

<b>Division of Children and Family Services Protection and Safety Procedure Update #40-2012</b>	
<b>Regarding:</b>	<b>Case Transfer</b>
<b>Rescinds:</b>	#13-2011 – Case Transfer #01-2008
<b>Date Effective:</b>	December 21, 2012
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**Philosophy:**

The Division of Children and Family Services believes that continuity of case work is vital in assuring child well-being and timely permanency. It also assures that the child’s needs regarding education, medical needs and mental health needs are being met. It is important when cases are transferred to another CFS Specialist that complete information is available and is shared with the new CFS Specialist.

**Procedure:**

**CFS Specialist Transfer**

There are three expectations that occur when a case is transferred from one CFS Specialist to another. Case transfer is a mandatory consultation point with the Supervisor.

1. **Prompt Contact with Parents/Caregivers and Children/Youth.** The CFS Specialist will have prompt contact with the parents/caregivers and the child. The timeliness of “prompt contact” can be determined by what is happening in a case such as unusual case activity; complexity or volatility of safety threats; whether the children are conditionally safe or unsafe; child vulnerability including susceptibility and accessibility to the safety threats; level of effort, frequency of activities in the Safety Plan/Case Plan; and confidence related to caregiver participation and trustworthiness. However, contact will occur no later than seven calendar days after assignment to the new worker.
2. **Prompt Evaluation of the Safety Plan.** The CFS Specialist will promptly evaluate the Safety Plan in place at the time of transfer. This is necessary to ensure that safety threats are controlled and managed at the appropriate frequency and duration that matches how safety threats are occurring, with strategies in place to mitigate and control them. Prompt evaluation refers to timing that is reasonable under the circumstances of the case, but will occur no later than seven calendar days after assignment to the new worker, and sooner if necessary. The newly assigned CFS Specialist will communicate in person or by phone with people who are participating in the Safety Plan, to review, confirm, or modify the plan as necessary, and to confirm their continued involvement.
3. **Prompt Case Transfer Meeting.** The CFS Specialist will arrange a case transfer meeting to include his/her supervisor; the receiving CFS Specialist and his/her supervisor. The CFS Specialist may also include any involved contractors as necessary.
  - a. The Case Transfer meeting will be held to verify with the receiving CFS Specialist that the case is in order;
  - b. Provide the receiving CFS Specialist with any additional information needed to ensure child safety; and
  - c. Determine the actual date of the case transfer.

### **Service Area Transfer**

Cases should be managed from the Service Area in which the reunifying parent/family resides. If the permanency plan is not family preservation or reunification case management will remain with the originating service area unless one of the following conditions applies:

1. The permanency goal is Adoption, and the adoptive placement agreement has been signed by DHHS and the prospective adoptive family; or
2. The court approved permanency goal is guardianship or independent living and is reasonable to be achieved within the next twelve months; and
3. A determination has been made that the placement is stable and there is no indication that the placement will dissolve.

When the decision is made to transfer case management from one Service Area to another the CFS Administrator from the originating Service Area will contact the receiving Service Area to discuss the case and request approval for case transfer. The CFS Administrators from both Service Areas will establish timeframes for case transfer. The receiving Service Area can temporarily deny case transfer if all the required assessments and documentation are incomplete. If there is disagreement with the CFS Administrators regarding a case transfer they will contact their respective Service Area Administrators to ask them to reconcile the issue.

Cases will not be transferred from one Service Area to another in the following circumstances:

1. When the child is living in a treatment setting unless the reunifying parent has relocated to the Service Area in which the child is receiving treatment;
2. To prevent a child from returning to his or her previous placement (i.e., such as in the case of a child who is in a gang); or
3. If a court hearing for the child or family is scheduled within the next 30 days unless agreed upon by both Service Areas.

### **Case Transfer Requirements**

The CFS Specialist will ensure that cases transferred have the following completed:

1. Filing of information into the physical file;
2. Update the following information on N-FOCUS as required:
  - a. Demographic information of all family members (race/ethnicity; SSN; DOB; addresses; phone numbers etc.);
  - b. Narratives (document and finalize) – this includes general narratives and required contacts with children parents and caregivers. Document any mandatory consultation points and ensure that the supervisors finalize the narrative.
  - c. Update all intakes and provide allegation findings;
  - d. Complete and update all applicable assessments (Safety; Risk; Prevention; Risk Reassessment; Reunification and Family Strengths and Needs);
  - e. Update the Case Plan (non-court involved cases);
  - f. Updated the Case Plan & Court Report (if court is scheduled within the next 30 days);
  - g. Document all removals and placement changes;
  - h. Update Adoption Exchange information or referrals;
  - i. Update legal actions;
  - j. Update Visitation Plans/Parenting Time Plans;
  - k. Update any Service Authorizations or Referrals; and
  - l. Update the Payment Determination.

3. Prepare a transfer summary. The transfer summary will include the following information:
  - a. Basic demographics of the family such as the relationships; tribal affiliations; relative involvement;
  - b. The reason the child and family became involved with DHHS and the planned outcome;
  - c. The current situation, including family strengths and areas needing improvement, include information on how the current situation is different from that at case opening;
  - d. Recommendations regarding future case management including, but not limited to services provided to the family;
  - e. The date of case transfer, reason for transfer and the case manager's signature.
4. The CFS Specialist will notify all parties to the case, including the child, parents/caregivers; court; county attorney, the child's tribe(s), Guardian ad Litem, parent's attorneys and CASA of the date the case will be transferred and information about the new CFS Specialist including contact information.
5. Plan how the new CFS Specialist will be introduced to the child, parent/caregiver, family and tribe, if applicable.
6. The CFS Specialist will route the current hard copies of the case record to the supervisor. The supervisor must forward the case field to the appropriate local office.

The following actions will take place when the case is transferred to the receiving CFS Specialist and Supervisor:

1. The CFS Specialist will assume case management on the agreed upon transfer date;
2. The CFS Specialist and Supervisor will review the case file (physical file and N-FOCUS) and contact the sending CFS Specialist's supervisor if there are any concerns as to the quality of information or if information is not completed or missing;
3. The CFS Specialist will review and update data related to Managed Care Enrollment (for Physical Health) and the impact it may have on the child's need for Medicaid services; and
4. The CFS Supervisor will assign the CFS Program Case to the CFS Specialist on N-FOCUS within 7 business days of case transfer.

#### **Transfer of Court Jurisdiction**

1. When case management is transferred from one Service Area to another, the Service Area where the case originated from remains responsible to request transfer of court jurisdiction to the new Service Area in which the child, parent/caregiver, or family reside.
2. If the court refuses to transfer court jurisdiction, the original Service Area must consult with DHHS Legal for assistance. If the transfer of court jurisdiction does not occur, the office with case management is responsible to attend and cover all hearings.
  - a. In an emergency situation, the CFS Specialist or his or her supervisor may request coverage for a court hearing from the original Service Area office. If a courtesy CFS Specialist attends and covers the hearing, the CFS Specialist or his/her supervisor must be available by phone for consultation during the court hearing.
  - b. If the court refuses to allow a courtesy CFS Specialist to attend the court hearing, the CFS Specialist may ask the court to allow the CFS Specialist to provide court testimony by phone.

#### **References:**

None