

First Visit- Combination Introduction

- Meet and Greet - Good opportunity to engage before interviewing the applicants separately
- Licensing overview - Why we come onsite, purpose of licensing, levels of care (unlicensed relatives, certification, relative waiver, shelter/emergency care, respite care, long-term)
- Meeting schedule - Onsite visits, interview schedule to include household members, etc
- House Tour - Not the deep safety checklist, just a quick understanding of the home landscape in preparations for future meetings and open discussion/questions from applicant.

How did you learn about foster care? Tell me why providing foster care interests you?

In review of the application, let's talk about household members living in your home. Do you have others (children, relatives, friends) who visit or stay here frequently that will be interacting in the life of a child? Have you ever parented another person's child? Tell me more about how that experience was for you, the child and their family.

What does your weekly routine look like?

(Ex: Monday - Friday vs. weekends. Any challenges with your household schedule? What do you like best about your family routine?)

Describe your family hobbies, interests and special activities. (EX: What do you like to do together? Do you travel, camp, etc.)

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Health & Human Services

Licensing Form Highlights

SFN 1941: Annual Study

- Licensing Specialist completes
- Study gathers necessary updates
 - ✓ Who is in the home?
 - ✓ How are placements going?
 - ✓ Needs/Training
 - ✓ Review of health
- Onsite visit every year
- Renewal every other year

Licensing Specialists – If needed, CFS did record this training in late January 2024.



LICENSING ON-SITE VISIT REPORT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOSTER CARE
SFN 1941 (2-2024)

Renewal Licensing Visit
 Annual Onsite Visit
 License Expiration Date

INSTRUCTIONS: The assigned licensing specialist will complete this report detailing relevant information collected during the renewal licensing on-site visit/s. This report is part of the licensing file. Children in foster care should not be named in this document. The licensing specialist must also complete the Licensing Specialist Checklist for Family Foster Homes (SFN 851).

A. IDENTIFYING INFORMATION

Authorized Licensing Agency <input type="checkbox"/> HHS - CFS Licensing Unit <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Other (specify): _____			
Foster Care Provider Name(s)			Provider Number
Physical Address		City	State ZIP Code
Preferred Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Date of On-site Visit(s)			

B. HOME ASSESSMENT

1. Have there been any changes in your household in the past 12 months, including but not limited to (check all that apply):

<input type="checkbox"/> a. Does your employment present a potential conflict of interest in providing foster care to children? If yes, is your employer in agreement with your roles as a foster care provider?	<input type="checkbox"/> i. Major home remodel or changes to fire escape plan
<input type="checkbox"/> b. Change in employment	<input type="checkbox"/> j. Added or removed a pool, hot tub, or trampoline
<input type="checkbox"/> c. Relationship status	<input type="checkbox"/> k. Legal activity / pending criminal charges
<input type="checkbox"/> d. Birth or adoption of a child	<input type="checkbox"/> l. CPS or other child welfare involvement
<input type="checkbox"/> e. Has anyone moved in or out	<input type="checkbox"/> m. Licensure violations or Memorandums of Understanding
<input type="checkbox"/> f. Have any pets joined or left the family	<input type="checkbox"/> n. Change in your emergency contacts or evacuation location (SFN 1037)
<input type="checkbox"/> g. Bedroom space / bed capacity	
<input type="checkbox"/> h. Other (specify): _____	

If any boxes are checked above, please explain further:

Licensing Form Highlights



LICENSING PACKET - FOSTER CARE FOR CHILDREN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOSTER CARE
SFN 1037 (4-2024)

Clear Fields

- Initial Licensure
- Renewal Licensure

INSTRUCTIONS: Applicants seeking to obtain or renew a license to provide foster care for children must review and complete this packet in efforts to finalize documentation for the home study. The CFS Licensing Unit or authorized licensing agent will review this packet with you and answer any questions you have when visiting your home.

