North Dakota Child Welfare Policy and Practice Manual 615

Temporary child welfare policy manual until further notice

July 2026

The ND Child Welfare Policy and Practice Manual, 615, will become the sole child welfare policy manual going forward. It will take time to transfer multiple Children and Family Services program policy manuals into this one collective area and build the policy platform online in the required ADA standards. However, the vision is to have all policy from child protection, prevention, permanency planning, case management, payments, licensing, continuous quality improvement, and more all in one area as an efficiency measure for ND child welfare workforce.

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Definitions

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ND Child Welfare uses a variety of terms when working with children and families. Clear definitions help the workforce understand these terms and apply policy consistently, supporting fair and consistent decision-making.

Abandon means:
As to a parent of a child not in the custody of that parent, failure by the non-custodial parent significantly without justifiable cause:

- To communicate with the child; or
- To provide for the care and support of the child as required by law; or
- As to a parent of a child in that parent's custody:
- To leave the child for an indefinite period of time without making firm and agreed plans, with the child's immediate caregiver, for the parent's resumption of physical custody;
- Following the child's birth or treatment at a hospital, to fail or arrange for the child's discharge within ten days after the child no longer requires hospital care; or
- To willfully fail to furnish food, shelter, clothing, or medical attention reasonably sufficient to meet the child's needs.

Abandoned Infant means a child who has been abandoned before reaching the age of one year.

Abused child means an individual under the age of eighteen years who is suffering from abuse as defined in NDCC 14-09-02 caused by a person responsible for the child's welfare.

Acknowledged father means a man who has established a father-child relationship under NDCC 14-20-11 through NDCC 14-20-20.

Active Efforts (ICWA) means affirmative, active, thorough, and timely efforts intended primarily to maintain the child in the home, prevent removal of the child from the child's family, or, after removal, or reunite an Indian child with his or her family.

Administrative Review means a review open to the participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of or the delivery of services to, either the child or the parents who are the subject of the review.

Adjudicated father means a man who has been adjudicated by a court of competent jurisdiction to be the father of a child. (NDCC 14-20-02)

Age or developmentally appropriate activities means activities that are generally accepted as suitable for children of a given chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the cognitive, emotional, physical, and behavioral capacities that are typical for children of a given age or age group, or in the case of a specific child, activities that are suitable for the child based on the cognitive, emotional, physical, and behavioral capacities of that child.

Aggravated Circumstances means circumstances in which a parent:

a. Abandons, tortures, chronically abuses, or sexually abuses a child;
b. Fails to make substantial, meaningful efforts to secure treatment for the parent's addiction, mental illness, behavior disorder, or any combination of those conditions for one year;
c. Engages in conduct prohibited under NDCC sections 12.1-20-01 through 12.1-20-08 or NDCC 12.1-27.2, in which a child is the victim or intended victim;
d. Engages in conduct that constitutes one of the following crimes, or of an offense under the laws of another jurisdiction which requires proof of substantially similar elements:
    1) A violation of section 12.1-16-01, 12.1-16-02, 12.1-16-03, or 14-09-22 in which the victim is another child of the parent;
    2) Aiding, abetting, attempting, conspiring, or soliciting a violation of section 12.1-16-01, 12.1-16-02, 12.1-16-03 in which the victim is a child of the parent; or
    3) A violation of section 12.1-17-02 in which the victim is a child of the parent and has suffered serious bodily injury;
e. Engages or attempts to engage in conduct, prohibited under sections 12.1-17-01 through 12.1-17-04, in which a child is the victim or intended victim;
f. In the case of a child age nine or older, has been incarcerated under a sentence for which the latest release date is after the child's age of majority;
g. Subjects the child to prenatal exposure to chronic or severe use of alcohol or any controlled substance as defined in NDCC 19-03.1 in a manner not lawfully prescribed by a practitioner; or
h. Allows the child to be present in an environment subjecting the child to exposure to a controlled substance, chemical substance, or drug paraphernalia as prohibited by 19-03.1-22.2.

Alleged father means a man who alleges himself to be, or is alleged to be, the genetic father or a possible genetic father of a child, but whose paternity has not been determined. The term does not include:

a. A presumed father;
b. A man whose parental rights have been terminated or declared not to exist; or
c. A male donor. (NDCC 14-20-02)

Alternative response assessment means a child protection response involving substance exposed newborns which is designed to:

a. Provide referral services to and monitor support services for a person responsible for the child's welfare and the substance exposed newborn; and
b. Develop a plan of safe care for the substance exposed newborn.

Auto-Recoupment is the process by which the HHS payment system will automatically reduce a future reimbursement if the foster care provider, with an overpayment entered in the system, has a current placement or a payment due.

Babysitting is short-term care of children receiving case management services when the kinship caregiver or foster care provider are temporarily away, however still available to respond if needed. A babysitter can be a responsible individual, between the ages of 14 and 21, secured to provide care and supervision for no more than eight consecutive hours in one day.

Blue light is the time agency workers spend working with families and supports through engagement activities that provide the most value.

Case Plans include identified goals developed with the family, which are specific, behavioral, and measurable with a focus on enhancing parent/caregiver protective capacities in order to establish child safety and a safe home. Case plans include tasks/change strategies, specified roles and responsibilities of providers, family members, and the case worker to assist the family in achieving the identified goals. In ND this may include the PCFA or PCPA, or a summary of the plan for the family to understand why the agency is involved and how to transition to case closure.

Case Worker means the social worker or family service specialist assigned by the agency to assess, coordinate, and monitor services to families with identified present and/or impending danger threats that ensure the safety, permanency, and wellbeing of children.

Change strategy refers to a well-defined approach that identifies specific tasks, services and activities for the purpose of supporting and enhancing diminished parent/caregiver protective capacities, ideally developed mutually with the parent/caregiver and including formal and informal elements.

Child means an individual who is:

a. Under the age of eighteen years and is not married; or
b. Under the age of twenty years with respect to a delinquent act committed while under the age of eighteen years and not married (NDCC 27-20.2-01 (4)) or
c. Over the age of 18 who chooses to remain in the 18+ continued foster care program (NDCC 27-20.3-16).

Child Protection Services (CPS) Assessment is a fact-finding process designed to provide information that enables a determination of 1) confirmed or unconfirmed finding as to whether a child has been abused or neglect, and 2) whether a child is safe or unsafe prompting the need for protective services.

Child Protection Services (CPS) Worker means a social worker or family services specialist designated by the agency to assess reports of child abuse or neglect, identify present and impending danger threats to a child's safety, and determine if maltreatment has occurred. CPS workers are responsible for conducting initial safety and risk assessments, assessing present dangers, implementing plans to address these dangers, and determining the appropriate level of intrusion required to ensure the child's safety.

Child in need of protection means a child:

a. Is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, or morals, and the need for services or protection is not due primarily to the lack of financial means of the child's parents, guardian, or other custodian;
b. Has been placed for care or adoption in violation of law;
c. Has been abandoned by the child's parents, guardian, or other custodian;
d. Is without proper parental care, control, or education as required by law, or other care and control necessary for the child's wellbeing because of the physical, mental, emotional, or other illness or disability of the child's parent or parents, and that such lack of care is not due to a willful act of commission or act of omission by the child's parents, and care is requested by a parent;
e. Is in need of treatment and whose parents, guardian, or other custodian have refused to participate in treatment as ordered by the juvenile court;
f. Was subject to prenatal exposure to chronic or severe use of alcohol or any controlled substance as defined in NDCC 19-03.1 in a manner not lawfully prescribed by a practitioner;
g. Is present in an environment subjecting the child to exposure to a controlled substance, chemical substance, or drug paraphernalia as prohibited by section 19-03.1-22.2;
h. Is a victim of human trafficking as defined in title 12.1; or
i. Is in need of care and treatment and:
    1) Has been diagnosed with a severe mental health condition or behavioral health disorder by a licensed child psychologist or psychiatrist;
    2) Has committed an act of a violent or sexual nature against another family member living in the household, which if committed by an adult would be considered a crime under the laws of this state, and if the criteria under section 27-20.4-11 are met, has at minimum been considered for informal adjustment; and
    3) Whose parent is unable to provide proper control of the child and is in fear for the safety of a family member living in the same household as the child.

Child Welfare Information System is the web-based case record system operated by HHS Children and Family Services (CFS). (i.e. FRAME/OCEANS).

Correction Facility is an institution where juvenile offenders can be temporarily held. A child is not considered to be in foster care and no foster care payments can be expended for a youth placed in a correctional facility. ND examples include a detention center or the Youth Correctional Center.

Custodian means a person, other than a parent or legal guardian, which stands in loco parent is to the child and a person that has been given legal custody of the child by order of a court. For purposes of this chapter, custodian or custodial agency refers to a Human Service Zone, Division of Juvenile Services, or Tribal Nation.

Danger Threshold refers to the point at which family behaviors, conditions, or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions, or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. They are now active at a heightened degree, a greater level of intensity, and are judged to be out of the parent's/caregiver's or family's control thus having implications for dangerousness.

Degree (level) of intrusion refers to the type of agency response that will ensure the child's safety in the least intrusive manner and ranges from no intervention necessary (the child is deemed safe) to child placement out of the home with custody granted to a public agency by the court.

Department means the North Dakota Department of Health and Human Services or its designee. The Children and Family Services (CFS) Section provides leadership for the planning, development and oversight of North Dakota's child welfare system.

Direct Recoupment is the process by which the custodial agency and CFS FCSA Eligibility Unit work collectively to directly contact the foster care provider to request reimbursement for a foster care payment made in error.

Dual status youth means children who have active involvement in one system (either child welfare or juvenile justice system) with concurrent involvement and/or history in the other system within the past year.

Education and Training Voucher (ETV) provides financial resources specific to meet the education and training needs of eligible Chafee youth.

Family Centered Engagement meetings are an engagement strategy designed to create a participatory and inclusive process that brings together those with relationships to the children and services providers to improve child welfare decision-making and outcomes for eligible children. There are two tracks for FCE meetings: Front-End (diversion from foster care) and Dual Status Youth in foster care.

Family foster home for children or Foster Home means an occupied family residence in which foster care is regularly provided by the owner or leasee thereof to no more than six children, unless the department approves otherwise (NDCC 50-11-00.1).

Family interaction plans mean a scheduled time for family members to interact with one another (visitation) in order to maintain and strengthen their relationships and connections when a child is placed out of the home.

Family Preservation Services are specialized, family-centered interventions provided by child welfare agencies to help families remain safely together when children are at risk of removal. These services are applied when there is a safety risk, but the situation can be stabilized through intensive, short-term, in-home support rather than removal from the home. Services may also be used during reunification, when children are returning home after time in out-of-home placement.

Family services assessment means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department. (NDCC 50-25.1-02)

Federally Recognized Tribe or **Indian Tribe** means any Indian Tribe, band, nation, or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary of the Interior because of their status as Indians, including any Alaska Native Village as defined in 1602(c) of title 43. (25 U.S. Code § 1903).

Federal IV-E Guardianship Assistance Program (GAP) refers to the federally funded program for children who have been eligible for Title IV-E foster care maintenance payments during at least a six consecutive month period during which the child resided in the home of the prospective guardian who was licensed or approved as a family foster home for children.

Federal IV-E Guardianship Assistance Agreement refers to an agreement between the Children and Family Services (CFS) and the prospective guardians when the prospective guardians are identified relatives of the child, are licensed to provide foster care and CFS has determined all eligibility criteria have been met.

Flex Funds are payments made or tangible resources given, directly to the eligible Chafee youth, or made to a vendor on behalf of the eligible youth. Flex Funds fall into two categories either “general” or “room and board.

Formal supports are professional service providers who assist the family in assuring safety for the child and accomplishing case goals (e.g. therapists, parent aides, case aides, teachers, etc.).

Foster Care For Children means the provision of substitute parental child care for those children who are in need of care for which the child's parent, guardian, or custodian is unable, neglects, or refuses to provide, and includes the provision of food, shelter, security and safety, guidance, and

comfort on a twenty-four-hour basis, to one or more children under twenty-one years of age to safeguard the child's growth and development and to minimize and counteract hazards to the child's emotional health inherent in the separation from the child's family. Foster care may be provided in a licensed, certified, or approved family foster home for children, supervised independent living program, or qualified residential treatment program (QRTP). (NDCC 50-11-00.1)

Foster Care Maintenance Payment is the funding to cover the cost of food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for visitation and school. In residential or treatment foster care, reasonable costs of administration are included in the maintenance payments.

Full kit is the information required by each program to allow for proper notification and documentation which may include different requirements for intake, CPS, transition to case management, licensing, adoption, eligibility, etc.

Goals are specific, behavioral, and measurable, agreed upon by the child and family team, and included as part of the case plan. Goals focus on enhancing parent/caregiver protective capacities in order to establish and sustain child safety and a safe home.

Guardian is an individual who has been appointed by a court and granted the legal authority and responsibility to care for a child. This authority typically includes making decisions related to the person's care, safety, education, medical treatment, and general welfare, unless limited by the court.

Home Study Assessment means an evaluation of a home environment conducted in accordance with applicable requirements of the state in which the home is located, to determine whether a proposed placement of a child would meet the individual needs of the child, including the child's safety, permanency, health, wellbeing, and mental, emotional, and physical development.

Household member means all individuals living together in the same dwelling. This includes individuals who live in the home full-time or part-time. Any adult who lives in the home regularly (full-time or part-time) is considered a household member.

ICWA Family Preservationist (IFP) An ICWA Family Preservationist (IFP) is an authorized representative of a Tribal Nation whose primary role is to support the timely and accurate implementation of the Indian Child Welfare Act (ICWA) by representing the Tribe's interests, informing culturally grounded practice, and contributing to ICWA-related findings, including active efforts and the safety and wellbeing of the child.

Imminent refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.

Impending danger is a foreseeable state of danger in which family behaviors, attitudes, motives, emotions, and/or situations pose a threat which may not currently be active but can be anticipated to have severe effects on a child at any time in the near future and require safety intervention. The danger may not be obvious at the onset of CPS intervention, or occurring in the present context, but can be identified and understood upon more fully evaluating individual and family conditions and functioning. There are fourteen (14) impending danger threats contained as criteria for assessing, determining, and recording the presence of impending danger.

Indian child means any unmarried person who is under the age of eighteen and is either a member of an Indian Tribe or is eligible for membership in an Indian Tribe and is the biological child of a member of an Indian Tribe (25 U.S. Code § 1903).

Indian Custodian is any Indian person who has legal custody of an Indian child under tribal law or custom or under state law, or to whom a parent has temporarily transferred physical care, custody, and control of the child to. Similar to that of a "guardian" (25 U.S. Code § 1903)

Informal supports means individuals who provide assistance and support to the child and family but are not paid (e.g. extended family members, friends, neighbors, clergy, etc.).

In-home safety plan refers to safety management so that safety services, actions, and responses assure a child can be kept safe in his/her own home. In-home safety plans include activities and services that may occur within the home or outside the home but contribute to the child remaining home.

Interstate Home Study means a home study conducted by a state at the request of another state, to facilitate an adoptive, foster or relative care placement.

Irregular Payment is a foster care reimbursement that meets specific criteria and can be requested by a foster care provider on behalf of a child. The irregular categories reimburse for expenses above and beyond the daily standard maintenance payment.

Kinship caregiver follows the definition "relative" and is identified as an alternate out-of-home placement option for the child.

Level of effort refers to the type and intensity of supports and/or services necessary to control impending danger and assure child safety.

Licensed Relative Home refers to an identified relative's home licensed or approved for foster care. There is a relative waiver option that can be considered for non-safety related licensing compliance, if needed.

Needs are the conditions or resources of both the child and family that ensure safety, permanency, and wellbeing. This encompasses the following:

- Safety needs
- Basic physical needs
- Developmental needs
- Emotional/behavioral needs
- Permanency needs
- Cultural and identity needs

Neglected child means a child who, due to the action or inaction of a person responsible for the child's welfare:

a. Is without proper care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, or morals, and is not due primarily to the lack of financial means of a person responsible for the child's welfare;
b. Has been placed for care or adoption in violation of law;
c. Has been abandoned; Is without proper care, control, or education as required by law, or other care and control necessary for the child's wellbeing because of the physical, mental, emotional, or other illness or disability of a person responsible for the child's welfare, and that such lack of care is not due to a willful act of commission or act of omission, and care is requested by a person responsible for the child's welfare;
d. Is in need of treatment and a person responsible for the child's welfare has refused to participate in treatment as ordered by the juvenile court;
e. Was subject to prenatal exposure to alcohol misuse or any controlled substance as defined in NDCC 19-03.1-01 in a manner not lawfully prescribed by a practitioner;
f. Is present in an environment subjecting the child to exposure of a controlled substance, chemical substance, or drug paraphernalia as prohibited by NDCC 19-03.1-22.2, except as used in this subsection, controlled substance includes any amount of marijuana; or
g. Is a victim of human trafficking as defined in title 12.1.

Normalcy means giving children the opportunity to engage in typical growth and development. This includes participation in age-appropriate activities, responsibilities and life skills.

Observable refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood and are subject to being reported, named, and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

Out-of-control refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family’s control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions or situations.

Out-of-home safety plan refers to safety management when a child cannot be kept safe in his/her own home. Out-of-home safety plans involve child placement in a safe and stable environment with kinship caregivers or foster care providers.

Parent Aide is paraprofessional safety service provider assigned specific activities or services with parents or kinship caregivers with the purpose of ensuring child safety and enhancing parent/caregiver protective capacities.

Parent/caregiver protective capacities refer to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his/her child. A protective capacity is a specific quality that can be observed, understood, and demonstrated as part of the way a parent/caregiver thinks, feels, and acts that makes him/her protective.

Permanency hearing means a hearing, conducted with respect to a child who is in foster care, to determine the permanency plan for the child. (NDCC 27-20.3)

Person responsible for the child's welfare means an individual who has responsibility for the care or supervision of a child and who is the child's parent, an adult family member of the child, any member of the child's household, the child's guardian, or the child's foster care provider; or an employee of, or any person providing care for the child in, a child care setting. For the purpose of institutional child abuse or neglect, "A person responsible for the child's welfare" means an institution (PRTF, QRTP, DD facility) that has responsibility for the care or supervision of a child.

Placement Disruption means when a child has an unplanned or unexpected move from one placement to another (including relative/fictive kin).

Placement Instability means multiple unplanned and/or disruptive changes in a child's living arrangement after entering foster care. Instability does not include secondary placement settings such as respite, camp, hospital stays or planned visitation or transitions which contribute to meeting the child's permanency goals.

Present Danger Threats refer to immediate, significant, and clearly observable family conditions that are actively occurring or 'in process' of occurring at the point of contact with a family and will likely result in severe harm to a child.

Present Danger Plan is an immediate, short term, and sufficient action that protects a child from present danger threats by providing the child with responsible adult supervision and care.

a. "Immediate" means that the plan is capable of controlling present danger the same day it is created. Before the worker or case worker leave the family, the present danger plan is in motion and confirmed.

b. "Short term" means that the plan only needs to control the present danger situation until sufficient information can be gathered and analyzed to determine the need for a longer-term safety plan.
c. "Sufficient" means that the adults who will provide care and supervision of the child are responsible, available, trustworthy, and capable of fulfilling their responsibilities within the present danger plan. It is confirmed that the responsible adults are willing to cooperate and are emotionally and physically capable of carrying out the protective actions needed to keep the child safe.

Presumed father means a man who, by operation of law under section 14-20-10, is recognized as the father of a child until that status is rebutted or confirmed in a judicial proceeding (NDCC 14-20-02).

Prime Time Funds remove barriers and prevent delays in service delivery for families. Funds can pay for childcare expenses on a limited basis and in specific situations to allow parents/caregivers to attend treatment, therapy, parenting education, and other services that support achievement of their case plan goals.

Protected Time is a scheduled block of time reserved for the worker to complete necessary documentation, assessments and referrals that support their blue light and the family.

Protective Capacities Family Assessment (PCFA) is a collaborative process between the case worker and the parent/caregiver to examine and understand the behaviors, conditions, or circumstances that resulted in a child being unsafe. The collaborative process identifies protective capacities that can be employed to promote and reinforce change and diminished protective capacities that must change in order for the parent/caregiver to regain full responsibility for the safety of the child.

Protective Capacities Progress Assessment (PCPA) is completed after the Case Plan is in effect and continues until case closure. The PCPA checks in on the quality of the helping relationship between the parents/caregivers and the agency, and the degree to which specific behaviors or conditions are changing in the intended direction.

Protective Services includes services performed after an assessment of a report of child abuse or neglect has been conducted, such as social assessment, service planning, implementation of service plans, treatment services, referral services, coordination with referral sources, progress assessment, monitoring service delivery, and direct services. (NDCC 50-25.1-02)

Psychiatric Residential Treatment Facility (PRTF) means a licensed and accredited residential treatment facility that provides inpatient psychiatric services. Children who meet the PRTF level of care and certificate of need will have placement costs authorized by Medical Services.

Qualified Expert Witness (QEW) means an individual qualified to testify regarding whether the child's continued custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child and should be qualified to testify as to the prevailing social and cultural standards of the Indian child's Tribe. A QEW may be designated by the Indian child's Tribe but ultimately is the responsibility of the custodial agency and/or court to secure QEW's for ICWA cases. The case worker regularly assigned to the Indian child may not serve as a QEW in child-custody proceedings concerning the child.

Qualified Residential Treatment Program (QRTP) means a licensed and accredited residential placement providing out-of-home treatment for children in a facility under a trauma informed model designed to address the needs of children with serious emotional or behavioral disorders. Children who meet the QRTP level of care determination will have placement costs authorized by the CFS FCSA Eligibility Unit.

Reasonable and Prudent Parent Standard means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child participating in extracurricular, enrichment, cultural, and social activities.

Reasonable efforts means the exercise of due diligence, by the agency granted authority over the child under this chapter, to use appropriate and available services to meet the needs of the child and the child's family in order to prevent removal of the child from the child's family or, after removal, to use appropriate and available services to eliminate the need for removal, to reunite the child and the child's family, and to maintain family connections. In determining reasonable efforts to be made with respect to a child under this section, and in making reasonable efforts, the child's health and safety must be the paramount concern. (NDCC 27-20.3-18)

Receiving Agency is the public or private agency designated by the receiving state to have the responsibility for participating in evaluating the proposed placement and for providing supervision if placement is made.

Receiving State is the state to which the child is sent, brought or caused to be sent or brought whether by public authorities or private persons or agencies, and whether for placement with state or local public authorities or for placement with private agencies or persons.

Re-establishment of the legal parent and child relationship means the physical reunification of a child under the custody of the Human Service Zone or division of juvenile services, and a previously terminated genetic parent (biological mother or father), and restoration of all rights, powers, privileges, immunities, duties, and obligations that were severed and terminated by the court. (NDCC 27-20.6).

Relative also known as **Kinship Caregiver** or **Fit and Willing Relative** or **Identified Relative** means a relative or other individual who identifies as the child's grandparent, great-grandparent, sibling,

half-sibling, aunt, great-aunt, uncle, great-uncle, nephew, niece or first cousin. Also includes an individual with a relationship to the children, derived through a stepparent, current or former spouse of the child's parent or an individual from the child's community known to have a relationship with the child. (NDCC 50-11-00.1)

Representative Payee is an individual or organization appointed by Social Security Administration to receive and manage the social security or SSI benefits of another person. A representative payee must use the funds they manage for the exclusive use and benefit, and in the best interest of the beneficiary. Representative Payees are categorized into two broad categories:

1. Individual payees (RP)- These include relatives, guardians, friends, and any other interested person who is in a position to care for the beneficiary.
2. Organization payee (ORP)- These can include social service agencies, institutions, State or local government agencies, or financial institutions.

Respite care is as a pre-planned arrangement available to a parent/caregiver who needs temporary relief care for a child with special medical, emotional, or behavioral needs who requires time-limited supervision and support by an eligible respite care provider.

Reunification is the process and outcome of returning a child, who has been placed out of the home, back to the care of their parent/guardian after the conditions that led to removal have been sufficiently planned for with an in-home safety plan.

Safe child is one in which no threats of danger exist within the family, or parents/caregivers possess sufficient protective capacity to manage any threats, or the child is not vulnerable to the existing danger.

Safe home refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstances that once established can be judged to assure a child's safety and provide a permanent living arrangement. A safe home is used in the Adoption and Safe Families Act (ASFA) as the objective of child welfare agency intervention and qualified by:

1) The absence or reduction of threats of severe harm;
2) The presence of sufficient parent/caregiver protective capacities; and
3) Confidence in consistency and endurance of the conditions that produced the safe home.

Safety assessment means the identification and focused evaluation of impending danger threats as part of the initial CPS assessment and continues throughout the life of the case.

Safety determination analysis refers to the examination of safety intervention information, impending danger threats as identified by the CPS assessment, and parent/caregiver protective capacities in order to determine if the child is safe or unsafe and if unsafe, create a safety plan.

Safety Permanency Funds are designated financial resources allocated to assist with the goal of reunification (or other permanency goal); support safety and stabilization of the family; enhance family and child wellbeing; and prevent out-of-home placement of children.

Safety Plan is a written arrangement between parents/caregivers and the agency that is required when a child is concluded to be unsafe. A safety plan establishes how impending danger threats will be managed. It is implemented and active as long as impending danger threats exist, and parent/caregiver protective capacities are insufficient to assure a child is protected.

Safety Services are actions, items, resources and/or supervision identified as part of a present danger plan or safety plan that control or manage the identified danger threats and keep the child safe. There are five categories of safety services: Behavior Management, Crisis Management, Social Connection, Resource Support, and Separation.

Safety Service Providers are individuals who participate as the one responsible for safety management within a present danger plan or safety plan. Safety service providers can be professionals, paraprofessionals, volunteers, neighbors, relatives or friends. Safety service providers must meet required qualifications.

Secondary Trauma is the emotional response that results when child welfare professionals are indirectly exposed to the graphic details of others' traumatic experiences and to their posttraumatic stress symptoms.

Sending Agency is a state, officer or employee thereof; a subdivision of a state, or officer, or employee thereof; a court of a state; a person, corporation, association, charitable agency or other entity which sends, brings, or causes to be sent or brought any child to another state. In North Dakota, the sending agency may be one of the following: Human Service Zone, Tribal Nation, a juvenile court, or a parent.

Sending State is the state in which the sending agency is located.

Services are interventions and resources provided to children, parents and caregivers to address safety concerns, therapeutic needs, reduce risk and assist the family to accomplish their case plan goals (e.g. counseling, mentoring, treatment, etc.)

Severe harm refers to detrimental effects consistent with serious or significant injury, disablement, grave/debilitating physical health or physical conditions, acute/grievous suffering, terror, impairment, or death.

Severity refers to the degree of harm that is possible or likely without intervention. As far as danger is concerned, the danger threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The danger threshold is also in line with family conditions that reasonably could result in harsh and

unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

Sexually abused child means an individual under the age of eighteen years who is subjected by a person responsible for the child's welfare, or by any individual, including a juvenile, who acts in violation of NDCC 12.1-20-01 through 12.1-20-07, sections 12.1-20-11 through 12.1-20-12.3, NDCC 12.1-27.2. (NDCC 50-25.1-02)

Sibling means individuals who have one or more parents in common either biologically, through adoption, or through the marriage of their parents.

Social Security Administration (SSA) is an independent Federal government agency that administers two major benefit programs.

Standard Checkwrite is the regularly scheduled payment cycle used to issue reimbursement to foster care providers for authorized foster care maintenance payments and approved expenditures for the current month. It also includes irregular payments that have been authorized since the previous supplemental checkwrite. The standard checkwrite is scheduled to process on the second-to-last working day of each month.

State Funded Guardianship Assistance Program (GAP) refers to a limited-resource program for children in North Dakota foster care. The subsidy is a flat rate set by state legislation. Priority is given to children ages 12 and older currently in ND foster care.

SSA or Retirement, Survivors, and Disability Insurance (RSDI) Benefits are benefits paid by SSA under Title II of the Social Security Act. These are commonly called social security (SSA) benefits. They are based on the earnings of a worker who has paid into the system by paying Federal Insurance Contributions Act (FICA) tax for a specified period of time. A worker, or his or her family, can receive RSDI benefits upon the worker’s attainment of a certain retirement age, disability, or death.

Substitute care is temporary care of the children when the kinship caregiver or foster provider is unavailable to provide supervision and care for more than a portion of one day.

Successor Guardian Refers to the individual required under a federal IV-E guardianship assistance agreement to take over if the current guardian(s) become incapacitated or pass away. Naming a successor guardian is also an optional practice for state-funded guardianships.

Supervised Independent Living (SIL) is a licensed setting providing supervision and service delivery to youth participating in the 18+ Continued Care program transitioning into adulthood.

Supplemental Checkwrite is an additional payment cycle used to issue reimbursement to foster care providers for authorized payments that were not included in the identified payment schedule. This may include prior month authorized expenditures and irregular payments approved since the previous checkwrite. The supplemental checkwrite is scheduled to process weekly.

Supplemental Security Income (SSI) Benefits are paid by SSA under Title XVI of the Social Security Act for aged, blind, and disabled persons with little to no income or resources.

Supports are formal and informal sources provided to children, parents and caregivers to strengthen the family's capacity to care for children safely and sustain progress (e.g.: family, friends, transportation or financial assistance, support group).

Tasks or change strategies are clearly defined steps/activities within a case plan that describe how change will be accomplished so that the goal is achieved.

Threats to child safety refers to specific conditions, behaviors, emotions, perceptions, attitudes, intents, actions, or situations within a family that represent the potential for severe harm to a child. (e.g.: present danger or impending danger threats).

Trauma is an emotional, psychological, or physical response to an event or series of events that threaten a person's safety, overwhelm their ability to cope or cause intense fear, helplessness, or distress, resulting in short and long-term impacts.

Trauma-informed practice involves an ongoing awareness of how traumatic experiences may affect children and families. A trauma-informed workforce recognizes the impact of trauma on a person's development, behavior and relationships and responds in ways that promote safety, empowerment, and healing. A trauma-informed workforce is aware of how certain actions and physical spaces have the potential to retraumatize or trigger behaviors in those they serve.

Unsafe child is one in which threats of danger exist in the family, and the child is vulnerable to such threats, and parents/caregivers have insufficient protective capacities to manage or control the threats.

Vulnerable child refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 through 6 and older children who, for whatever reason, are not able to protect themselves or seek help from others.

Warm Handoff is the action of transferring a child welfare case across the workflow process. A full kit of information is required as part of a warm handoff. In a typical child welfare case, there are three warm handoffs:

1. CPS referral to case management supervisor,
2. Case transition staffing between CPS and case management, and
3. Case worker initial contact with the family.

Wraparound is a strength-based philosophy of care using a definable process of partnering with the family to assure child safety, permanency, and wellbeing.

Policy and Practice Overview 615-05

Implementation Date: January 1, 2026
Last Revision Date:

The Child Welfare Policy and Practice manual has been written to guide child welfare practice across North Dakota, specifically workforce employed by a Human Service Zone but also is inclusive of foster care case management services offered by Tribal Nations and the ND Division of Juvenile Services.

The policy is intended to be overarching for all programs. Currently, as written, this manual only includes portions of child protection services and case management. Overtime the policy manual will grow to include eligibility determinations, foster care payments, adoption and guardianship subsidy, licensing of family foster homes, interstate compact on the placement of children, continuous quality improvement standards and more.

ND Child Welfare Introduction 615-100

Implementation Date: January 1, 2026
Last Revision Date:

The ND Department of Health and Human Services (HHS), Children and Family Services (CFS) section is designated by the Governor of North Dakota as the state agency responsible for administering ND child welfare programming and managing Title IV-B of the Social Security Act, CAPTA, and the Chafee Foster Care Independence Program Plan along with Title IV-E and portions of the Social Services Block Grant. CFS has administrative responsibility for the Child and Family Services Plan (CFSP), the policies and procedures relating to children and families, and for program supervision and technical assistance for the delivery of public child welfare services. CFS sets policy, provides oversight, and ensures consistency and compliance with child welfare practice requirements across the state. Human Service Zones act as the authorized local entities that directly administer and deliver child welfare services. This structure is designed to promote consistency, quality, and compliance with federal and state requirements, while still allowing local jurisdictions

the flexibility to address the unique needs of their communities. Through clear policy guidance, well-defined roles, and coordinated oversight, the state-supervised, county-administered child welfare system works to ensure that all children and families receive equitable, timely, and high-quality services, regardless of their county of residence.

North Dakota's child welfare services involve close collaboration amongst three public agencies: Human Service Zone, Division of Juvenile Services and Tribal Nations. These public agencies engage in ND child welfare practice using the Wraparound philosophy which endorses respect, honesty, equity, and self-determination. Wraparound principles guide the way child welfare agencies work with families.

North Dakota child welfare views the family (parents/caregivers and children) as the primary customer and parents hold the highest level of authority in the family and are the most accountable for safety and security within the family. Child welfare workforce seeks to have partnership with parents and/or caregivers for the purpose of not only minimizing level of intrusion and engagement with the family, but to enhance parent/caregiver protective capacity to enable parents/caregivers to provide a safe home for their children independent of the child welfare system. In addition to the relationship between child welfare agencies and parents/caregivers, it is important when seeking involvement from extended family, community supports, friends, etc. who may be called upon to help support the family throughout the case plan.

Statutory Authority 615-105

Implementation Date: January 1, 2026
Last Revision Date: July 1, 2026

ND Child Welfare practices follow a variety of state and federal laws as a foundation to the work done each day to keep children safe and families strong. Statutory authority provides the legal basis for child welfare agencies and workforce to protect children, clarify roles and responsibilities, ensure accountability, and balance child safety with family rights through consistent and ethical practices.

Federal Law

1. Social Security Act Title IV-B
2. Social Security Act §471, Foster Care and Adoption Assistance
3. Social Security Act §473, Adoption and Guardianship Assistance Program
4. Social Security Act §475, Foster Care Case Planning
5. Social Security Act §477 - John H Chafee Foster Care Program
6. Social Security Act §1900, Title XIX Medical Services
7. Public Law 103-432 (SSA Amendments)
8. Indian Child Welfare Act 1978, S. 1214
9. Adoption and Safe Families Act of 1997 (ASFA), P.L. 105-89.
10. Child Abuse Prevention and Treatment Act (CAPTA)
11. Multi-Ethnic Placement Act (MEPA) of 1994

12. Adoption and Safe Families Act (ASFA) of 1997
13. Keeping Children and Families Safe Act of 2003
14. Fostering Connections to Success and Increasing Adoptions Act
15. Child and Family Services Improvement and Innovation Act
16. Every Student Succeeds Act (ESSA)
17. Victims of Child Abuse Reauthorization Act
18. Family First Prevention Services Act (FFPSA)
19. Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183)
20. Family First Transition Act
21. Supporting America's Children and Families Act
22. Safe and Timely Interstate Placement of Foster Children Act of 2006
23. Inter-Ethnic Adoption Provisions of the Small Business Job Protection Act of 1996
24. Foster Care Independence Act of 1999

State Law and Administrative Rule

1. ND Century Code Chapter 14-13-01 Interstate Child Placement Compact
2. ND Century Code Chapter 14-15 Revised Uniform Adoption Act
3. ND Century Code Chapter 14-15.1 Child Relinquishment to Adoptive Parents
4. ND Century Code Chapter 27-19.1, ND ICWA
5. ND Century Code Chapter 27-20-1, Guardianship of a Child
6. ND Century Code Chapter 27-20.2, Juvenile Court Act
7. ND Century Code Chapter 27-20.3, Child Welfare
8. ND Century Code Chapter 27-20.4, Delinquency
9. ND Century Code Chapter 50-06, Dept of Health and Human Services
10. ND Century Code Chapter 50-09, Aid to Dependent Children
11. ND Century Code Chapter 50-11, Foster Care Homes for Children
12. ND Century Code Chapter 50-12, Child Placing Agency
13. ND Century Code Chapter 50-25.1, Child Abuse and Neglect
14. HHS Manual Chapter 110-01 (Confidentiality)
15. NDAC 75-03-14-05, Provision of Service
16. NDAC 75-03-18, Procedures for Appeal of Child Abuse and Neglect Assessments
17. NDAC 75-03-19, Assessment of Child Abuse and Neglect Reports
18. NDAC 75-03-19.2, Approved Locations for Abandoned Infants

Forms 615-120

Implementation Date: January 1, 2026
Last Revision Date: July 1, 2026

ND child welfare has a variety of forms to help ensure accuracy, consistency and processes are followed to ensure compliance with case planning, but also to authorize payments to kinship caregivers or licensed foster care providers and facilities. Frequently utilized ND Forms include:

1. SFN 45, Notice of Change: This form is required and must be completed each time changes occur in the child's case; including placement, foster care status, and parent information. The intent of this form is to quickly update/alert the CFS FCSA Eligibility Unit assigned eligibility worker to make payment adjustments accordingly. Overpayments will occur if the eligibility worker is not notified of a placement/status change.
2. SFN 60, 18+ Continued Care Agreement: This form is only required if a child is voluntary agreeing to remain in or return to the 18+ Continued Care program.
3. SFN 306, Custodial Team Meeting Documentation: This form is to be completed at any point when placement decisions need to be made related to the child's permanency through adoption.
4. SFN 327, Foster Family Claim of Property Damage: This form is only required if property damage occurs in the foster home and the foster care providers would like to file a claim. The form is completed by the foster care provider and submitted to CFS by the case worker or authorized licensing agent worker within 90 days of the discovery of the property damage.
5. SFN 387, ICPC Supervision Report: This form provides a supervisory report to the sending States in cases where ICPC has been approved for children placed in North Dakota.
6. SFN 395, ICPC Financial & Medical Plan: This plan must be complete and included in the 100A Request. The plan must specify how the child's financial needs will be funded and how medical care will be provided. Financial and medical arrangements must be discussed with the placement, before the child is placed in efforts to avoid unnecessary hardship on the kinship caregiver or foster care provider. The plan will also assist in preventing delays and disruptions in the placement. This plan will be in effect until proper legal discharge, consistent with the provisions of the ICPC.
7. SFN 399, Unlicensed Caregiver Home Study: This form is completed for unlicensed caregivers when a child is placed in the home as part of a temporary or long-term safety plan. The home study can be used to accommodate requirements of various ND Department of Health and Human Services programs, such as Economic Assistance TANF Kinship Care, Children and Family Services Kinship ND, Guardianship, ICPC placements in ND or In-Home and foster care programs.
8. SFN 401, Kinship ND Allowance Application: This form is to be completed for the kinship caregiver to receive allowance assistance when an In-Home Case is open but the safety plan is out-of-home and with a kinship caregiver.
9. SFN 403, Kinship ND Allowance Verification: This form is to be completed by the case worker to verify placement for Kinship ND Allowance payments.