Disclosure: Release of information for the purposes of an open records request applies to foster care provider licensing files. The entire foster care licensing file is not exempt from sharing; however, financial information is an exception listed in NDCC 44-04-18.4 meaning if a licensing file was requested as open record, this entire licensing packet (SFN 1037) will not be shared.

DEMOGRAPHICS

Applicant A	Applicant B
Authorized Licensing Agency <input type="checkbox"/> HHS - CFS Licensing Unit <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Other (specify):	

SECTION A - APPLICANT CHECKLIST

Below is the checklist of items needed to complete licensure.

- SFN 1037, Licensing Packet.
- SFN 1038, Policy & Standard Review
- A copy of the driver's license for each foster care provider and any other household members that may be transporting children.
- Well Water Test Results (if applicable)
- Pet Vaccines (if applicable)
- Receipts for each serviced or purchased 2A:10BC fire extinguisher

Initial Licensure

- Direct deposit information – voided check
 - * At renewal if your banking information has changed, a new copy is required.
 - * Not required for Nexus PATH homes
- SFN 1974, Electronic Communication with HHS employees (State homes only)
- SFN 974, Physical Exam. Begin this process by either scheduling an appointment or by asking your medical professional to complete the form if a physical was completed in the 12 months. (Not required for relative waiver or certification.)
- Fire escape route drawing showing exits for each floor of your home
 - Required at initial and if there are changes to the home or a move throughout the time you are licensed or certified.
 - If you have a main floor, basement, and upstairs, you will need to have three fire escape routes/maps showing exits for each floor. It is also helpful to highlight which rooms children are sleeping in. Indoor and outdoor meeting places should be noted on the map.

Comments/Questions you have for the licensing specialist:

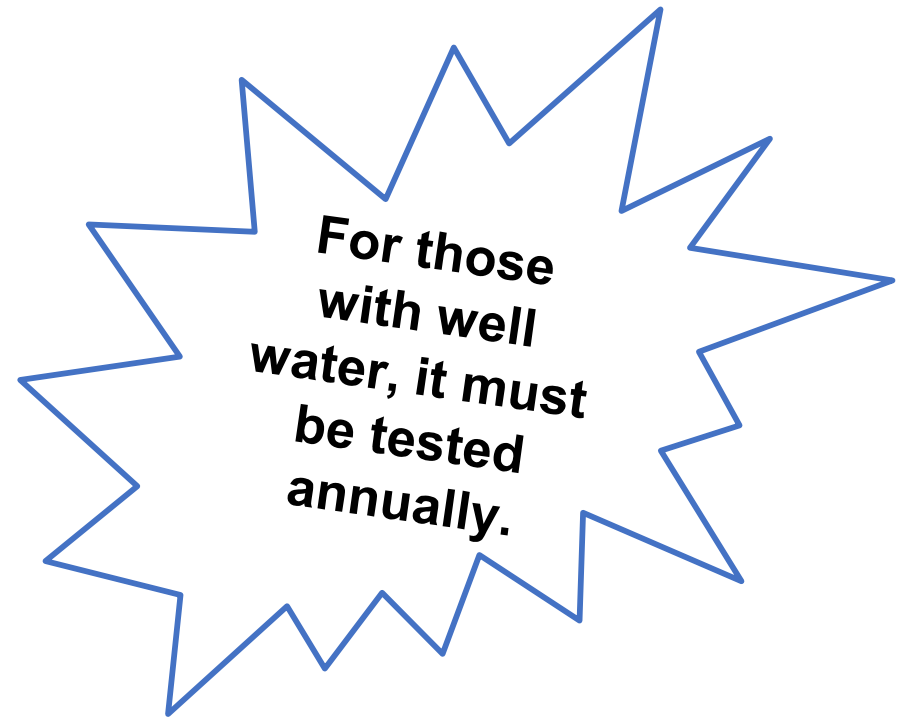
SFN 1037: Renewal Form

- Provider completes
- Kept training record
- Kept Fire Safety checklist
- Kept family evacuation, but only need to update if warranted
- Kept Youth Driving review
- Kept Financial Assessment
- Kept Placement Preference
- Removed health declaration
- Added safety acknowledgements

Licensing Specialist Reminders

Licensing Specialists complete the most paperwork.