10. SFN 408, Kinship ND Navigation Services Application: This form is to be completed by the kinship caregiver to receive Kinship ND reimbursement assistance. This is a one-time reimbursement for up to $800 per kinship child.

11. SFN 433, Child Abuse and Neglect Background Inquiry: This form is used to document and check whether an individual is listed in North Dakota's Child Abuse/Neglect Information Index. The Index tracks people who have been identified in assessments where abuse or neglect was confirmed or services were required, and those records are kept for 10 years. It's a state-only registry, meaning it does not include any information from tribal agency registries.

12. SFN 494, Transition Checklist: This document is required for all children in foster care turning age 18. The checklist must be completed no greater than 90 days prior to the child's 18th birthday, this allows time for documentation and items to be collected and provided to the child upon discharge.

13. SFN 573, Runaway & Missing Youth Screening: This form is required only when a child in foster care is located after running away or going missing. The screening is used to help identify if a child was a victim of sex trafficking or exploited when not under direct supervision and care of a foster care provider.

14. SFN 772, Absent Parent - Relative Search: This form is not required but may be used to document relative search options verified by the case worker.

15. SFN 793, Adoption Assistance Documentation of Need: This form is to be completed by the family prior to adoption assistance negotiation and renegotiation. For new subsidies, this form should be completed by the custodial case worker in collaboration with the AASK worker and if identified, the prospective adoptive family and forward to AASK for inclusion in the adoption subsidy packet.

16. SFN 824, Universal Application: This form is completed by the custodial agency worker detailing current and immediate need for out-of-home treatment. In addition to this form, the custodian must attach supporting information. This form must be submitted to the Qualified Individual and the treatment agency.

17. SFN 826, Continued Stay Review: This form is completed by the custodial agency worker for all children placed in a PRTF, QRTP or treatment foster home. The continued stay review must be completed no greater than 20 calendar days prior to placement approval expiration and no less than 14 calendar days before the placement approval expires. The Qualified Individual will have 7 business days to review the request to continue in at a treatment level of care.

18. SFN 827, Credit Form: Any payments to the Department for foster care refunds and reimbursements must be submitted on this form for processing with Fiscal. The child's name, case number, service month, match code and description of payment will assist to properly apply the payment.

19. SFN 831, Children's Treatment Services Level of Care Determination Attestation: This form is completed by the treatment agency who is managing the treatment plan and progress for children in their care. This form must be submitted by the treatment agency no later than 48 hours after admission when an emergency placement occurs and following continued stay review timelines when a child in placement.

20. SFN 852, Sending State Priority Home Study Request: This form is to alert the receiving state to the fact that the court which has jurisdiction over the child(ren) has determined that a priority placement of a child from one state into another state is necessary.

21. SFN 854, Title IV-E Adoption Subsidy Certification: This form is to be completed by the Human Service Zone (HSZ) or tribal case manager on behalf of the child. This form is to be completed prior to the pre-adoptive placement. An updated form must be completed if placement does not occur within one year.

22. SFN 885, Statement of case worker: This form is used when the worker has had a conversation with the prospective placement option and the individual is interested in caring for a child in need of out-of-home placement.

23. SFN 903, Foster Care Provider Reimbursement Request: This form is required to be completed by the foster care provider to request reimbursement. Each receipt must be listed, the payment type identified and a description of the items, including the amount per item. Receipts must be attached to the form and the form can only include one child; payment reimbursement is child specific.

24. SFN 920, Foster Care – Child Care Invoice: Required when claiming child care reimbursement for children in a paid placement.

25. SFN 921, AASK Authorization to Disclose Information: This form is to be used by the custodial agency to allow the disclosure of records and information to the AASK Program for adoption purposes.

26. SFN 922, Human Service Zone Referral for AASK: This form is to be completed by human service zone custodian and sent to the AASK Program within seven days of a goal of adoption being added to a child's permanency plan.

27. SFN 923, Tribal Expectation Referral For AASK: This form is to be completed by the tribal custodian and sent to the AASK Program within seven days of a goal of adoption being added to a child's permanency plan.

28. SFN 927, AASK Caregiver Summary: The form is to be completed by youth's current kinship caregiver or foster care provider, with the assistance of the custodial case worker.

29. SFN 928, Agreement to Furnish Shelter Care: This form is required when a foster care provider enters into an agreement to furnish temporary shelter care for children in or out of public custody, arranged for by a public agency to provide a time-limited safe dwelling under the supervision and care of a licensed foster care provider.

30. SFN 929, Agreement to Furnish Respite Care: This form is required when a foster care provider or licensed childcare provider enters into an agreement to furnish temporary respite care for a child with special medical, emotional or behavioral needs, which requires time-limited supervision and care by a licensed provider.

31. SFN 960, Report of Suspected Child Abuse or Neglect: This form is to be completed to help facilitate the report of a suspected child abuse or neglect.

32. SFN 965, Interstate Compact Application Request to Place Child: this form is initiated by the sending agency to request approval to place a child in another state. It provides relevant information regarding the placement.

33. SFN 966, Interstate Compact Report on the Placement/Replacement Status of a Child: This form is to confirm that a placement in accordance with the Compact has been made, to indicate changes in placement, and to confirm the termination of the placement.

34. SFN 1017, Foster Care Licensing Amendment Request: This form is required to be submitted to the CFS Licensing Unit at cfslicensing@nd.gov by the agency case worker in order for a family foster care provider to receive an amendment to the license.

35. SFN 1033, Travel Authorization: This form is intended to provide permission for a child in foster care to travel in-state or out-of-state with another approved party.

36. SFN 1040, Reasonable and Prudent Parenting Consent: This form is intended to provide permission for a child in foster care to participate in various activities and events throughout their placement with a foster care provider.

37. SFN 1042, Irregular Foster Care Payments: Required when the irregular payment requires special instructions, (ex: max mileage vs gas receipt), payment limitations or the irregular payment category does not require a receipt. All irregular payments are subject to category maximums for every foster child in a licensed setting. The custodial agency will be responsible for any reimbursement exceeding the child's annual maximums.

38. SFN 1059, Authorization to Disclose Information: This form is used to permit the sharing of confidential, protected health information (PHI) or personal records for specific purposes, such as coordinating care, determining benefit eligibility, billing, or legal proceedings.

39. SFN 1197, Transition Plan Agreement: This form is completed by the agency worker when additional planning from a facility into family setting is required.

40. SFN 1612, Foster Care Verification: This form can be used for all children in foster care exiting public custody as verification of their time in care. This form is required for all children in foster care, over the age of 14, prior to their discharge from care. This form may assist youth with entry into the ND Chafee Transition Program, apply for FAFSA, receive educational scholarships, and provide proof of "aging out" for Medical Assistance until age of 26.

41. SFN 1613, Chafee Referral - Current Foster Youth: This form is required when a custodial case worker is referring children in foster care to the Chafee Transition Program.
42. SFN 1614, Chafee Referral - Foster Care Alumni: This form is required when a former child in foster care is seeking access to the Chafee Transition Program.
43. SFN 1830, Federal IV-E Guardianship Assistance Program (GAP) Case Plan Requirements: This form must be completed by the custodial agency prior to approval and sent to CFS for review.

44. SFN 1832, State Funded Guardianship Assistance Program (GAP)- Agreement: This form is sent by CFS to the guardian(s)for signature and understanding of payments and responsibility of the guardian(s).

45. SFN 1833, Federal IV-E Guardianship Assistance Program (GAP) Agreement: This form is completed by CFS in conjunction with the prospective guardian(s) prior to finalization.

46. SFN 1834, Guardianship Assistance Program (GAP) Request: This form must be signed by the prospective guardian(s), Human Serviced Zone, Tribe or Division of Juvenile Service Director or Designee and sent to CFS for review.

47. SFN 1865, Child Needs Assessment: This form is required as a needs assessment when an Excess Maintenance Payment (EMP) being considered. The form is completed by the case worker, reviewed by supervisor, and approved by CFS CM Field Service Specialist.

48. SFN 1944, Request for use of the Federal Parent Locator Service (FPLS) for Child Welfare Services: This form is required when relative search is engaged. The form is completed by the case worker and submitted to the assigned CFS Field Service Specialist to formally request address, employment, and other pertinent information on relative parties from HHS Child Support.
49. SFN 18119, School District Notification: this is an online electronic notification document required by NDDPI for all school aged children in foster care. Notification is required four different times throughout the life of the case (entry, placement changes, September each year, and closure).

Safety Framework Practice Model Forms

Safety framework requires case workers to utilize these forms. All tools and resources are currently posted on the Children and Family Servies Training Center website located at Safety Framework Practice Model:

1. Tool 1: Intake Tool
2. Tool 2.1: Present Danger Assessment Form
3. SFN 455: Present Danger Plan Form
4. Tool 2A: Present Danger Assessment and Planning Guide
5. Tool 3: Child Protection Services Assessment
6. Tool 3.1: Family Services Assessment
7. Tools 3.2: Abbreviated Child Protection Services Assessment
8. Tool 4: Safety Plan Form
9. Tool 5: Protective Capacities Family Assessment (PCFA) Form
10. Tool 6: Case Plan Form
11. Tool 7: Protective Capacities Progress Assessment (PCPA) Form
12. Tool 9: Post TPR & 18 Plus Assessment

Foster Care Eligibility and Reimbursement Forms

Every child who enters foster care must have their eligibility determined by the Children and Family Services Foster Care Sub-Adopt Eligibility Unit. The child's eligibility is determined based off of standards set by Title IV-E of the Social Security Act. Eligibility determinations directly impact the payment source for reimbursement to a license, certified or approved foster care provider.

1. SFN 630, Foster Care Placement Notification
2. SFN 641, Title IV-E/Title XIX Application
3. SFN 642, Title IV-E/Title XIX Redetermination
4. SFN 903, Provider Reimbursement Request
5. SFN 920, Foster Care – Child Care Invoice
6. SFN 1042, Irregular Foster Care Payments: This form is only completed when the irregular payment requires special instructions, (e.g.: max mileage vs gas receipt), payment limitations or the irregular payment category does not require a receipt.

Child Welfare Information System and File Retention 615-125

Implementation Date: January 1, 2026
Last Revision Date:

Child welfare case information is maintained in compliance with state and federal requirements to ensure child safety, legal accountability, and the continuity of services for children and families. North Dakota operates a statewide Child Welfare Information System, which serves as the official system of record for child welfare case management, child protection, and federal data reporting. North Dakota maintains information in a production database (referred to as FRAME or OCEANS) and a data warehouse, both sources ensure timely access to case information necessary for case

movement, administrative oversight, and compliance. Child welfare workforce with access to the Child Welfare Information System include employees from Children and Family Services, Human Service Zone child protection workers, case management case workers, supervisors, directors, administrative assistants or office managers, Division of Juvenile Services case workers, Chafee Transition Coordinators, and Child Support case workers. At this time, Tribal Nations have information for Title IV-E eligible children added to the information system by Children and Family Services.

This policy provides guidance to establish and maintain record retention and destruction processes for child welfare cases. Records management is the professional practice of identifying, classifying, preserving, and disposing of the records, while capturing and maintaining the evidence of an organization's business activities as well as reducing the risks associated with it. Electronic records management is the efficient management of records stored on computerized systems.

The ND Department of Health and Human Services and local Human Service Zones are responsible for managing their records, so that the records are accessible for administrative purposes, preserved for historical or research purposes and destroyed when they are no longer necessary (NDCC 50-06-15 and Policy Manual 110-01). Records management practices must comply with state and federal statutes and requirements.

Child welfare records must be maintained according to the Records Retention Schedule adopted by the department. Legally, records may not be destroyed until the retention period has expired. Records may not be destroyed prior to the end of the retention period. Records must be destroyed at the end of the retention period. If records are related to an active claim or lawsuit, the records must be kept until the litigation is concluded, even if it is beyond that of the normal retention schedule.

Child welfare records received electronically are subject to the same controls and uses as records collected by governmental offices visited in person. An agency may be required to disclose collected information pursuant to a court order. In addition, an agency may be authorized to share this information with other agencies for purposes authorized in law. Information not specifically addressed in this policy must be disclosed pursuant to the ND Open Records Law (NDCC 44-04).

Child Welfare Information System Requirements 615-130

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

The ND Child Welfare Information System (e.g. FRAME/OCEANS) is a secure software program utilized by child welfare workers, Children and Family Services (CFS) administration and approved partnering agencies to store, manage and analyze case details involving children and families.

The Child Welfare Information System supports the day-to-day work and legal responsibilities of child welfare agencies, including protecting children from abuse and neglect, supporting families to

keep children safely at home when possible, managing case management services such as in-home safety plans, foster care, kinship care, guardianship and adoption services, while meeting state and federal reporting and compliance requirements.

The Child Welfare Information System maintains comprehensive case record details including, but is not limited to:

- Family Unit demographics
- Child abuse and neglect reports and assessment details
- CPS Index
- Child and Family Team Meetings
- Relative search results
- Case updates and activity logs
- Case plans and goals
- Court orders
- Placement history
- Educational information
- Chafee participation and independent living services
- Credit reporting
- Permanency outcomes (reunification, adoption, guardianship)

The Child Welfare Information System requires workers to enter accurate and timely details to assist in the overall monitoring of case movement, compliance and continuous quality improvement efforts. Policy requires timeliness for data entry:

1. Opening/Registering Case Management = ten (10) calendar days from the date of WHO2 for cases without agency custody or date of removal for cases with agency custody.
2. Opening/Registering CPS= Immediately upon Intake
3. CPS assessments = Sixty-two (62) calendar days from the date of CPS report, unless otherwise approved through an extension.
4. Family Preservation Services = Ten (10) calendar days from date of service.
5. Face-to-face visits = Ten (10) calendar days from date of the visit. All ND face-to-face visit data is extracted from the system monthly by CFS to calculate statewide compliance.
6. Court Orders = Two (2) calendar days of receipt of final order from the court.
7. Placements = Two (2) calendar days of placement change to avoid overpayment.
8. ICWA Status and Enrollment details = Ten (10) calendar days from date of identification.
9. NYTD Independent Living = Ten (10) calendar days from date of service.
10. Relative Search = Ten (10) calendar days from days from date of search results.
11. School Information = Thirty (30) calendar days from opening a case and annually thereafter.
12. Youth Rights = Ten (10) calendar days from date of signed acknowledgement.
13. CFTM/ Perm Plans = Ten (10) calendar days from date of the quarterly meeting.
14. Permanency Goals = Ten (10) calendar days from date of goal change.
15. Case Activity Log = ASAP or weekly during worker protected time.
16. Closing a case= Thirty (30) calendar days from date of case closure.

Entry into Foster Care
North Dakota recognizes a child is in foster care if a child meets the definition of "foster care for children" (NDCC 50-11) and a current court order gives a public agency care, custody, and control. Any child under the temporary custody of a public agency (Human Service Zone, DJS or Tribal Nation) and placed in foster care for greater than 24 hours must have the case registered and the foster care program opened in the Child Welfare Information System.

Short Foster Care Placement- Less than 96 hours
A foster care episode in which a child is removed from a parent/guardian in which custody is granted through a temporary custody order (TCO) to a public agency greater than 24 hours, but less than 96 hours is referred to as a short foster care placement. The child must be discharged from foster care within 96 hours from the time of placement out of the home.

The case worker is required to submit the SFN 630, Foster Care Placement Notification and temporary custody order to the CFS Foster Care Sub-Adopt (FCSA) Eligibility Unit. A child that meets the short foster care placement criteria will be eligible for reimbursement through foster care funds. The case worker must open the case in the Child Welfare Information System and enter required information including program start and end dates, placement dates, etc. The valid temporary custody order allows for reimbursement of the case at regular match.

Closing a Foster Care Episode
Custodians are required to close the foster care program in FRAME, no later than thirty (30) days from the date of discharge from foster care. If no other services are provided by the agency, the case should be closed in FRAME.

Federal Reporting 615-133

Implementation Date: April 1, 2026
Last Revision Date:

Federal child welfare reporting requirements establish data-driven accountability for state-administered child welfare systems, primarily under the Child Abuse Prevention and Treatment Act and Title IV-B and IV-E of the Social Security Act. The federal laws condition federal funding on states' ability to collect, report, and use standardized data on child safety, permanency, and wellbeing.

States are required to submit case-level and aggregate data through three federal reporting systems administered by the Children's Bureau. Federal reporting is required every six months through a national portal specific to:

1. National Child Abuse and Neglect Data System (NCANDS) for maltreatment reports and investigations.
2. Adoption and Foster Care Analysis and Reporting System (AFCARS) for foster care and adoption outcomes.