- Important to follow checklists
 - ✓ SFN 850
 - ✓ SFN 851
 - ✓ SFN 863
- Make changes to a license timely
- Track dates of required items
 - ✓ Fire extinguisher
 - ✓ Pet vaccines
 - ✓ Driver's licenses
- Track dates or required meetings
 - ✓ Quarterly check-ins (phone, email)
 - ✓ Annual onsite visits
 - ✓ Renewal onsite visit. If the license/certification expires for 1 day... the provider must START OVER 😞



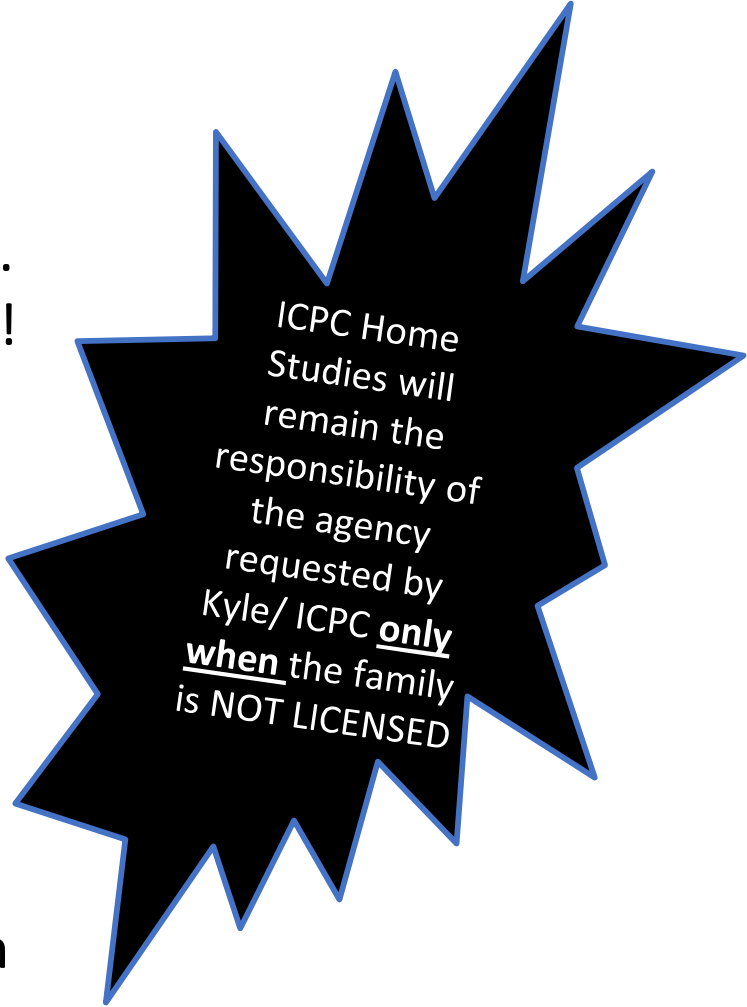
Staff Data Entry



Case Worker Reminders

FRAME System:

- Child placements need to be updated ASAP
 - ✓ Moment in Time (within 24 hrs) is best practice.
 - ✓ Helps with tracking where is the child today!
 - ✓ Helps manage placement maximums
 - Certified Provider = 30 day maximum
 - TFC = 12 months
 - ETFC = 6 months
 - QRTP = 6 months, 12 months or 18 non
 - ✓ Helps with the reduction in overpayments
- Providers (all licensed/certified providers will show up)
- Licensed relatives can only serve relative children
- Certified providers can only serve a child for 30 days.