3. National Youth in Transition Database (NYTD) for outcomes of youth aging out of foster care.

Federal reporting systems offer data comparisons nationally. In addition, federal oversight such as the Child and Family Services Reviews (CFSRs) and annual outcomes reports to Congress assess state performance on key indicators like repeat maltreatment, placement stability, and timeliness of permanency. ND child welfare agencies are required to enter data into the ND Child Welfare Information System as one compliance measure for federal reporting. Compliance with federal reporting is essential to maintaining funding, monitoring performance, identifying service gaps, and to making evidence-based decisions to improve outcomes for children and families. Failure to report accurate data can result in financial penalties or loss of funding.

Policy Exceptions 615-135

Implementation Date: January 1, 2026
Last Revision Date:

The ND Department of Health and Human Services, Children and Family Services Section, has the authority to grant a policy exception to an agency when the intent of a specific policy requirement can be met in an alternative way, and when strict application would not best meet a child's or family's needs or would create an unintended barrier to safety, permanency, or wellbeing.

Policy exceptions may not be granted if the request is a direct conflict with federal or state law or administrative rule. Policy exceptions may be granted to:

1. Protect a child's safety when strict requirements could delay services;
2. Support a child-centered, family-specific decision that policy did not anticipate;
3. Address unique or emergency circumstances;
4. Allow flexibility while still honoring the intent of the policy; and
5. Support culturally responsive or community-specific practices, when appropriate.

Policy exceptions are granted sparingly to allow flexibility in unique situations, ensuring decisions remain lawful, ethical, and focused on the best interests of the child and family. Exceptions can only be made by a member of the Children and Family Services leadership team when justification for the exception and the alternative provision to meet the requirement(s) is documented and approved by an agency supervisor or designee.

Child Welfare Workforce & Training 615-200

Implementation Date: January 1, 2026
Last Revision Date:

The effectiveness of the ND child welfare system depends not only on policies and programs but also on the strength, expertise, and resilience of the workforce to carry out these critical

responsibilities. North Dakota recognizes that a well-trained, supported, and adequately resourced workforce is essential to ensuring the safety, permanency, and wellbeing of children and families. Central to this commitment is a focus on comprehensive training and professional development for child welfare workforce at all levels. By equipping case workers, supervisors, and allied professionals with the knowledge, skills, and tools necessary to respond to complex family needs, we aim to foster consistent, high-quality practice and promote positive outcomes for children.

Quality at the Source

Quality at the Source is a function of continuous quality improvement. It is the manner in which child welfare agencies assure quality practice with families through processes that are designed to support strong engagement and positive outcomes. Quality at the source focuses on fidelity to practice standards and policies by making sure errors or mistakes do not occur. In the event errors or mistakes occur, quality at the source requires those involved to make every effort to redirect the trajectory of the case. CPS workers, case workers, supervisors, and CFS Field Service Specialists all have an integral role to assure quality at the source.

The four essential components of quality at the source are:

1. Clearly identifying quality work:
   A clear definition of quality is necessary so that everyone understands the practice expectations. Policy distinguishes what constitutes quality case practice so that fidelity is clearly understood. When a CPS worker or case worker practices with fidelity to the model, time and need to redo work are reduced resulting in increased efficiency, quality and case movement.
2. Recognizing and acknowledging when errors or mistakes occur:
   Errors or mistakes do not meet practice expectations or fidelity to the model. The importance of this component is to use those moments in supervision as a time to re-educate and support directionality. The primary function of child welfare is to ensure child safety; therefore, all actions by the child welfare workforce must reinforce and exemplify a low error rate.
3. Requiring standard work:
   A standard of work is a very important element to assure quality at the source. Standard of work requirements are clearly defined, documented expectations that describe the best known and approved way to perform specific tasks or processes. They establish consistency, reliability, and fidelity by outlining required steps, roles, timeframes, and quality standards. Standard work supports training, supervision, and continuous improvement by ensuring that performance is consistent and effective.
4. Maintaining and updating the standard of work:
   Maintaining and updating standard work is an ongoing process that ensures practice remains consistent, effective, relevant, and aligned. CPS workers, case workers and agency supervisors must observe case activity and the process to be sure that their work is delivering the expected outcome. If not, then the work may need to be adjusted. Similarly, when it is determined the workflow needs to be adjusted, measures are taken to ensure that happens collectively on a broad scale and not isolated to one area of the state. Additionally, if the workflow changes,

updates to the standard of work will be trained to the workforce so that the expectations are clearly understood.

ND Department of Health and Human Services contracts and works closely with two training centers to ensure ongoing and modern approaches to case practice are available and offered statewide. Contracted training centers include:

1. University of North Dakota Children and Family Services Training Center
   Children & Family Services Training Center | University of North Dakota
2. Native American Training Institute
   Native American Training Institute

Workforce Roles and Responsibilities 615-205

Implementation Date: January 1, 2026
Last Revision Date:

Child welfare agency leadership is responsible to ensure agency workers are aware of their roles and responsibilities and use the agency's legal authority in a manner that is ethical, transparent, culturally responsive, and least intrusive. Clear understanding of roles acknowledge and mitigate power differentials between the agency and the families served, in order to promote safety and meaningful engagement. The agency must exercise their authority responsibly, respectfully, and in accordance with legal mandates, professional ethics, and trauma-informed best practices. The agency must act in the best interests of the family while supporting the rights, dignity, and autonomy of families. It is essential the child welfare agency explains to the family the roles and responsibilities of each party, as well as the power and authority invested in the agency by law or court order.

Agency Supervisors

The agency supervisor is a key participant of quality at the source through ensuring fidelity to child welfare practice as an agency leader, consultant, trainer, and mentor to workers. The supervisor monitors the quality of the worker's practice through regular case consultation. The supervisor manages the workflow of all assigned workers, and it is recommended that each child welfare supervisor meet with workers independently for a minimum of 30 minutes every two weeks.

CPS Workers and Case Workers

CPS workers and case management case workers ensure fidelity to the child welfare practice model in how they approach and complete their work responsibilities with the child, parents and others involved in the case such as safety service providers, kinship caregivers, collateral agencies, and the child and family team. CPS workers and case workers must understand and follow the practice expectations within this policy manual as well as those within federal regulations, state law, administrative code, and specific program policies to ensure quality at the source.

Effective time management contributes to quality work. CPS workers and case workers should work with supervisors to determine goals for "blue light time" and "protected time" as well routinely evaluate whether their time management goals are being met. This should become a part of staffing discussions with the supervisor because effective time management is significant in supporting the movement of families through the process and in accomplishing the desired case outcomes.

CFS - Field Service Specialists

The ND Department of Health and Human Services, Children and Family Services (CFS) Field Service Specialist role is to monitor agency fidelity and quality of work related to child welfare policy and practice. The CFS-FSS will provide technical assistance, consultation, training, and mentoring during agency case staffing's, assigned meetings and child and family team meetings.

There are two types of CFS-FSS:

1. Child Protection Services - Field Service Specialist are responsible for the final decision of child protection services assessments and providing assessment quality assurance.
2. Case Management - Field Service Specialists are responsible for providing administrative oversight to all the child welfare case management case plans at a minimum of every six months.

As employees of CFS, Field Service Specialists meet routinely with CFS program administration to share information, develop necessary training opportunities and identify technical assistance supports when data trends indicate a need. In addition, CFS-FSS's facilitate quality and fidelity reviews as support to local agencies, the details of the reviews are used to support continuous quality improvement efforts.

Child Welfare Certification 615-215

Implementation Date: January 1, 2026
Last Revision Date:

The North Dakota Child Welfare Certification Training Program is a competency-based training curriculum for child welfare workers. The certification training is facilitated by the University of North Dakota, Children and Family Services Training Center through a long-standing collaborative contract. Child welfare practitioners are required to begin the required training within the first six months of employment and complete this training within their first year of employment. Trainees will receive the Child Welfare Practitioner Certificate upon satisfactory completion of the program. Satisfactory completion includes attendance at all of the required sessions and completion of all assignments.

ND child welfare requires all CPS workers, case management case workers, supervisors, and CFS Field Service Specialist employees to participate in and successfully complete the Child Welfare Certification Training Program.

Wraparound Certification 615-225

Implementation Date: January 1, 2026
Last Revision Date:

North Dakota child welfare workforce including CPS workers, case management case workers, supervisors, and CFS-Field Service Specialists must be Wraparound Certified. This is accomplished through attendance and completion of Child Welfare Certification Training which is the Wraparound Certification training sponsored by Children and Family Services. Agency workers must maintain certification by attending an approved training course at least once every two years. If the worker's certification lapses, the employee must contact the Children and Family Services administration to discuss options for recertification.

Values of Wraparound
The following values represent how North Dakota works with children and families involved with child welfare.

1. Unconditional commitment to working with families is provided.
    a. A commitment to never give up on children and families while keeping children safe.
    b. Families are treated with respect, honesty, and openness.
    c. The family's language is utilized, and jargon is avoided.
    d. Setbacks may reflect the changing needs of family members, not resistance.

2. The process is team driven.
    a. Partnering with other systems, formal supports, and informal supports of families helps bridge the complexity of the work.
    b. Families, children, formal supports, and informal supports are all part of the child and family team.
    c. Collaboration with service providers and child and family team members is important in building and delivering effective services to families.
    d. The team approach provides an integrated system of care.

3. Families are full and active partners and colleagues in the process.
    a. Safety is paramount in all child welfare programs; choices are made to ensure that children and families are safe.
    b. The family's view is respected. Parents/caregivers are the experts with their own children.
    c. The expertise of the child welfare agency is valuable when discussing 'bottom lines' such as legal mandates, court orders, negotiable and non-negotiable rules/policies, etc. The agency can let go of power and allow families to make independent decisions when safety is assured.
    d. Family members have clear voice and choice when receiving services from the child welfare agency. They are full members in all aspects of planning, delivery, management, and evaluation of services and supports.

i. Voice: The family is listened to and valued. The skills and knowledge of the family members are essential to the change process.
ii. Choice: The family is given information on choice and identifying where choices exist and where there are limitations on choice. The expected outcomes of different choices are discussed.

e. Decision-making is done jointly as a team with the family, rather than 'deciding for' the family.

4. The child and family team process seeks to build upon strengths and competencies of families.
    a. Services and supports build strengths that are unique to the parents/caregivers and children.
    b. Strengths and competencies are utilized in addressing safety needs of children and when developing and implementing the case plan.

5. Services are culturally responsive.
    a. Each family is culturally unique.
    b. Cultural diversity is valued and respected.
    c. Differences are valued as strengths.
    d. The impact of culture on the agency and its workforce is recognized and understood.

6. Services and case plans are individualized to meet the needs of children and parents/caregivers.
    a. Case plans are flexible.
    b. Parents/caregivers and children should have access to services they need.
    c. Services and supports should be coordinated into one plan.
    d. Services are trauma informed.

7. Resources and supports, both within and outside the family, are utilized for solutions.
    a. The family is key in identifying supports they need.
    b. A balance of formal and informal supports are used.
    c. The community is recognized and respected as a key resource.

8. People are the greatest resource to one another.
    a. Family engagement: The key to success in the child and family team and case planning process is to build positive and strong relationships between the agency and team members.

9. Case Plans are outcome based
    a. Case plans are flexible.
    b. The parents/caregivers and children should have access to services they need.
    c. Services and supports should be coordinated into one plan.
    d. Services are trauma informed.

Confidentiality and Information Sharing 615-230

Implementation Date: January 1, 2026
Last Revision Date:

ND child welfare agencies must be aware of confidentiality restrictions regarding use of information in a case record (either paper file or in the Child Welfare Information System), electronically (email, text, etc.) and during verbal discussions (face-to-face, phone calls, etc.). When seeking information from people or resources outside the case, the worker must continue to maintain confidentiality as required by law.

Child welfare workforce must review and be familiar with NDCC 50-06-15 and HHS Policy 110-01 regarding confidentiality. CPS workers and case workers must use the Authorization to Disclose Information (SFN 1059) before sharing any information, in accordance with state law and agency confidentiality policies, with any party not authorized to access case information. Additionally, confidentiality of CPS reports and any other information obtained are confidential and may only be released with signed consent from the parent or subject or under the provisions of NDCC 50-25-1.-11.

If the SFN 1059 is signed by a legal representative or guardian, a copy of the legal documents verifying the legal representative's authority must be in the case record. North Dakota law requires a minor 14 years of age or older, to authorize the disclosure of sexually transmitted disease and substance use disorder treatment information. Disclosure of sexually transmitted disease or substance use disorder treatment information of a minor 13 years of age or younger, must be authorized by BOTH the minor and the parent or legal guardian.

Child welfare agency supervisors will:

1. Inform employees about the duty to preserve the confidentiality and privacy of child and parent/caregiver information consistent with law and policy;
2. Verify employees are familiar with confidentiality policies and procedures, and that employees attend required training sessions on the topic;
3. Evaluate whether to approve the release of investigatory information compiled for criminal law purposes;
4. Evaluate whether state's attorney consultation is necessary in the handling of subpoenas or other legal motions; and
5. Evaluate releases of information to the elected officials and media in consultation with the department.

Information Sharing

All agencies working within North Dakota child welfare follow the same confidentiality requirements, have the same responsibility to understand confidentiality limits and exceptions, and face the same penalties for confidentiality breaches.

The design of the Child Welfare Information System presumes professional and ethical conduct by those who use the web-based system. Techniques are available to maintain appropriate confidentiality such as only identifying the reporter in a CPS assessment as "reporter" rather than using actual names. Agency workers must be diligent to delete protected information before reports are printed and shared. Redaction of some documents and reports is necessary in certain situations and consult with agency leadership is recommended before sharing documents requested for open records or otherwise.

Cultural Competence 615-255

Implementation Date: January 1, 2026
Last Revision Date:

Cultural competence is the ability of child welfare workforce and agencies to understand, respect and effectively respond to the cultural backgrounds, values, beliefs and practices of the children and families they serve, in order to provide equitable, respectful and appropriate services. All child welfare agency workers will strive to be culturally competent when interacting with children and families as competency applies knowledge to meet diverse cultural differences. Differences may include, but are not limited to language, class, race, ethnicity, disability, religion, gender, sexual orientation, or other. Workers who are culturally competent recognize, affirm and value the individual's worth and aims to preserves their dignity when engaging on a case.

A culturally competent workforce is important because it helps:

1. Build trust and rapport with children and families by showing respect for their culture
2. Provide services that meet families' unique needs rather than using a one-size-fits-all approach
3. Reduce bias and misunderstandings that could affect decisions about safety, permanency, and wellbeing
4. Support fair and equitable outcomes for all children and families
5. Improve engagement and cooperation from families, leading to increased quality of services and better outcomes and results for families.

ND child welfare workforce can receive training from the University of North Dakota Children and Family Services Training Center, the Native American Training Institute or other training vendors offering applicable competency trainings.

Indian Child Welfare Act (ICWA) 615-300

Implementation Date: January 1, 2026
Last Revision Date: July 1, 2026

ND child welfare practice following the Safety Framework Practice Model standards requires that an Indian child's family and Tribe must be informed of agency involvement, and the Indian Child

Welfare Act (ICWA) applies to child welfare cases as early as the receipt of the child abuse and neglect report that requires a child protection services assessment. ND child welfare inclusion of the Tribe and application of ICWA shall begin at the earliest threat of removal from the family. Agency case workers are responsible to comply with the ICWA for all eligible children who enter or are involved with the child welfare system.

ICWA is a federal law passed in 1978 in response to the high volume of Indian children removed from their homes; the law was revised in 2016 to strengthen and support the consistent application of ICWA within and between jurisdictions. The intent of ICWA is to protect the best interests of Indian children and to promote the stability and security of Indian families and Tribes (25 U.S. Code § 1902). ICWA is considered the "gold standard" in child welfare policy and practice and requires state child welfare agencies and courts to:

1. Provide active efforts to both prevent removal from and timely reunification of children with their families
2. Follow preferred placement preferences
3. Obtain testimony of a qualified expert witness (QEW) at the removal hearing and subsequent hearings including termination of parental rights proceedings.

ICWA sets out federal requirements that apply to state child custody proceedings regarding removal and placement of Indian children in foster or adoptive homes and allows the child's Tribe to intervene in the case. When ICWA applies to a child's case, the child's Tribe and family must have an opportunity to be involved in decisions affecting services for the Indian child. A Tribe or a parent can also petition to transfer the case to Tribal Court.

Early collaboration (prior to removal) is critically important and must occur with notice to the Tribe and the identified authorized representative, which may or may not be the ICWA Family Preservationist. Dependent on the involvement of the family with the Human Service Zone, not all Tribal child welfare agencies will assign an ICWA worker at the onset of a CPS assessment or case management services, however in North Dakota the involvement of an ICWA Family Preservationist (IFP) will begin as a support to the case to bolster family engagement and help keep the child's Tribe informed of case movement.

ICWA protects American Indian and Alaska Native children who are:

- Unmarried;
- Under 18 years old; and
- A tribal member; or
- Eligible for tribal membership in a federally recognized Tribe and have a biological parent who is a tribal member.

When an Indian child is formally placed in out-of-home care by court order all ICWA requirements regarding placement preferences must be followed. All actions taken to comply with ICWA must be documented in the case record. Additionally, ICWA requires notification to the child's Tribe when an

Indian child is removed from his or her parent or Indian Custodian for temporary placement into foster care.

Tribal Membership Determination

The agency CPS worker or case worker must determine a child's Indian status as soon as possible to serve in the best interests of the child. If a child identifies as a Tribal member or may be eligible for membership, the agency worker must notify the Tribe immediately, but no later than 2 calendar days by completing the ND ICWA Inquiry Form. If a determination of ICWA cannot or has not been made, the case workers must ask the child and family how they self-identify as part of the assessment (i.e. present danger planning, PCFA process) and before every change or potential change in custody.

ICWA has statute specific to "reason to know" that a child is a member of a Tribe. If the agency or court has reason to know, certain obligations are required of the agency such as:

1. Due diligence to identify and work with the Tribe(s) of which there is:
    a. Reason to know whether the child may be a member or eligible for membership AND
    b. Verification the child or their biological parent is a member or if the child is eligible for membership;
2. Treat the child as an Indian child, until it is determined on the court record that the child does not meet the definition of an Indian child. Include a minimum of one monthly contact to the Tribe(s) to request help in contacting the family or identifying family affiliation until the Tribe responds.
3. Contact each Tribe where there is reason to know whether a child may be a member or eligible for membership. A child may be eligible for membership in more than one Tribe, however, can only be enrolled in one Tribe at a time. It is best practice for agency case workers to keep all prospective or relevant Tribes involved and aware of case progress. The other Tribe, where the child is eligible but not enrolled, may have family and/or placement options available for the agency to consider and should be assessed as part of relative search and permanency planning.

If the child does not meet the definition of "Indian child" outlined in the act, ICWA would not apply to the child's case. Only a Tribe can determine whether a child is a member of their Tribe.