ICPC Home Studies will remain the responsibility of the agency requested by Kyle/ ICPC only when the family is NOT LICENSED

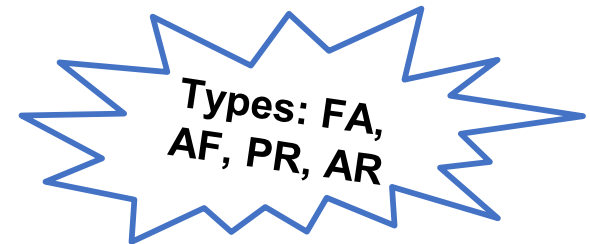
Licensing Specialist Reminders

Authorized Agents (Nexus PATH, Tribal Nations, URM)

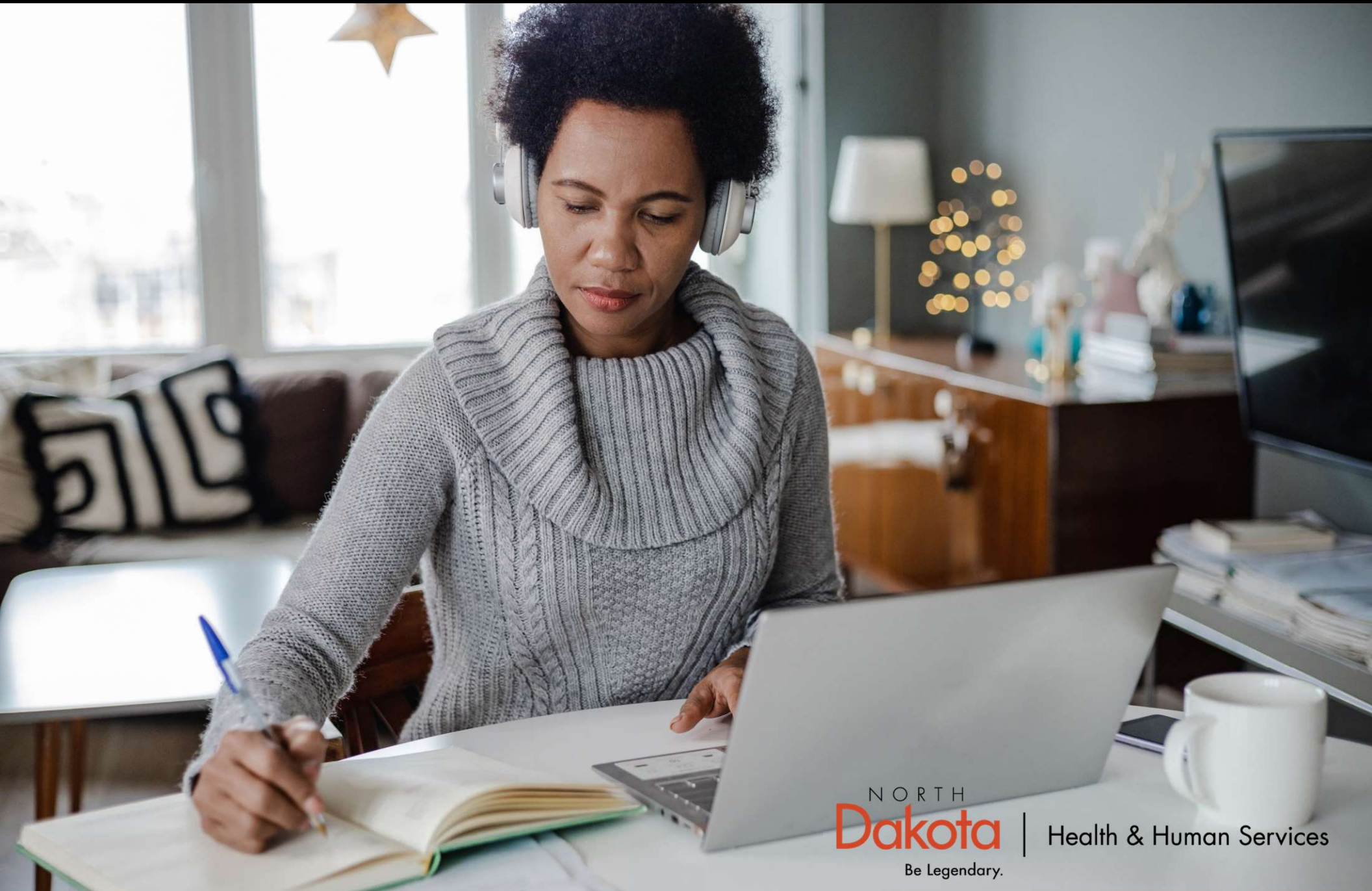
- Submit the licensing paperwork and checklists to CFS Licensing Unit
- Coordinators can issue up a 2 YEAR license on behalf of approved providers
- Coordinators will enter the license into CCWIPS
- CCWIPS is the way a provider gets reimbursed