When the Child is Eligible for Tribal Membership

The response to the Indian child's enrollment status must be documented in the case record, including date and source of documentation. Agency workers must:

1. File in the case record the Tribal Nation's written statement declaring the Indian child's eligibility for membership; and
2. Incorporate into any court hearing the Tribal Nation's written statement declaring the Indian child's eligibility for membership and the biological parent's membership; and
3. Assist the family in formally enrolling the Indian child or establishing membership of the Indian child (if necessary, the case worker may counsel parents hesitant to enroll their Indian child by emphasizing the positive benefits of tribal membership, particularly in child welfare

and adoption proceedings. If the child is eligible for enrollment and not enrolled by the parent, upon termination of parental right proceedings and before adoption finalization the agency case worker must ensure tribal enrollment is complete. Enrollment will preserve the child's tribal affiliation, cultural identity, and eligibility for Tribal benefits and services.

If the agency formally enrolls a child, notification must be given to:

1. The child's biological parents, if applicable;
2. Indian Custodian (adult legally responsible for the child), if applicable; and
3. The child's Tribe or the other Tribe if eligible for enrollment in more than one Tribe. All Tribes should receive notice.

Upon adoption finalization, the agency shall request the Courts furnish the adoption decree including the child's name to the Tribe or BIA per NDCC 27-19.1. The adoptive family should be educated by the custodial agency and adoption agency (AASK) on how to contact the Tribal Enrollment office to verify enrollment records are updated accordingly.

Contacting a Federally Recognized Tribe

If the agency worker does not have accurate contact information for a Tribe, or the Tribe contacted fails to respond to written inquiries, the agency worker must:

- Seek assistance from the BIA Great Plains Regional Office; or
- Find the Tribe's designated tribal agent for service of notice by reviewing the BIA list on the Federal Register or review the ICWA Designated Agents Listing.

ICWA Active Efforts Required 615-310

Implementation Date: January 1, 2026
Last Revision Date:

The Indian Child Welfare Act (ICWA) federal law requires active efforts to provide remedial services after an investigation and before a decision is made to remove a child from their home. Active efforts must also be provided after the Indian child has been removed in order to prevent the breakup of the family by working toward reunification.

Active efforts are demonstrated by:

1. Making a strength-based evaluation of the family's circumstances that takes into account the prevailing social and cultural conditions and way of life of the child's recognized Tribal Nation.
2. Intervening only when necessary. Agency case workers involved with case must:
    a. Develop the case plan with assistance from the parents or custodian that involves use of the recognized Tribal Nation's community resources;
    b. Seek out the necessary family preservation services to support the family with the child in the home, except where imminent physical or emotional harm may result; and
    c. Involve the child, if of sufficient age, in the design and implementation of the case plan.

3. Assisting the child, parents or Indian custodian in maintaining ongoing familial relationship.
4. Engaging the recognized Tribal Nation early and working closely with the Tribe to access culturally relevant resources and informal support networks.

All actions and active efforts undertaken to comply with ICWA requirements must be documented as part of the child's case record located as a case activity log in the Child Welfare Information System. Details include, but are not limited to:

1. Active efforts made to determine whether a child is a member of or eligible for membership in a federally recognized Tribal Nation including detail:
    a. If the child and family respond they are not Native American, American Indian or Alaska Native, and state they do not have any related ancestry as an Indian child;
    b. If a Tribe has verified that an Indian child is a member, including the date and the source of documentation;
    c. If the child and biological parent's response to enrollment or membership status, including the date and source of documentation;
    d. All steps taken to determine the child's ancestry;
    e. The contacts made with the federally recognized Tribal Nation's ICWA designated tribal agent about the status of the inquiry and the membership status of the child; and
    f. All email and phone conversation that confirm ICWA may apply.
2. Description of active efforts made to provide notice of the child's tribal membership or eligibility for membership in an Indian Tribe.
3. Copy of the formal notice sent to the Tribe when making tribal membership determinations, with a copy of the notice filed in the agency's case record.
4. Copy of any correspondence related to tribal membership determination and verification filed in the agency's case record.
5. Copy of the notice for a court proceeding filed in the agency's case record and with the court, along with any registered mail returned receipts.

ICWA Exemptions and Non-ICWA Cases 615-315

Implementation Date: January 1, 2026
Last Revision Date:

The Indian Child Welfare Act does not apply to:

1. Custody of Indian child to one of the parents;
2. Tribal Court proceedings;
3. Proceedings including criminal act(s) when the child is adjudicated delinquent;

Parents cannot ask for an exemption or request to "opt out" of ICWA for their children. A parent can request the case not be transferred to a Tribal Court but cannot decline application of ICWA standards if ICWA applies to the child.

Non ICWA Cases

Once a Tribe has determined that a child is not a member and not eligible for membership, the case worker must:

1. File in the case record the Tribe's written statement declaring the child is ineligible for membership;
2. Incorporate into any court hearing the Tribe's written statement declaring the child is ineligible for membership; and
3. Work with the understanding that ICWA does not apply.

If the Tribe does not respond to the notice, the case worker will call the ICWA designated tribal agent for service and ask about the status of the inquiry and the membership status of the child.

ICWA Family Preservation Program 615-320

Implementation Date: January 1, 2026
Last Revision Date: July 1, 2026

The Indian Child Welfare Act (ICWA) Family Preservation program is a statewide collaborative rooted in Tribal sovereignty and guided by the values of family, community and cultural continuity. The ICWA Family Preservation Program is funded by Children and Family Services through a contract with the Native American Training Institute (NATI). NATI hires ICWA Family Preservationists (IFP's), who reside all across North Dakota. NATI partners to engage in signed memoranda of understanding (MOU) with various Tribal Nations. All agreements, MOU's and certificates are managed and maintained by the NATI office.

An ICWA Family Preservationist (IFP) provides intensive, family-centered support to Indian children and families at risk of out of home placement or placement outside the home with or without public custody. The IFP is a partner to the child welfare agency serving as an advocate to the rights and wellbeing of Indian Tribes, children and their families as intended in both the letter and spirit of the ICWA law.

Requirement of the Human Service Zone

Human Service Zone CPS and case workers are required to notice the Tribe when a child is enrolled or eligible for enrollment in a federally recognized tribe. Notice should occur immediately and no greater than two (2) calendar days of the determination that there is reason to know the child is eligible for ICWA. The agency worker must submit the ND ICWA Inquiry Form following the ND Inquiry Instructions.

The agency worker must include the IFP Program when submitting ICWA inquires to a Tribal Nation where a MOU has been established:

1. Click here for a list of IFP Tribal MOU Partners.
2. A release of information is not required for the IFP Program when a MOU is in place, as the MOU designates IFP Program staff as authorized representatives of the Tribal Nation in child welfare matters.

3. All children who may be eligible under ICWA may be referred to the ND IFP Program, regardless of whether a Tribal MOU exists. In cases where an ICWA inquiry is submitted to a Tribal Nation and there is not an MOU in place; the Human Service Zone shall inform the family of the IFP Program and support a referral as appropriate. When a Tribal MOU is not in place and the family would like IFP Program assistance, a release of information is required to allow for appropriate collaboration and information sharing.

The agency worker will engage with the IFP, communicate on the plan, invite the IFP to relevant meetings, while partnering to ensure Indian children remain connected to their families, culture and Tribal communities.

The Role of an IFP

1. Support the best interests of the Indian child and family, as defined by the Tribe, throughout the duration of child welfare case involvement and court proceedings.
2. Support the family and agency worker to prevent removal or promote the safe return of children to their families as soon as present danger is resolved or an in-home safety plan can be implemented.
3. Promote and strengthen active efforts initiated by agency workers so agency efforts align with ICWA standards, Tribal customs and cultural connections.
4. Inform the agency worker and family of Tribal and community resources that build safety, stability and wellbeing.

The Responsibilities of the IFP

1. Serve as an authorized representative of the Tribe in ICWA cases.
2. Promote family preservation and timely reunification whenever safe and possible.
3. Facilitate communication and relationship-building to build trust between Indian children, families, Tribes, and child welfare professionals.
4. Serve as the Tribe's designated Qualified Expert Witness (QEW) when appointed, or support and inform the testimony of an alternate QEW, in recognition of Tribal sovereignty.
5. Act in a professional capacity to inform the family of systemic processes and serve as a liaison to the agency in efforts to ensure a collective understanding among all parties.
6. Prepare and provide court testimony that addresses family safety concerns within the context of the prevailing social and cultural standards of the identified Tribe.
7. Provide updates to and/or include the Tribe in case planning.
8. Provide training, coaching and technical assistance to child welfare partners on ICWA law, QEW requirements and Tribal cultural standards.
9. Provide perspective, education and information to the agency worker regarding Tribal customs and cultural connections.
10. Educate families on their rights under ICWA in efforts to strengthen their ability to advocate for themselves.
11. Consult with CPS workers during the CPS assessment to provide insight about the child or family while collaborating to ensure child safety and family stability. For the purposes of child abuse or neglect assessment decisions, the final decision if child abuse or neglect occurred is the responsibility of the department (NDCC 50-25-1).

12. Assist in identifying and supporting placement options consistent with ICWA's placement preferences and the Tribe's cultural standards.
13. Identify and share culturally grounded active efforts to prevent family separation and promote reunification.
14. Address barriers related to family preservation and assist the agency worker in identifying and coordinating services when appropriate.
15. Ensure that Indian children, families, and Tribes are respected and meaningfully engaged as a member of the team.

For more information about the program, view ICWA Family Preservation Program.

Safety Framework Practice Model (SFPM) 615-400

Implementation Date: January 1, 2026
Last Revision Date:

ND Safety Framework Practice Model is the Safety Assessment and Family Evaluation Model (SAFE) developed by Action for Child Protection *(©2025 Action for Child Protection. All rights reserved.)* Action for Child Protection is a national organization who has dedicated their work to help child welfare agencies improve services to families and children through developing state-of-the-art standards of case practice. In addition to this agency, the Department of Health and Human Services extends sincere gratitude to the following for their reference material and assistance in developing the North Dakota Safety Framework Practice Model:

- Casey Family Programs, Seattle, WA;
- Wisconsin Department of Children and Families: Child Protective Services Safety Intervention Standards and Ongoing Standards (2017);
- Barkei, Johanna: (2020) PCFA Workbook, Milwaukee Child Welfare Partnership- University of Wisconsin Milwaukee;
- Milwaukee Child Welfare Partnership: (2016) Critical Concepts Practice – Safety Assessment;
- University of Wisconsin- Milwaukee & Helen Bader School of Social Welfare;
- Oregon Department of Human Services: Child Welfare Procedure Manual (2019); and
- Arizona Department of Child Safety: Policy and Procedure Manual (2018).

The Safety Framework Practice Model (SFPM) is an overarching process that assesses and manages safety from receipt of a report of suspected child abuse and neglect initially and ongoing through case closure. Workforce at all levels in the child welfare agency are responsible for providing quality services, conducting comprehensive and accurate assessments, and making decisions at the individual and family level.

A thorough understanding of child safety decisions and actions is essential and relevant for initial assessment by Child Protection Services (CPS) and ongoing assessments by Case Management. The SFPM promotes a collaborative relationship between the child welfare agency and

parents/caregivers that is based on Wraparound principles of respect, honesty, equity, and self-determination is critical for effective safety assessment, planning, and management. The parents/caregivers are viewed as the primary authorities in the family and are most accountable for safety and security within the family unit. Child welfare workforce seeks to have a partnership with parents/caregivers, in efforts to enhance protective capacities and enable parents/caregivers to provide a safe home for their children independent of the child welfare system.

In addition to the relationship between child welfare agencies and parents/caregivers, it is important to seek out involvement from extended family, community supports, friends, etc. who can help parents/caregivers and the child welfare system manage child safety. The Safety Framework Practice Model includes all actions and decisions required throughout the life of a case from CPS intake, CPS assessment, through to case management. All levels of intervention are intended to:

1. Ensure an unsafe child is protected;
2. Support and encourage the parents/caregivers to take responsibility for the child's protection whenever possible;
3. Reconfirm the child's safety at home or in out-of-home care; and
4. Establish a safe, permanent home for the unsafe child.

Safety Framework consists of:

1. Collecting information about the family to assess child safety;
2. Identifying and understanding present and impending danger threats;
3. Evaluating parent/caregiver protective capacities;
4. Determining if a child is safe or unsafe; and
5. Taking necessary action to protect an unsafe child.

When a child is unsafe, the following requirements apply:

1. Engaging parents/caregivers in the development and implementation of a safety plan;
2. Continuously managing safety plans that assure child safety;
3. Creating and implementing case plans that enhance parent/caregiver protective capacities and decrease impending danger threats;
4. Supporting and empowering a parent/caregiver in taking responsibility for the child's protection; and
5. Establishing a safe, permanent home for an unsafe child.

When a child is unsafe, the child welfare agency must collaborate with the family to develop and implement a present danger plan or safety plan. Parents/caregivers are an important resource in developing present danger plans or Safety Plans. This does not mean that parents/caregivers are responsible for, or have to agree with, the need for a safety plan to control present or impending threats to safety, but they do have to be willing to be involved and cooperate with the use of a present danger plan or safety plan. Once it has been determined that a child is unsafe, the child welfare agency should take action as necessary to control threats to child safety.

The level of child welfare agency involvement and/or intrusion with a family with respect to controlling and managing child safety depends on how threats to safety are operating in a family and the willingness and capacity of parents/caregivers to follow through with the requirements of a Safety Plan.

Case Transition Process 615-410

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

The Safety Framework Practice Model is applied in all levels of engagement from child protection intake to CPS assessment, through case management. When an agency engages with a family, natural transitions occur between workers as circumstances evolve and require continued intervention. The case transition process includes:

1. Warm Handoff 1 (WHO 1): Sending a full kit of information from CPS to the Case Management (CM) Supervisor for the purpose of case assignment.
2. Warm Handoff 2 (WHO 2): Sharing information collected from the CPS assessment, reviewing the safety plan and its level of intrusion, while completing the transition to case management. Case management will open on this date.
3. Warm Handoff 3 (WHO 3): The meeting between the family, CPS worker and case worker.

Warm Handoff 1 – Case Assignment
At the conclusion of the CPS assessment, the CPS worker will refer the case to the Case Management Supervisor if impending danger has been identified. This referral for case assignment begins the Preparation Stage of the Protective Capacities Family Assessment (PCFA) process.

Warm Handoff 1 – Case Assignment Responsibilities
When assigning cases to a case worker, the Case Management Supervisor is responsible for ensuring the full kit of information from CPS is complete and accessible prior to assigning the case. The Case Management Supervisor reviews the case information and must assign the case to a case worker within twenty-four (24) hours of receiving the information from CPS. Case assignment must consider the following:

- Complexity of the family situation.
- Current caseloads of case workers, where the current cases are positioned within the workflow process, and the intensity of safety management responsibilities.
- The case worker's skill level related to family engagement; and
- The variability in workload demands such as where the child resides, the number of children involved, and location of the family (i.e. within the community or a distance from the community).

The CPS worker remains responsible for managing the present danger and safety plans, while maintaining contact with the family, assigned tribal workers, formal service providers, and informal supports until the WHO 2 - Case Transition staffing can take place.

Warm Handoff 2 - Case Transition Staffing

At conclusion of case assignment, Warm Handoff 2 case transition begins. The CPS worker, assigned case worker, and their supervisors or designees will meet to staff the case within five (5) calendar days of case assignment. During the case transition staffing the case worker must gather necessary documentation, information regarding safety threats and the ongoing safety plan as well as an understanding of the parent/caregiver's reaction to the CPS assessment, and anticipated challenges before initiating the PCFA process with the family.

The following information should be reviewed during the case staffing:

1. Present danger assessment and present danger plan (when applicable to the case).
2. CPS assessment including gaps in information, decisions made, and the status of impending danger.
3. Safety plan determination analysis and whether it resulted in the least intrusive, sufficient, feasible, and sustainable safety plan including:
    a. The identified safety services/actions and whether they continue to be available at the needed frequency to control each impending danger threat.
    b. The continued suitability, role, and commitment of safety services providers.
    c. The status of parent/caregiver involvement in the safety plan.
4. The assessment of existing parent/caregiver protective capacities and general family strengths.
5. Child needs including a summary of social-emotional, educational, physical, and mental or behavioral health:
    a. Status of early intervention services referral when maltreatment has been substantiated involving a child under the age of three (3).
    b. Whether a child has been determined to be an Indian child in accordance with the Indian Child Welfare Act (25 USC Ch 21);
6. Status of involvement of any noncustodial or absent parents and the CPS worker's due diligence to locate and involve those individuals.
7. Strategy for family engagement to include:
    a. Plan for initial contact between the CPS worker, case worker, and the family.
    b. Whether a referral for a Family Centered Engagement meeting has been completed or is needed; and
    c. Potential members for the child and family team.
    d. Any other relevant case information that will help prepare for the initial contact with the family.

At the conclusion of Warm Handoff 2, the case worker becomes the primary worker responsible for serving the child and family, including overall responsibility of the safety plan. Family engagement,

evaluation and immediate adjustment to the safety plan are best practice and required during transition to case management.

Prior to the Completion of a CPS Assessment

There will be situations when the WHO 2 and Preparation Stage of the PCFA must begin prior to completion of the CPS assessment. For example, the family's needs are such that an out-of-home safety plan is implemented immediately. In these situations, it is critical that the CPS worker, case worker and their supervisors stay in close communication so that the active present and/or impending danger threats and safety plans are understood by all parties and overseen by the agency.

Warm Handoff 3 – Initial Contact with the Family

Warm Handoff 3 is the initial contact meeting with the family, initiating the Introduction Stage of the Protective Capacities Family Assessment (PCFA). This is a face-to-face meeting that occurs between the CPS worker, receiving case worker, parents or caregivers. If it is determined that the safety plan is not sufficient or sustainable, the CPS worker, case worker, the family, and the current safety service provider will modify the safety plan to effectively control impending danger during the initial meeting with the family. Changes must be made with and communicated to all participants and providers involved in the safety plan. There may be occasions when the case worker meets with the family without the CPS worker, but this should be the exception. This initial contact meeting must occur timely, no later than seven (7) calendar days of Warm Handoff 2 to ensure oversight of the safety plan continues.

At the conclusion of WHO 3, the case worker will begin working with the family through the PCFA process. The Discovery Stage is utilized to engage and seek partnership with the family.

Child Protection Services 615-500

Coming in the future – CPS policy remains active on the CFS Bookshelf as chapter 640-01.

Safety Assessment and Management 615-600

Implementation Date: January 1, 2026
Last Revision Date:

The Safety Framework Practice Model is applied during all levels of engagement with a family. A child is unsafe when threats of danger exist in the family, when the child is vulnerable to such threats, and if a parent/caregiver has insufficient protective capacities to manage or control the threats.

A child is safe when no threats of danger exist within the family, or parents/caregivers possess

sufficient protective capacity to manage threats, or when the child is not vulnerable to existing danger threats.

Assessing Present Danger Threats 615-605

Implementation Date: January 1, 2026
Last Revision Date:

A present danger threat refers to an immediate, significant, and clearly observable family condition that is occurring, or is in process of occurring and will likely result in severe harm to a child. Present danger threats can be divided into four primary categories: Maltreatment, Child, Parent/Caregiver, and Family. Agency workers will assess each category when completing the present danger assessment.

At the onset of the CPS Assessment or at any point of child welfare agency involvement with families when there is a reported crisis or a new report, the CPS worker or case worker will begin a safety assessment by focusing on whether there are present danger threats to a vulnerable child's safety. The CPS worker or case worker completes a Present Danger Assessment at critical points throughout the life of the case. Present danger threats are usually identified at initial contact by a CPS worker but may also occur during the course of a CPS assessment or while the family is receiving case management services. Present danger which occurs during case management may involve parents/caregivers or kinship caregivers.

Child Protection Services (CPS)
The CPS worker must assess and evaluate the family and home to determine whether a child is in present danger at the following critical points:

- Information gathering and triage at CPS intake;
- Determining the response time based on information reported at CPS intake;
- Making the initial face to face contact with the child; and
- Making the initial face to face contact with the parents/caregivers.

Case Management
The case worker must assess and evaluate the family and home on an ongoing basis to determine whether a child is in present danger at the following points in the case process:

- Initial meeting with the family.
- During face-to-face contact with the child.
- During face-to-face contact with the parents/caregivers; and
- During face-to-face contact with kinship caregivers when an out-of-home safety plan is in place.

Present Danger Planning 615-610

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

With the identification of present danger threats, the CPS or case worker must establish a present danger plan. A present danger plan is an immediate, short-term strategy in response to the present danger threats identified as a result of the present danger assessment. A present danger plan may not be in effect for longer than fourteen (14) calendar days unless an extension is necessary due to extenuating circumstances and approved by the supervisor.

The present danger plan provides a child with adult supervision and care to control present danger threats and to allow for the collection of information that can be used to determine impending danger and parent/caregiver protective capacities. A present danger plan may be a voluntary arrangement made between a family and an agency (in the home or outside the home), or it may be a plan put in place via a shelter care request to the court. A present danger plan must include immediate action(s) to control present danger threats while more information about the family is being gathered through the course of the CPS assessment or case management.

If present danger is a concern, serious harm could result to the child without prompt response and intervention. With the identification of present danger threats, a present danger plan is required to control the danger. The CPS or case worker must closely monitor the present danger plan and reassess family circumstances in order to determine any changes in parent/caregiver capacity that necessitate revisions to the plan.

When creating a present danger plan the CPS or case worker must:

1. Inform the parents/caregivers why the child is determined to be unsafe (i.e. present danger threats);
2. Identify with the parents/caregivers what present danger plan options are available and acceptable;
3. Inform the parents/caregivers that the role of the agency is to ensure the child is protected;
4. Attempt to use resources within the family network to develop the present danger plan;
5. Confirm that there is agreement by all participants, which includes having the participants sign the present danger plan;
6. Put the plan into place before leaving the family/situation;
7. Consult with supervisor or his/her designee regarding the present danger plan and have the supervisor/designee sign the plan by the next business day.
8. For the duration of the present danger plan, the CPS or case worker must continually review the adequacy of the present danger plan and modify when necessary.

In cases where resources within the family are not available, accessible, or appropriate, the agency must use formal resources to develop the Present Danger Plan. It is typical in these situations to have a combination of informal and formal resources put in place for the Present Danger Plan.

Child welfare agency workers must involve Tribal Nations in all aspects of safety intervention, including present danger planning and must initiate active efforts immediately when protective planning with Indian children. These efforts include ongoing and diligent interventions by the worker which are intended to promote communication, collaboration, and coordination with the Tribe.

A Present Danger Plan involving emergency removal must be used when present danger threats exist and the family network or formal resources are not available or accessible, or parents/caregivers are unable or unwilling to permit the agency to implement a Present Danger Plan.

Out of Home Present Danger Planning Considerations

Whenever the CPS or case worker implements an out-of-home present danger plan with a kinship caregiver to control present danger threats, the agency must assess and evaluate the safety of the placement setting as outlined below:

1. Prior to implementing the out-of-home present danger plan, the agency must assess and evaluate the safety of the home setting identified as a prospective placement. The agency worker or designee should make direct contact with the kinship caregiver to conduct an initial in-home safety check (physical space section) utilizing SFN 399, Unlicensed Caregiver Home Study. This visit should include an assessment of the physical environment, a discussion of expectations, a review of the caregiver's role in the present danger plan and any specific needs for the child.
2. If an initial safety check of the home is not conducted prior to placement, the agency must, within 24 hours of placement, conduct an initial safety check (physical space section) utilizing SFN 399, Unlicensed Caregiver Home Study in the home to review physical space, home conditions, and to assist the kinship caregiver in securing necessary items and services to care for the child. If a home visit is not conducted at the time of placement in an unlicensed home, the agency must document in the case activity log of the Child Welfare Information System how child safety was ensured when securing the unlicensed kinship caregiver as the placement.
3. When formal or informal background checks are not conducted in advance of placement into an unlicensed kinship caregiver home, the agency must, also within 24 hours of placement, conduct a:
    a. ND Courts Public Search
    b. Local request of law enforcement records on all adult individuals residing in the home,
    c. SFN 433, CPS index records check
4. Within seven (7) calendar days of placement, the agency must determine if the child will remain in the home more than fourteen (14) calendar days. If so, the agency must complete the home study utilizing SFN 399, Unlicensed Caregiver Home Study to assess the kinship caregiver's capacity and interest to care for the child, their strengths and needs to assist in meeting the child's needs, their involvement and relationship with biological family, willingness to engage in the family interaction plan, gathered understanding of the kinship caregiver's knowledge regarding agency involvement, a review of expectations of the kinship

caregiver's role and a time for the agency worker to review the kinship caregiver's personal circumstances (work, transportation, etc.) that may impact the child's schedule resulting in additional planning and collection of information from the kinship caregiver regarding their financial needs and medical/physical health to care for a child at this time.

Documentation of Present Danger

The Present Danger Assessment must describe all identified present danger threats, and the Present Danger Plan must contain specific information regarding how these present danger threats will be controlled.

Details within the Present Danger Assessment must include:

1. The identification of all danger threats operating in the family, and
2. A description of the immediate, significant, and clearly observable family conditions for present danger that result in an unsafe child.
3. Description of how the present danger plan is intended to control identified threats to each child's safety including:
    a. The safety actions or tasks selected to control the safety threat;
    b. When the safety actions will occur;
    c. The name(s) of the safety provider(s) assigned to each safety action including where the action will occur;
    d. The method for monitoring the safety actions or tasks;
    e. Description how each identified safety provider is confirmed suitable to participate in the Present Danger Plan including the expected frequency and duration; and
    f. An explanation of the safety provider(s) relationship to the family

The Present Danger Assessment and Present Danger Plan forms are required for documentation of present danger threats and must be kept by the agency:

1. When a present danger assessment and present danger plan is completed by the CPS worker, both forms must be attached to the CPS assessment in the Child Welfare Information System.
2. When a present danger assessment and present danger plan is completed by the case worker, the forms must be filed in the agency case record.
3. A copy of the signed Present Danger Plan must be provided to the family and the licensed foster care provider or kinship caregiver providing service to the child in their home.

Assessing Safety during a CPS Assessment 615-615

Implementation Date: January 1, 2026
Last Revision Date:

In accordance with the CPS policy, when the alleged maltreatment involves a parent/caregiver, the CPS worker must conduct interviews and gather the following information to assess maltreatment, impending danger and the status of parent/caregiver protective capacities. The six (6) CPS Assessment factors are:

1. The household composition;
2. The extent, history, and circumstances surrounding the maltreatment;
3. Child functioning;
4. Adult functioning;
5. Discipline; and
6. Parenting.

The CPS worker must review the CPS Intake to verify any past/current involvement with child welfare and information related to adult functioning and parenting that may reveal if there are parent/caregiver protective capacities sufficient to manage impending danger threats. Additional information may be necessary to further identify parent/caregiver protective capacities that will assure child safety.

The CPS worker must complete a Safety Assessment of alleged maltreatment by a primary parent/caregiver during and at the conclusion of the CPS assessment. The basis for assessing child safety at the conclusion of the CPS assessment is the identification of impending danger threats.

Impending Danger 615-620

Implementation Date: January 1, 2026
Last Revision Date:

Impending danger indicates that threats to child safety are family conditions that are specific and observable. A threat of impending danger is something you see or learn about from credible sources. Family members and others who know a family can describe threats of impending danger.

These dangerous family conditions can be observed, identified, and understood. If you cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that you have seen or been told about, that is an indication that is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case does not include a vulnerable child, then safety is not an issue.

The danger threshold refers to the point at which family behaviors, conditions, or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions, or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of intensity, and are judged to be out of the parent/caregiver or family's control thus having implications for dangerousness. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

If impending danger threats are identified, then a child is unsafe, and the worker must complete the Safety Determination Analysis.

Safety Determination Analysis 615-625

Implementation Date: January 1, 2026
Last Revision Date:

If a child is unsafe, the child welfare worker must determine the level of intrusion needed to control and manage impending danger threats. Removal is not always required, and, in many situations, safety can be achieved by supporting the family in their home with identified interventions. To determine the appropriate level of intrusion, the worker must complete the Safety Determination Analysis to assess whether the identified danger can be sufficiently controlled with the help of family members, responsible adults, and other resources that support safety action.

For a safety plan to effectively use in-home safety services, or a combination of in-home and out-of-home safety services, the agency must know how the impending danger occurs uniquely within the family and what must be controlled. For each identified impending danger threat, the worker must assess:

1. Duration: How long has the problem or concern existed?
2. Consistency: How often is the condition present or affecting parent/caregiver performance?
3. Pervasiveness: What is the extent or intensity of the problem, and how consuming is it to parent/caregiver functioning and overall family functioning?
4. Influence: What triggers or activates the threat to child safety?
5. Effect: How does the condition impact the parent/caregiver's ability to provide care and protection?
6. Continuance: How likely is the condition to continue or get worse without agency intervention?

Understanding the above information will assist the agency's worker in determining if an In-Home Safety Plan can be put in place by answering the following questions:

1. Do the child's parents/caregivers have a suitable place to reside where an in-home safety plan can be considered?
    a. Is there confidence in the sustainability of the safety plan in the current location of the parents/caregivers?
2. Is the home environment calm and consistent enough to allow safety services in accordance with the safety plan, and for people participating in the safety plan to be in the home safely without disruption (e.g. reasonable schedules, routine, structure, general predictability of family functioning?
3. Are the parents/caregivers cooperative with child welfare services and willing to participate in the development of the in-home safety plan?
    a. Are the primary parents/caregivers willing to allow safety services and actions to be provided in accordance with the safety plan?
    b. Do the parents/caregivers possess the necessary ability/capacity to participate in an in-home safety plan and do what they must do as identified in an in-home safety plan?

4. Are there sufficient resources within the family or community to perform the safety services necessary to manage the identified impending danger threats?

If the answer to all above questions is "Yes," an in-home safety plan is, or remains, sufficient to control the danger. If the answer to any of the questions is "No," you must proceed with the development of, or continue with, an out-of-home safety plan. When an out-of-home safety plan is necessary, the worker must clearly outline what is must change needed for the child to return home. In most cases, this requires examining what is preventing any "No" responses from becoming "Yes" and identifying the supports the worker and agency can provide to the parents. Once the Safety Determination is completed, the worker must develop the Safety Plan.

Safety Planning 615-630

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

The safety plan serves a distinctly different purpose than a present danger plan. While a present danger plan controls present danger threats, the safety plan is put in place to control impending danger threats. If impending danger is identified a safety plan must be completed. A safety plan is a written arrangement between parents/caregivers and the agency that establishes how impending danger threats will be managed. The safety plan is implemented and active as long as impending danger threats exist and parent/caregiver protective capacities are insufficient to assure a child is protected.

The safety plan must be described in detail indicating the:

1. Specific impending danger threats and how they are manifesting currently in the home environment;
2. Safety services that will be used to manage the identified impending danger threats.
3. Names of formal and informal support that will provide safety services;
4. Roles and responsibilities of the safety service providers including a description of the availability, accessibility, and suitability of those involved;
5. Safety services to include frequency and duration; and
6. Agency's plan to manage and oversee the safety plan, including communication with the family and safety service providers.

Documentation and Supervisory Approval of the Safety Plan

The Safety Plan form (Tool4) must be completed, approved by a supervisor or designee, and provided to the family and licensed foster care provider or kinship caregiver. A copy of the safety plan must be scanned and attached to the CPS assessment in the Child Welfare Information System.

Safety Plan Revisions 615-630.1

Implementation Date: April 1, 2026
Last Revision Date:

In case management, the case worker is responsible to reassess safety at every contact with the family and when conducting face-to-face visits with the kinship caregiver or foster care provider with whom the child is placed. Key questions to consider during safety plan assessments include:

1. Is impending danger still apparent?
2. Are threats changing for the family?
3. Are there new threats?
4. Can the level or degree of intrusion be reduced?
5. Should different services or supports be implemented?
6. Can the family assume more responsibility?

Ongoing evaluation of the safety plan will provide valuable information regarding whether the agency and kinship caregiver or licensed foster care provider's involvement needs to intensify or can be decreased. After evaluating the safety plan through answering all of the above questions, the case worker and safety plan participants must then ask the following:

1. Do changes regarding impending danger or parent/caregiver protective capacities prompt revisions to the safety plan?
2. Do these changes require more intrusion?
3. Do these changes require less intrusion?
4. Are safety services and safety service providers available and accessible to have an immediate impact?

When evaluating the provision of safety services and provider supports for an in-home safety plan, the case worker must ask the following questions:

1. Are safety services still working?
2. Are participants and safety service providers continuing to carry out their defined role in the safety plan?
3. Are services still available and accessible at the required level to have an immediate impact on child safety?

If the answer to any of the above questions is "no," the case worker and safety plan participants must adjust and/or change safety services so that child safety is assured.

Case Worker Responsibilities

1. Review and revise the safety plan ongoing.
2. When a safety service (kinship caregiver or foster care provider) is involved in safety management, include him/her in the revisions of the safety plan.
3. Review the revised safety plan with the supervisor and send to the parents/caregivers, kinship caregiver or provider, and child and family team members.

4. Complete in-person contact with parents/caregivers, children, and safety plan participants within ten (10) calendar days after implementing the revised safety plan to assure it controls the identified impending danger.

Supervisor Responsibilities

1. Review any submitted safety plan revisions from the case worker.
2. Approve revised safety plans and ensure they are sufficient and implemented as designed.
3. Ensure that any required follow-up contacts are completed by the case worker within the required timeframe.

Sibling Placement 615-632

Implementation Date: April 1, 2026
Last Revision Date:

North Dakota child welfare policy emphasizes the importance of placing siblings together unless there is a documented safety risk or specific need that would prohibit placement in the same home. Placing siblings together preserves their relationship and often provides emotional security and a sense of identity during the trauma of removal. Placing siblings together improves placement stability, supports mental health, and strengthens long-term permanency outcomes. Sibling relationships must be considered in all out-of-home placements regardless of custody and throughout any permanency planning decision made by the agency.

When selecting an out-of-home placement for a sibling group, the number of siblings is often the most significant determining factor in identifying a home. Priority must first be given to identifying placement with relatives or fictive kin who are willing and able to safely care for all siblings together. If no appropriate relative or kin can be identified, the case worker can explore placement with a licensed provider. Licensing amendment requests may be made in the event a licensed foster care provider is willing and able to accommodate more than their licensed bed capacity is granted for. In addition to size of the sibling group, the education and medical needs of each child in the sibling group must be considered when making placement decisions.

The separation of siblings may only occur when there is a documented safety risk, clinical concern or court determination that placement is not in the best interest of one or more children. In such cases, the agency case worker must document reasonable efforts made to place siblings together, obtain supervisory approval to separate the siblings, and inform the court of the rationale for separation.

When siblings are separated (facility treatment vs a family home), the agency case worker is responsible for documenting efforts to preserve sibling relationships and must plan for ongoing and frequent family interaction. This includes in-person visitation and ongoing communication through phone or virtual video platforms as well as shared participation in important events (birthday parties, family events, holidays, etc.), when appropriate.

Relative Placement 615-633

Implementation Date: April 1, 2026
Last Revision Date:

Foster care is a safety service and is an appropriate out-of-home plan for an agency to consider when there are concerns that cannot be eliminated through safety planning in the home. If the child must be placed out-of-home, agencies must first seek a relative placement. If a relative is not identified, then a foster care provider may be utilized.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires states to "consider giving" preference to adult relative caregivers over non-relative caregivers when determining placement for a child. This requirement reflects the philosophy of placing children in the least restrictive environment and, when possible, within their home community. In alignment with this federal mandate, North Dakota created the Level of Care document to guide case workers in determining appropriate placements. Additionally, NDCC 50-06 requires public agencies to explore kinship care options when a child cannot safely return home, reinforcing the preference for relative placements consistent with both federal and state law.

Non-Discrimination in Child Placements 615-634

Implementation Date: April 1, 2026
Last Revision Date:

The Multiethnic Placement Act (MEPA) and Interethnic Adoption Provisions (IEP) prohibit delaying or denying foster care or adoptive placements based on the race, color, or national origin of the child or the prospective foster or adoptive parent. Agencies may not discriminate against individuals seeking to become foster or adoptive parents or delay placement decisions for these reasons.

The law aims to reduce the time children wait for permanent homes, prevent discrimination in placement decisions, and promote the recruitment of diverse foster and adoptive families able to meet children's needs. Agencies must actively recruit families that reflect the diversity of children needing placement while ensuring placement decisions remain focused on the best interests of the child.

Compliance with MEPA/IEP is a civil rights requirement, and violations may result in federal investigation and fiscal penalties. The law applies to any entity receiving federal funds involved in foster care or adoption placements and does not override the requirements of the Indian Child Welfare Act (ICWA).