Licensing Specialists

- Provider “type” matters
- Must enter the license into CCWIPS
- Can issue up a 2 YEAR license on behalf of approved providers
- If you issue a 2 YEAR license, you have to enter two licensing periods in the system.
 - 4-15-2024 to 4-14-2025
 - 4-15-2025 to 4-14-2026



Provider Reimbursements



ND Maintenance Rates

State Homes

- Reimbursed by HHS/CFS

Tribal Affidavit Homes

- Title IV-E cases: Reimbursed by HHS/CFS
- Tribal 638 cases: Reimbursed by the Tribal Nation

Nexus PATH Homes

- Reimbursed by Nexus PATH

Respite/Shelter Homes

- Reimbursed by HHS/CFS

Out of State Homes

- ND children may be placed out of state
- Reimbursed their state rate by HHS/CFS

North Dakota
RANKS IN THE TOP
5% FOR THE
HIGHEST
REIMBURSEMENT IN
THE USA

Certified, Relative and Full license = SAME RATE!

Overview & Review of Impacts



North Dakota Department of Health and Human Services



Providers

- Positive Gains!
- 2 year license
- Less paperwork
- More options
- Placement maximums



Licensing

- More levels to manage
- Placement maximums
- New home study
- Annual onsite visit
- More paperwork for licensors to do, less for providers!