Family Interaction Planning 615-635

Implementation Date: January 1, 2026
Last Revision Date: July 1, 2026

Children and their families (parents, siblings, and extended relatives) benefit greatly from safe ongoing family interaction. These interactions support regular contact, strengthen attachment and preserve meaningful connections. Family interaction planning provides an opportunity to establish, maintain, and promote healthy relationships. Additionally, family interaction offers parents and kinship caregivers a hands-on opportunity to strengthen their skills, evaluate their parenting capacities, and deepen their understanding through direct engagement.

Implementation of family interaction plans preserve and strengthen family relationships as well as support the case plan by:

1. Facilitating timely reunification of children with their families;
2. Assessing and addressing safety issues during family interaction;
3. Assessing and working with the family to enhance parent or kinship caregiver protective capacities;
4. Minimizing placement-induced trauma for the child and family caused by separation;
5. Establishing, enhancing, and maintaining child, sibling, and family attachments; and
6. Establishing and facilitating other permanency options, when appropriate.

In addition, the agency should evaluate other individuals who are presented as significant or important people in the life of the child or family (fictive kin, godparent, close friend, teacher, coach, neighbor). The purpose of extensive evaluation early in the life of the case and ongoing is to determine the need to maintain those connections to reduce trauma for the child and to establish safe supportive out-of-home placement options when necessary.

Initial Family Interaction

The agency case worker must engage in development of an initial family interaction plan until a more thorough interaction plan can be discussed. Face-to-face family interaction is best practice and efforts must be made to offer face-to-face interaction within seven (7) days of the child's placement in an out-of-home safety plan. The agency is responsible for ensuring family interaction occurs and must make efforts to remove barriers that exist.

Family Interaction Plan

The agency is responsible to create a family interaction plan outlining the anticipated interaction for the child with their parents, siblings, and other identified family members. The family interaction plan will be developed with the involvement of parent(s) and children who are able to contribute to the process, as well as the kinship caregiver or other participants identified by the family and agency. The family interaction plan must include:

1. Frequency of face-to-face and informal family interaction,
2. Location of the face-to-face family interaction,

3. Transportation to and from the scheduled family interaction,
4. Who will be present during family interaction, and
5. Arrangements for monitoring or supervision, if needed.

Family interaction plans should be reviewed and reassessed every two (2) weeks. Family interaction plans are expected to change overtime. When reunification is the goal, face-to-face family interaction should:

1. Support parents in enhancing their protective capacities: Contact may involve modeling with a parent structured play, feeding or bathing an infant, assisting with bedtime, completing homework, practicing positive discipline strategies, coaching parents on comforting techniques or how to set limits while validating emotions, using appropriate language, baking or cooking a meal together, etc.
2. Become less restrictive over time: Contact may start supervised and decrease to partial supervision and then move to unsupervised contact.
3. Increase in length of time spent together: Contact may start at 1 hour, transition to 4 hours, a full day, then transition to overnights, and
4. Enhance location opportunities to promote normalcy: Contact may begin at a mutual office space but should be re-evaluated regularly to determine if and when family interaction can occur in a community setting (park, mall playland) or most importantly the home of the parent or at a relative's house.

When reunification is no longer the goal, family interaction does not end. Unless parental rights are terminated or family interactions have been prohibited by a court order, parents and children have the right to interact and maintain at least minimal contact.

In cases where biological parents reside in separate households, efforts must be made to include both the child's mother and father in family interaction planning. In some cases, this may require the development of separate interaction plans.

When consistent family interaction does not occur, consultation with agency supervision is required. It is imperative that the case worker meet with the parent to review and identify any barriers. The family interaction plan should be revised to accommodate all parties.

Frequency of Family Interaction

The agency must make reasonable or active efforts to facilitate regular face-to-face family interaction consistent with the case plan goals. Family interaction must be offered face-to-face no less than weekly and for a minimum of one hour. Additionally, children must be given opportunities for other informal methods of family interaction such as phone calls, texts, video calls or letters at least weekly.

Location of Family Interaction

The agency shall assess and address where family interaction should take place; this will vary based on the family circumstances and should be reviewed regularly. Family interaction plans should occur

in settings that encourage the most natural interaction between family members while minimizing any threats to safety that may exist to the children or other participants. Considerations for deciding on a location include:

1. Suitability of space to allow for positive interaction relative to the child's age and development.
2. Physical safety and emotional stability of the environment.
3. Assessing how the parent feels about the location and their comfortability and willingness to engage with the child in the identified setting.
4. Interest, willingness and support for family interaction to occur in the home of the kinship caregiver or foster care provider, where modeling and mentoring could be provided to the parent.

The ideal environment for face-to-face family interaction is in the home of the child's parent, if it is safe for all participants. When this cannot occur, interaction should occur in the most natural setting determined possible.

Family Interaction when siblings are not placed together

The agency shall make every effort to place siblings together; however, sometimes this is not possible. Sibling interactions provide an opportunity to build or maintain connection and relationships. When siblings are not placed together, agency case workers must facilitate and arrange for siblings to be:

1. Present during the scheduled family interaction.
2. Offered, at a minimum, face-to-face interaction once per week.
3. Offered additional family interaction opportunities such as contact by phone, text, video calls, letters, and email.
4. Made aware of where the other siblings are placed and how to reach the siblings ongoing. This is important that each of the sibling's kinship caregiver or foster care provider is also aware, when appropriate, in efforts to support and maintain connections between siblings.

Decreasing or Suspending Family Interaction

The agency cannot suspend or prohibit family interactions unless a Court determines that continued contact is not in the child's best interests and if there is evidence that the contact is contrary to the safety of the child. Such court findings and information must be documented in the case record.

Agency case workers cannot use family interaction plans as:

1. Punishment, reward, or threat to a child or a parent or
2. A form of control for failure to fully work with agency or community providers or to comply with conditions of the case plan.

Incarcerated or institutionalization of a parent does not constitute grounds for prohibiting or canceling face-to-face family interaction, planning and arrangements should be made allowed by the facility in which the parent resides. In addition, the out-of-home kinship caregiver or foster care provider cannot prohibit family interaction and must support the identified family interaction plan as defined by the team.

Documentation of the Family Interaction Plan

The agency must clearly document the family interaction plan as part of the present danger plan or safety plan and will detail roles and responsibilities of those involved, such as who will transport the child to and from the family interaction, what the kinship caregiver or foster care provider will do to support the plan, what the parent's responsibilities is to arrange and confirm visits with the case worker in advance, and what is the plan and prepared activities for family interaction to assist with structure and quality of time together. In addition, the plan should address parental responsibility to appropriately assist their child with the transition at the conclusion of the family interaction. If applicable, the agency case worker must also document any barriers that exist which minimize the opportunity to engage in regular ongoing family interactions. At a minimum, the agency case worker shall reassess the family interaction plan every two weeks.

Upon completion of the family interaction, the agency worker will document details within the Child Welfare Information System case activity log including a description and details of the quality of the interaction:

1. Participation,
2. Level of supervision,
3. Location of the visit,
4. Duration of the time,
5. Activities or events attended,
6. Feelings and perspective from those who participated (child, parent, sibling, caregiver, case worker (if supervised) reflecting on how the interaction went.
7. If applicable, description regarding why the agency is unable to fulfill the family interaction plan responsibilities as originally scheduled (e.g.: Details of parent's unavailability, lack of cooperation, or refusal).

Any exceptions to family interaction planning must be approved by a supervisor and documented in the agency's case record.

Impact of Family Interaction Plans on Onsite Case Review (OCR) Process

Family interaction planning is critical to case success and is measured by Children and Family Services Quality Assurance Unit during periodic case file reviews and interviews with children, parents, kinship caregivers, foster care providers and agency workers involved in the case. Various items are reviewed for quality assurance, to identify strengths and areas needing improvement, as well as systemic priorities; family interaction and visitation with parents and siblings in foster care (item 8), preserving connections (item 9), engaging in parental and sibling relationship development (item 11), case worker visits with child (item 14) and case worker visits with parents (item 15) are all national permanency and wellbeing outcomes measured ongoing.

Drug Testing Prior to Overnight Visitation 615-636

Implementation Date: January 1, 2026
Last Revision Date:

When a child in need of protection is removed from their home due to parental substance use and placed in out-of-home care by a public agency, the parent(s) may be subject to drug testing. When parental substance use is a primary factor in removal, agency workers must consult with supervision to determine if substance use constitutes continued risk to safety and if there are adequate protective factors to mitigate safety concerns. Agency workers must engage with the parent to identify family strengths, while partnering with the parent's SUD treatment provider, probation, drug court and other service providers to collectively evaluate areas of concern specific to parental substance use. Early identification and referral to SUD treatment are critical components for success in the case plan. Agency case workers must engage in reasonable or active efforts to help the parent schedule required SUD evaluations, remind the parent of upcoming appointments, arrange transportation and support the parent in navigating the various systems.

Drug testing is confidential and does not apply to marijuana. Agency workers must assess whether a drug test is required for the parent before any overnight visits, including trial home visits, or reunification can occur in the home. Drug testing applies when a child is removed from the parental home and any of the following are a contributing factor to the removal:

1. Use of a controlled substance, or
2. The presence of drug paraphernalia.

Based on the details of the case, the agency will determine how drug testing will be administered; including what type of test will be performed (e.g.: sample of hair, sweat, urine, saliva or blood) and where the test will be conducted locally (e.g.: agency office, local lab, third party provider). The parents must pass the drug test administered to them in order for overnight visits, including trial home visit or reunification to occur. If the parent does not pass the drug test, unsupervised overnight visitation will be rescheduled. The agency worker cannot eliminate family interaction and must re-evaluate the family interaction plan to continue opportunities to strengthen and maintain relationships within the family. The agency may require additional drug testing, at any time, to ensure safety and to facilitate safety planning for the child.

Drug testing only determines whether a person has used a particular substance during a specific period of time. Results are only as good as the timeframe in which they are administered and are one part of the ongoing assessment of a parent's substance use. Drug tests are used to monitor parental substance use and to encourage engagement in recovery, testing is not used to punish parents. Agency workers are trained to recognize recovery is not linear. Like other chronic conditions, recurrence and relapses are often a part of the recovery process, which means the agency worker assesses a broad range of considerations as the team safety plans and engages with families. Agency case workers must continually re-evaluate when family interaction between parents and their children can occur, deciding if and when visits can transition from supervised to

unsupervised, and considering if drug testing should be utilized to support case plan decisions. Through testing, treatment support systems, and comprehensive safety assessments, agency workers have various tools necessary to benefit both parents and children in efforts to safely reunify.

Safety Management During Case Management 615-640

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

Continually evaluating the effectiveness of what has been planned to control present and/or impending danger threats (i.e. present danger plans and/or safety plans) or enhance parent/caregiver protective capacities (case plans) is a critical child welfare agency responsibility in safety management and case management. Because family dynamics and/or situations can change, it is necessary to monitor safety on a continuing basis in case management cases. When present danger threats occur during case management, the case worker must follow the policies within this manual pertaining to the present danger assessment and present danger plan.

The essential safety intervention responsibility during case management is oversight of the safety plan. Safety management requires consistent interaction with parents/caregivers, family members, and people involved in the safety plan. The purpose of this contact is to ensure the safety plan is implemented as planned and that nothing hinders its effectiveness.

Safety management includes being vigilant about the need to adjust the safety plan. This responsibility includes being alerted to changes in a family or individuals that influence impending danger. Safety management is provisional or dynamic. It is subject to change or adjustment based on what is happening with parents/caregivers and families. Safety management needs to be flexible so that safety actions can be increased or decreased based on the status of impending danger and changes in parent/caregiver protective capacities.

In-Home Safety Plan

The case worker must continuously conduct a review and evaluation of the adequacy of an in-home safety plan. This includes majority of visits occurring in the primary residence of the child:

- Twice a month face-to-face contact, at a minimum, with parents/caregivers and child unless a need for more immediate contact is indicated.
- Twice a month contact, at a minimum, with any safety service provider involved in the Safety Plan.

In families where there is an in-home safety plan, information gathered from the parents/caregivers, child, and safety service providers is used to evaluate and confirm child safety by:

1. Assuring that the services put in place continue to adequately control identified safety threats,
2. Assuring that the commitments by the family and providers remain intact,
3. Determining whether previously identified safety threats have been eliminated or if the severity has been reduced or increased,
4. Determining if new safety threats have emerged, and

5. Modifying the present danger plan (related to present danger threats), safety plan (related to impending danger threats) or case plan (related to protective capacities), when appropriate.

Out of Home Safety Plan

The case worker must continually review and evaluate whether the out-of-home safety plan remains adequate. Face-to-face contact requirements vary depending on whether the agency has custody.

- When the agency has custody:
  The case worker must have face-to-face contact with the child at least monthly, with the majority of visits occurring in the child's primary residence. In addition, ongoing contact must be made, no less than monthly, with the kinship caregivers or foster care provider caring for the child.
- When the agency does not have custody:
  The case worker must have face-to-face contact with the child and kinship caregivers at least twice per month, with the majority of those visits occurring in the child's primary residence.

The case worker must also have at least monthly face-to-face contact with the child's parent/caregiver, regardless of the custody status. The case worker must also complete a reassessment of the safety of the placement at minimum, every thirty (30) calendar days. This must include confirmation of the continuing suitability of the kinship caregivers, the absence of safety threats, the presence of indicators that the environment is safe, and the child's adjustment to the placement.

Placement with a Kinship Caregiver

This policy specifically applies to case management cases in which this safety service involves at least one child being separated from parents/caregivers and placed with a kinship caregiver without a change in custody. Therefore, the separation safety service is a voluntary arrangement between the parents/caregivers and kinship caregiver, overseen by the agency. The agency must ensure all actions comply with this policy.

Assessing and confirming a safe environment in kinship caregiver's home must occur every time a new placement with a kinship caregiver is considered. Prior to placement with a kinship caregiver the case worker will follow present danger planning requirements and timelines associated with conducting an initial safety check (child abuse and neglect index, background checks, physical space review of the home) and if the placement will be longer than fourteen (14) calendar days, the completion of the SFN 399, Unlicensed Kinship Caregiver Home Study. The home study will assess the kinship caregiver's capacity and interest to care for the child, their strengths and needs to assist in meeting the child's needs, their involvement and relationship with biological family, willingness to engage in the family interaction plan, gathered understanding of the kinship caregiver's knowledge regarding agency involvement, a review of expectations of the caregiver's role and a time for the agency worker to review the kinship caregiver's personal circumstances (work, transportation, etc.) that may impact the child's schedule resulting in additional planning and collection of information from the kinship caregiver regarding their financial needs and medical/physical health to care for a child at this time.

Ongoing and timely follow up from the case worker is important in supporting and maintaining the kinship caregiver as a placement resource. Additionally, the case worker must:

1. Consider danger threats ongoing with kinship caregivers to determine the safety of the home. If kinship caregiver danger threats are confirmed, the worker must locate and transition the child to a new placement immediately.
2. Assess the kinship caregiver's motivation to provide care for the child, perspective of the child, and an understanding of the need for an out-of-home safety plan.
3. Assess the child's reaction to and perspective of the kinship caregiver and the home.
4. All potential kinship caregivers and other household members must be included in the assessment.

Court Intervention 615-700

Implementation Date: January 1, 2026
Last Revision Date:

Child welfare agencies work in close partnership with Juvenile Court to ensure appropriate measures are in place to protect children and promote their safety. As agency staff respond promptly to reports of abuse or neglect and conduct thorough assessments, they collaborate with the court when needed to provide legal oversight, authorize protective actions, and guide decisions regarding long-term permanency outcomes. If the family is unable or unwilling to control present danger and/or impending danger threats to safety through the use of a safety plan, the child welfare agency must consult with the State's Attorney or local Juvenile Court office to ensure that necessary services are ordered by the court and implemented or take other reasonable action (i.e. temporary custody order) to immediately assure child safety.

Case workers are responsible to work with the local State's Attorney assigned to the case to ensure all paperwork is submitted timely to Juvenile Court. The case worker must prepare a detailed affidavit with proper judicial determination language and file it with the State's Attorney. Upon receipt, the State's Attorney will petition the court for a hearing, and all notices are served to the parties involved. Child welfare workers must be prepared to present to the court all evidence about a child's removal from the home, reasonable or active efforts that were provided to prevent removal or return the child to their home, as well as any updates regarding the case plan/goal.

Child Welfare Court Hearings 615-705

Implementation Date: January 1, 2026
Last Revision Date:

A legal proceeding is an action established in a court of law to acquire a right, interest or benefit or to reinforce a remedy. Child welfare workers will engage in various types of court hearings.

Temporary Custody Order (TCO)

If present danger exists and out-of-home placement is warranted, agencies shall make reasonable or active efforts to prevent removal by working to implement a safety plan that the parents will agree to such as seeking supports from relatives or kin prior to requesting a temporary custody order (TCO). The purpose of the temporary custody order is to remove the child from the present danger situation with authorization from Juvenile Court until a shelter care hearing occur.

TCO Highlights include:

1. A removal from the home can be authorized by law enforcement or a TCO must be issued by the Director of Juvenile Court (or designee).
2. If removal is authorized verbally, a TCO must be in writing within 24 hours.
3. Agency affidavit to request shelter care must be submitted to the Juvenile Court asap. Juvenile Court will need documentation to create a court file and schedule a shelter care hearing.

Shelter Care Hearing

The purpose of the shelter care hearing is to determine whether there is probable cause to believe the child is in need of protection or delinquent and if removal from the home for shelter care is required to protect the child. The shelter care hearing must be scheduled no later than 96 hours before a judge, with the exception of holidays and weekends.

Shelter Care Hearing Highlights include:

1. Determination if:
    a. The child shall remain in out of home placement under the care, custody, and control of a public agency;
    b. It was "contrary to the welfare" for the child to remain in the home upon removal; and
    c. Reasonable or active efforts were made to prevent the removal.
2. An adjudication must occur within sixty (60) calendar days from date of removal (within thirty (30) calendar days if ICWA applies). Petitioners have thirty (30) calendar days from first placement to file a petition. However, in order to ensure proper service of the documents on the parties as required by court rules the filing of the petition should occur within the first fifteen (15) days. If the petition is not filed within thirty (30) calendar days of the shelter care hearing, the child must be released from shelter care and custody is returned to the parent. Some jurisdictions have an initial appearance on the petition, which is held within thirty (30) calendar days of removal. If that cannot be done, the shelter care order may be extended, but the required judicial determinations are still required.
3. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation and service of process on all parties. In most cases, the affidavit in support of the child in need of protection petition must be submitted to State's Attorney office as directed by the local State's Attorney or at least ten (10) calendar days before the petition is to be filed with Juvenile Court.