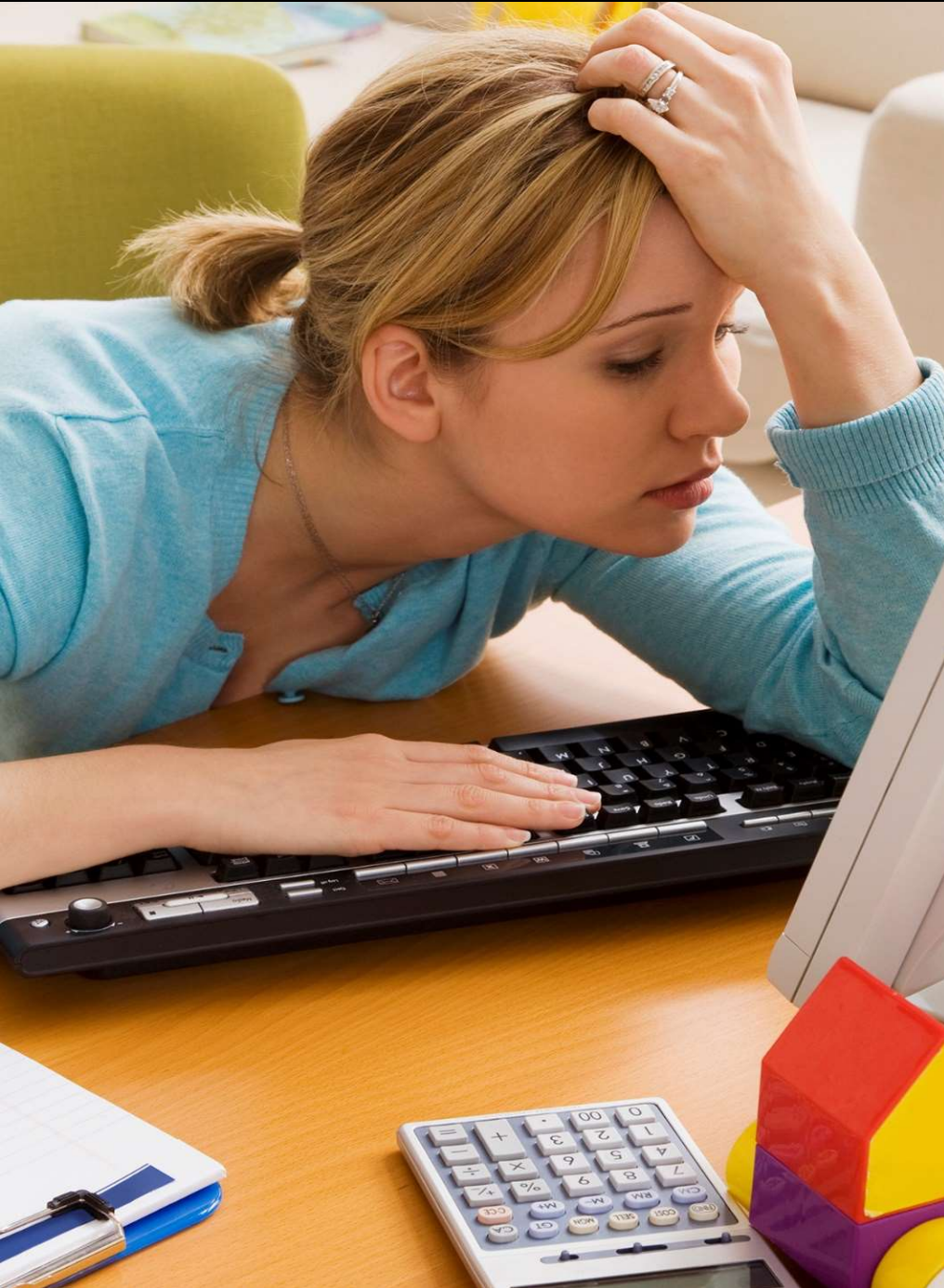


Agency Workers

- Knowledge of the provider level
- Relative relationship
- Tracking of 30 day max
- Continued tracking of TFC/ETFC maximums
- Unlicensed relatives ICPC requests

“If you take care of the people who provide the service, they will take care of those in need of service...”
--- Wayne Salter, HHS Commissioner

The Unit Made Updates to What?



- ✓ Licensing Levels Chart
- ✓ NDAC 75-03-14
- ✓ Policy 622-05 manual
- ✓ ND Title IV-E State Plan
- ✓ Orientation Training
- ✓ Abbreviated PRIDE Training
- ✓ New Forms
- ✓ Foster Care Licensing Brochure
- ✓ Training Handout
- ✓ CCWIPS new provider type added
- ✓ Sharepoint electronic filing columns
- ✓ ND Provider list columns

Scenario – What If?



Relative – Wants to Care for Unrelated Child?

Eligible providers can transfer from one level to another.

- **Impacts to Consider**

- ✓ CBCU = If consistent licensure, no new background check needed
- ✓ Physical Exam = NEED
- ✓ Training = NEED full PRIDE/UNITY

- **How will this be managed?**

- ✓ Provider will work on getting fully licensed
- ✓ Cannot place unrelated children unless the provider is full licensed.



Certified – Still Want to Care for Child?

Eligible providers can transfer from one level to another.

- **Impacts to Consider**

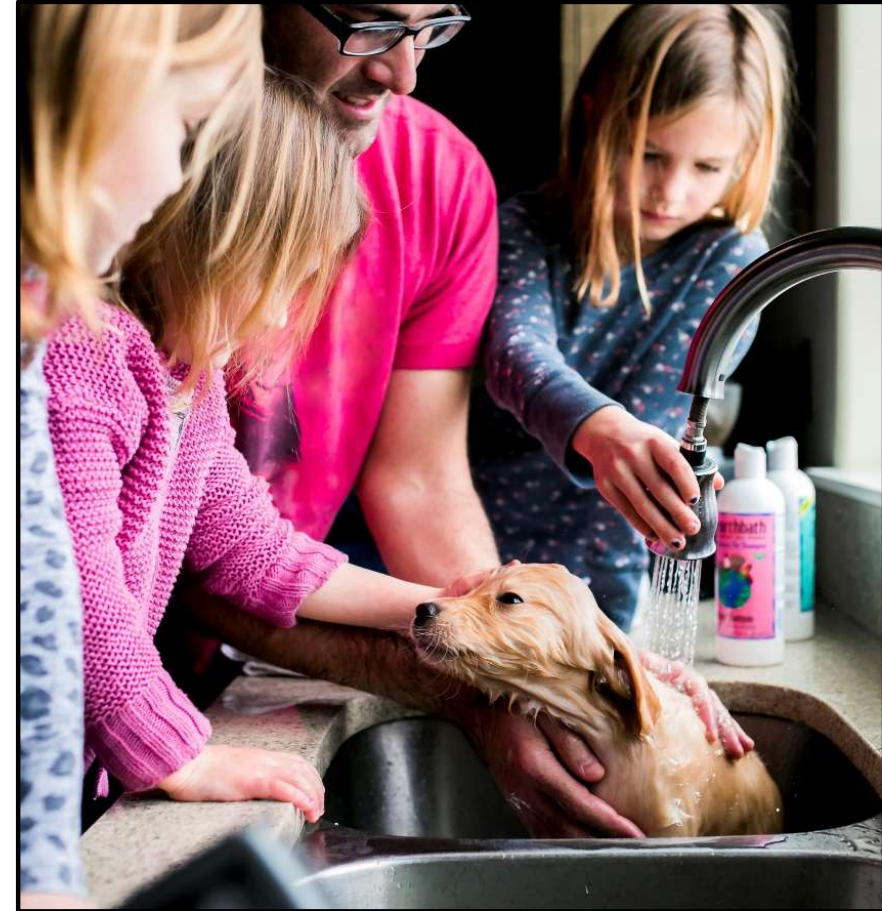
- ✓ CBCU = If consistent licensure, no new background check needed
- ✓ Physical Exam = NEED
- ✓ Training = NEED full PRIDE/UNITY

- **How will this be managed?**

- ✓ Maintain AR Provider Type
- ✓ Issue a 60 day MOU

- **What if the Provider does not meet the MOU timeframe?**

- ✓ HHS will not extend a transfer MOU
- ✓ Maintain as AR (30 day max only) and child leaves the home, or
- ✓ Close the provider.



Reminder to Communicate!



Please stay in touch via phone, email or text:

1. We're moving!!
2. I'm getting married!
3. We're having a baby!
4. Our son is now 18 – need a background check
5. I am certified, but I want to be fully licensed
6. So... I had a chat with a police officer last night.
7. We are heading to Vegas. I need a status change!
8. We are currently separated, need to update you.
9. My mother is moving in, what do you need?
10. I need a break! Is there any respite available?

When in doubt, call your Licensing Specialist.

Moment of Gratitude



Special Thank You To Those Who Provided Feedback and Support:

CFS Licensing Unit Staff

ND Provider Task Force

Nexus PATH Family Healing

Michelle Jacob, CFS Licensing Unit Supervisor

Bob Schock, CFS Licensing Unit Supervisor

Monica Miller, CFS Licensing Unit Supervisor

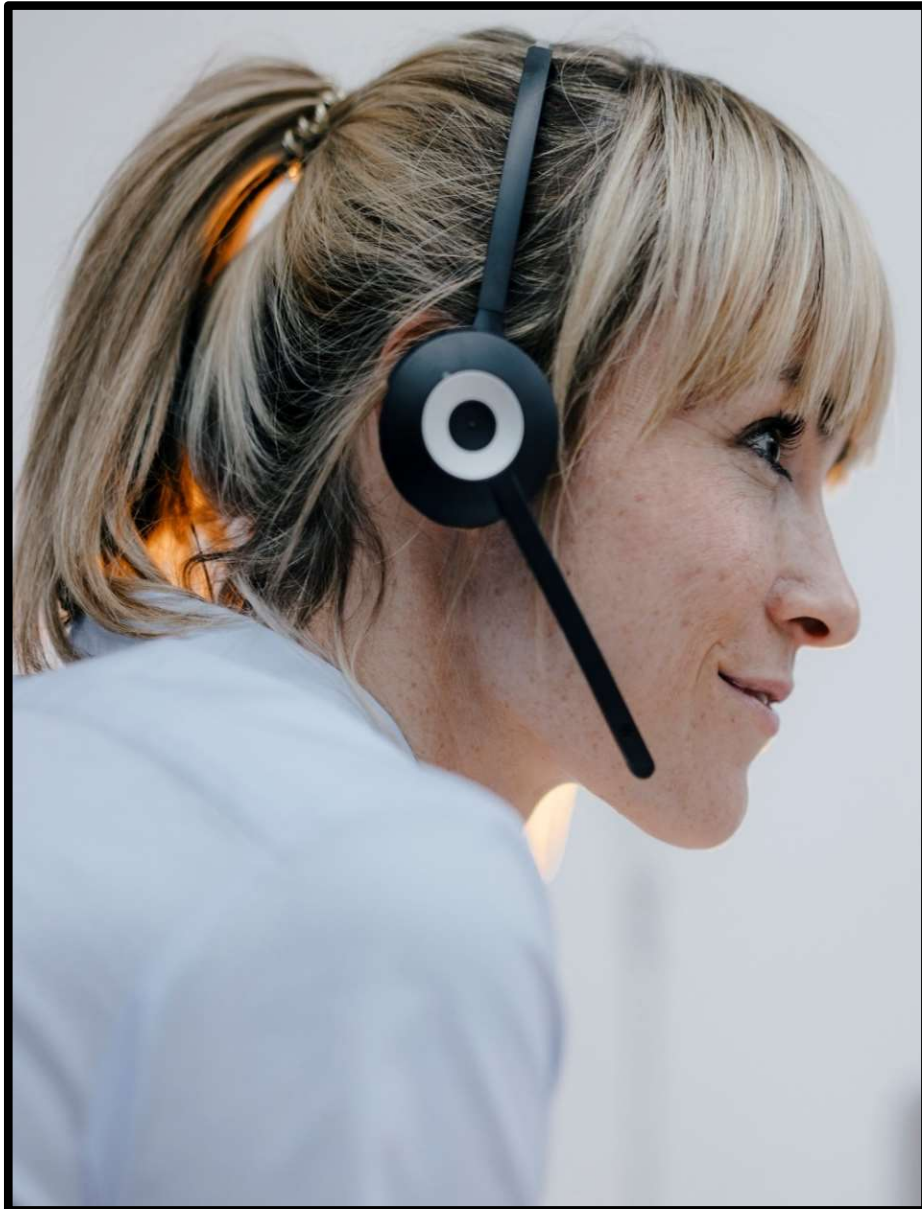
Brittany Fode, CFS Licensing Unit Supervisor

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Cory Pedersen, CFS Director

Jon Alm, HHS Legal Advisory

CFS UNIT CONTACT INFORMATION



Email Inbox: cfslicensing@nd.gov

Phone: 701-328-2322 (CFCA)

Creating Foster Care Awareness

1-888-334-1330

Mail: Children and Family Services

CFS Licensing Unit

600 E. Boulevard Ave #325

Bismarck ND 58505-0250

Recruitment and Retention line at

1-833-FST-HOME