Initial Appearance

This is the first time the parties of the case will appear in court to respond to the petition. The Judicial Officer will:

1. Review the proceedings,
2. Acknowledge the parties who are present, and
3. Advise the respondents of:
    a. The allegations,
    b. Their rights (counsel, admit, deny, go on to trial),
    c. The possible outcomes of the proceedings, and
    d. Consequences of an admission or denial.
4. Elicit a response (admission or denial) from the respondents.
    a. If they deny, then a pretrial conference, status conference, adjudication hearing or trial is scheduled.
    b. If they admit, then either a disposition hearing will be held at that time, or the case will be continued for a later dispositional hearing.
5. Agency must work with the State's Attorney to ensure no further information is required to be filed with the court prior to the hearing.

Adjudication Hearing

The purpose of the adjudication hearing is to either accept admission to the allegations or to hear evidence submitted to prove the allegations listed in the petition.

Adjudication Hearing Highlights Include:

1. Court must make findings as to whether the child is in need of protection,
2. Evidence of need for protection must be clear and convincing,
3. Admission of need for protection,
4. If need for protection is found; move to disposition hearing.
5. Evidence of each delinquent act must be found by proof beyond a reasonable doubt.
6. The hearing on the petition must be held and findings made within sixty (60) days of initial removal (thirty (30) calendar days if ICWA applies), unless a continuance is granted by the court under Rule 9 of the ND Rules of Juvenile Procedure.
7. In most cases, adjudication and dispositional hearing will be held at the same time.
8. Agency must work with the State's Attorney to ensure no further paperwork or information is required to be filed with the court prior to the hearing.

Dispositional Hearing

The purpose of a disposition hearing is to conclude a case by deciding on the consequences. For a juvenile, the goal is a dispositional plan addressing the issues that led to the offense through treatment, supervision, and rehabilitation. For an adult, the purpose is to determine a just sentence by weighing various factors. The hearing allows both the prosecution and defense to present arguments, and the final decision balances societal needs for punishment with any mitigating factors. This hearing will include whether to permit the child to reside with the child's parents, guardian or other custodian, subject to conditions and limitations as the court subscribes, including supervision as directed by

the court for the protection of the child such as a safety or treatment plan. The court may also consider whether it is in the best interests of the child to return home if the child was removed in a shelter care hearing prior to disposition.

Dispositional Hearing Highlights Include:

1. This hearing may be combined with the adjudication hearing.
2. The court may receive evidence from any party relating to the disposition. The court listens to evidence regarding what services the parents have participated in to address the issues that brought the case before the court.
3. The court will also hear evidence regarding the child's placement, wellbeing, and service needs. The court looks at the efforts made by the agency to assist the family, and the best interests of the minor.
4. In determining who shall have custody of a child at the time of disposition, the court will review what is in the child's best interest.
5. In delinquent cases:
    a. The court will hear evidence as to whether the child is in need of treatment or rehabilitation.
    b. The burden of proof at this stage is clear and convincing evidence standard.
6. In child in need of protection cases, the court can make any disposition listed at 27-20.3-16 which is "best suited to the protection and physical, mental, and moral welfare of the child".
7. Agency must work with the State's Attorney to ensure no further information is required to be filed with the court prior to the hearing.

Review of Custody Hearing

At any time, the child, parents or any party can request a review hearing as it is not required that a review be initiated by the custodial agency. The purpose of the hearing is to update the court on the progress of the case planning, the court to review the respondent's request for release or any other issue which the respondent is requesting be reviewed by the court.

Review Hearing Highlights Include:

1. An agency can request for an early release of custody at this time if the family has met the terms of the case plan or can request the case be extended until the future permanency hearing to allow more time to achieve case goals.
2. A review hearing can also be combined with a permanency hearing and held as one hearing in judicial court proceedings.
3. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation. In most cases, the affidavit must be submitted to the state's attorney at least fourteen (14) calendar days before the needed hearing date in order to provide time for state's attorney review, the filing of the necessary documents, and the service of the paperwork on the parties in the case.

Permanency Hearing

The purpose of the permanency hearing is to review progress toward the goals outlined in the original order that addressed the reasons for the child's placement in foster care. During the hearing, the court identifies the approved permanency plan for the child and establishes the expected timeline for achieving that plan.

Permanency Hearing Highlights Include:

1. The court will monitor the wellbeing of the child and carefully review issues regarding the child's placement, service needs, education, and family visitation and determine whether the original order should be extended for an additional period of time.
2. If permanency is not achieved within twelve (12) months of removal, agencies must obtain the required judicial determination that out of home care is required and reasonable or active efforts were made to finalize the permanency plan and to indicate what the efforts were and the goal in place. Permanency goals may be either reunification, adoption, legal guardianship, placement with relatives who can and is willing to provide adequately for their safety and wellbeing, or placement of another planned permanent living arrangement.
3. A permanency hearing and a review hearing can be combined and held as one hearing in judicial court proceedings.
4. A full hearing is required. Paper reviews, *ex parte* hearings, agreed orders, or other actions or hearings which are not open to the participation of the parents of the child, the child (if age appropriate), and kinship caregivers, foster care providers or pre-adoptive parents (if any) are not permanency hearings.
5. In addition, a permanency hearing must be conducted within thirty (30) calendar days after a court determines that reasonable efforts are not required because:
    a. A parent has subjected the child to aggravated circumstances; or
    b. The parental rights of the parent, with respect to another child of the parent, have been involuntarily terminated.
6. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation. In most cases, the affidavit must be submitted to State's Attorney office at least ninety (90) calendar days prior to order expiration in efforts for the State's Attorney to file the notice of permanency or request for review timely with the court.

18+ Continued Care Permanency Hearing

The purpose of the hearing is to authorize placement and care responsibility (not custody) to a public agency for a youth requesting continued foster care who meet specific eligibility. 18+ continued cases are no longer under the public custody of an agency.

18+ Permanency Hearing Highlights Include:

1. Every 18+ Continued Care court order must be a permanency hearing in efforts to obtain permanency findings.
2. Every 18+ case must have a permanency hearing no later than 90 days of the effective date on the SFN 60, 18+ Continued Care Agreement.

3. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation. In most cases, the affidavit must be submitted to State's Attorney office at least 14 days before the petition or notice of permanency is to be filed with the court.

Termination of Parental Rights (TPR) Hearing

The purpose of such a hearing is to review a request to terminate the parental rights of the parents in cases with the most extreme forms of need for protection. This may be the case where the child has been "abandoned" by the parents or where the child has been subjected to "aggravated circumstances", i.e. extreme forms of abuse or neglect or when the child is and has been in need of protection and all indications are that the need for protection will continue to the harm of the child. (NDCC 27-20.1) A TPR is a complicated proceeding; the rights of all parties are given great merit because of the finality of the outcome.

Termination of Parental Rights Hearing Highlights Include:

1. Judge will advise parties of their right to counsel, appoints counsel as necessary, accept admissions or denials on the TPR petition and order parents to the adjudicatory hearing.
2. If a parent or legal custodian is absent, the court will evaluate the sufficiency of service and notice and make a determination as to whether the parent has defaulted to the TPR for failure to appear or whether another advisory hearing date should be set for that parent.
3. In order for a termination of parental rights to be granted, the evidentiary standard of clear and convincing or beyond a reasonable doubt (ICWA) must be met to prove the child is in need of protection, and:
    a. The need for protection is likely to continue or will not be remedied; and
    b. The child will suffer serious physical, mental, moral, or emotional harm because of this; or
    c. The child has been in foster care for at least 450 out the previous 660 nights (can be less than 450 days); or
    d. The parents' consent to the termination.
4. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation. If permanency findings are begin sought in the same hearing as the termination of parental rights, the affidavit must be submitted to the State's Attorney office at least sixty (60) calendar days, and in some areas ninety (90) calendar days, before the permanency order expiration date so that the State's Attorney may file the notice of permanency or request for review timely with the court.

Court Order Continuances

Throughout the life of the case, there are times when the court "continues" the child's order without a hearing, this is typically done to ensure all parties have an attorney, etc. Continuance is an allowable function of the court, however the timeframe in which a continuance is granted is important for foster care cases.

For a shelter, disposition or review hearing, if a court has made the requisite "contrary to the welfare" and "reasonable or active efforts to prevent removal" findings, a continuance issued under Rule 9 of the N.D. Rules of Juv. Pro. can occur and will, unless otherwise ordered, continue the existing custodial order. Continuances generally carry forward the existing judicial determinations, which is acceptable when the child remains in public custody and the case is not due for a permanency review.

For a permanency hearing, if a case is due for 12-month permanency review, a court can make the decision to continue an order to maintain custody, however, the case must receive new permanency judicial determinations before the last day of the 13th month in efforts to meet the Title IV-E requirements of the Social Security Act. Federal regulations requires judicial determinations from the court that the agency has made reasonable efforts to finalize the permanency plan for the child at least every twelve months. A continuance of a prior order does not bring forward the required new judicial determination, nor does a court order continuance allow the participation of the relevant parties in a hearing to address permanency. If the new judicial determinations are not obtained by the end of the 13th month, HHS Children and Family Services cannot make a foster care payment on behalf of the child (CFR 45 CFR Part 1356).

Hearing Notices

Reasonable notice of court hearings and the opportunity to be heard for parties affected by the case must be granted. Initially, the agency granted temporary custody is required to notify all relevant parties. When ongoing hearings occur (petitioned proceedings), the Courts provide reasonable notice, either oral or written, to the child (when age appropriate), the child's parents, guardian, or other legal custodian. The custodial agency must ensure the licensed foster care provider or unlicensed caregiver is provided with written notice of, and a right to be heard in, any proceeding with respect to the child. Email or letter notice constitutes written notice, if there is documentation of the letter or email on file. Foster care providers or kinship caregivers may choose to attend the court proceeding but are not always permitted in the hearing. ND Rules of Juvenile Procedure, Rules 4 and 15. (www.ndcourts.gov).

Court Documentation - Custodial Agency 615-710

Implementation Date: January 1, 2026
Last Revision Date:

NDCC 27-20-3-17 requires custodial agencies to develop and submit an initial and ongoing family case plan to the committing Juvenile Court by e-filing into the court system. Custodial agencies must upload the progress for every child. The progress reports provide an update to the court to review and determine whether the achievement of permanency is occurring timely for the child. This policy includes children in foster care under the custody of an agency with a termination of parental rights (TPR) or placement and care in the 18+ Continued Care Program. TPR and 18+ cases have a valid court order and require quarterly progress be uploaded to the court until permanency is achieved.

Initial Documentation - New Case

1. Upload the initial family case plan within sixty (60) days of entry into foster care.
2. "Family Case Plan" is defined by foster care policy to include:
    a. Case plan (Tool 6),
    b. Out of home safety plan (Tool 4), and
    c. History of foster care placements since entry into care.

Quarterly Progress – Opened Cases

1. Upload the quarterly family case plan progress report
2. "Family Case Plan Progress Report" is defined in foster care policy to include:
    a. Protective Capacities Progress Assessment (PCPA -Tool 7), and
    b. History of foster care placements in the past quarter.

Juvenile Court E-filing

Juvenile Court created training specific to e-filing documents into the court file. Custodial agencies must determine which employees will be uploading the documents and require the workers to take the online training to file properly. The custodial agency must code the plan as a "report" and comment on the type of report filed.

1. Family Plans
    a. Code = Report
    b. Filing Comment = Initial report plan or quarterly plan
2. Placement History
    a. Code = Report
    b. Filing Comment = Placement History
    c. There is not a specific document required for placement history. Custodial case workers can decide how to best provide this information (e.g.: screen shot of placement history saved as a PDF) to the court.

Redacting

If the custodial agency feels it is necessary to redact documents specific to parental involvement and parental services, the agency can choose to redact or e-file documentation separately.

File and Serve Training

North Dakota Courts offers various resources and training on electronic filing, requirements for the filing formats, timely filing, confidentiality and more. Case workers can locate training here:

- https://www.ndcourts.gov/legal-resources/rules/ndrct/3-5
- https://www.ndcourts.gov/district-courts/e-filing-portal

When registering online do not enter an agency credit card, as there not a charge to e-file. Agencies may select "waiver".

ICWA Court Proceedings 615-720

Implementation Date: January 1, 2026
Last Revision Date:

The child's case worker must be prepared to present to the court all the evidence the agency has about a child's connection to a Tribe. If ICWA does apply, the court is responsible to follow specific criteria for Indian children. ND Supreme Court created an ND ICWA Hard Card for the Judicial Bench book to help prepare proper language for the affidavit presented to the court regarding ICWA.

Case workers must request that the court make a finding on the record at every custody proceeding (emergency, involuntary, voluntary, etc.) if any participant knows or has reason to know that the child is an Indian child and whether ICWA applies. If the court does not have sufficient evidence to confirm that the child is an Indian child, the court must make diligent efforts to work with the Tribe(s) where there is reason to know the Indian child may be affiliated. The court will proceed by applying ICWA standards until they receive confirmation that ICWA does not apply. The child's Tribe is the only entity that can make a determination of whether a child is an Indian child.

Emergency Removals

1. ICWA regulations state that emergency removals are authorized to protect an Indian child in imminent physical danger or harm, but they should cease immediately when the placement is no longer necessary to prevent imminent harm.
2. ICWA regulations state that emergency removals should not last longer than thirty (30) calendar days unless the court makes required determinations.
3. ICWA regulations require the court and/or custodial agency, or its agent, to provide a Qualified Expert Witness (QEW) at the removal hearing. In ND, the ICWA Family Preservationist (IFP) may serve as a QEW.

Notice in Child Custody Proceedings

ICWA requires that notice must be provided by the party seeking placement or termination of parental rights to the parent(s), Indian custodian, and child's Tribe. If a court proceeding has been scheduled, notice must be:

1. Sent by registered mail, return receipt requested.
2. A copy of this notice should be filed in the case file and with the court, along with any returned receipts.

Requests for a court proceeding (with the exception of emergency removals) cannot be made until:

1. At least ten (10) calendar days after receipt of notice by parents or Indian custodian, or after thirty (30) calendar days if 20 additional days are requested by the parents or Indian custodian to prepare for the proceedings; or
2. At least ten (10) calendar days after receipt of notice by the Tribe, or after thirty (30) calendar days if the Tribe requests an additional twenty (20) calendar days to prepare or the proceeding; or

3. No fewer than fifteen (15) calendar days after receipt of notice by the Bureau of Indian Affairs.

If the Tribe Does Not Respond

If a Tribe does not respond to an official notice sent by the agency or if the Tribe replies that it does not wish to intervene in the proceeding, the case worker must continue to send the Tribe notices of every proceeding. The Tribe can intervene at any point in the proceeding and therefore has the right to be notified of all hearings related to the case.

Transfer of Jurisdiction to Tribal Court

A request for transfer of jurisdiction may be made orally on the record in court or in writing by either a parent or the Indian child's Tribe. The right to request transfer is available at any stage of child custody proceedings. ICWA regulations contain five factors that the court cannot consider in determining whether good cause exists not to transfer jurisdiction, including:

1. Whether the proceedings are at an advanced stage when the Tribe, parents, or Indian custodian have not received notice of the proceedings until an advanced stage
2. Whether transfer was requested in prior proceedings
3. Whether transfer could affect the placement of the Indian child,
4. The Indian child's cultural connections to the Tribe, or
5. Socio-economic conditions or any negative perception of tribal or BIA or judicial systems.

Late Evidence

If the court determined on the record that there was no reason to know the child was an Indian child and it was determined that ICWA did not apply, and a party later comes forward with reason to know ICWA does applies, the court shall apply ICWA standards to the case immediately. If new evidence is identified during a case that gives reason to know the child is an Indian child; such as

1. A Tribe changing eligibility requirements over the course of a case where a child is a member or eligible for membership, or
2. A Tribe has recently received federal recognition; the child's case worker must bring new evidence to the court's attention 25 CFR § 23.107(a).

Qualified Expert Witness (QEW)

The court and/or custodial agency or its agent must provide a Qualified Expert Witness (QEW) be present at the removal hearing and ongoing hearing thereafter.

A QEW:

1. Must be qualified to testify as to the prevailing social and cultural standards of the Indian child's Tribe.
2. Cannot be the case worker regularly assigned to case.
3. May be the ICWA Family Preservationist authorized by the Tribe or other identified Tribal representative. If an agency is experiencing challenges in locating QEW, they may request assistance from the Tribe.
4. Must testify regarding whether the child's custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

Termination of Parental Rights

The agency case worker must be prepared to present to the court all the evidence detailing a child's connection to a Tribe, case planning, permanency goals, active efforts, etc. The case worker must:

1. Petition to terminate parental rights,
2. Notify the Tribe, biological parents, Indian custodians, and all relevant parties,
3. If a Tribe does not respond after 12 months to the agency's required attempts to determine if the child is a member or eligible for membership, the case worker will consult with BIA Regional Director to establish if the case worker applied due diligence in trying to obtain a response from a Tribe.
4. If the review of information documented by the case workers efforts to contact the Tribe determines that additional efforts must be made, the case worker must make those efforts before presenting the termination of parental rights to the court.
5. If the court determines on the record that there is no reason to know the child is an Indian child and it is determined that ICWA does not apply, a party who later comes forward with reason to know ICWA applies can request the court to apply ICWA standards before proceeding with a termination of parental rights.
6. If new evidence is identified during a case that gives reason to know the child is an Indian child (such as a Tribe changing eligibility requirements over the course of a case where a child is a member or eligible for membership, or a Tribe has recently received federal recognition), the child's case worker must bring new evidence to the court's attention. CFR 25 CFR 23.107.

Abandoned Child – Domicile

If a public agency obtains custody of a child, and the agency has reason to know a child is an Indian child due to the domicile or residence of the child's parent or custodian is on a reservation (CFR 25 CFR 23.107(c)(4), the case must be treated as an ICWA case until it is determined the child does not meet the definition (CFR 25 CFR 23.107(b)(2)). The child's worker would need to determine if the child or parent's domicile is on the reservation; meaning residence with an intent to stay, or return. If domicile of the parent is in fact on the reservation, the agency will need to work directly with the Tribe to determine if ICWA applies.

The Tribe is the only entity who can determine if a child is an Indian child enrolled or eligible for enrollment; a public agency cannot (CFR 25 CFR 23.108(b)).
Note: a blood or DNA test will not confirm if ICWA applies to a child.

Reasonable or Active Efforts 615-725

Implementation Date: January 1, 2026
Last Revision Date:

Child welfare agencies are required to make and document reasonable or active efforts. Reasonable or active efforts (in ICWA cases) are the steps taken to help keep children safely with their families whenever possible or to reunite families when a child has been removed. These efforts involve

working in partnership with families, listening to their needs, building on their strengths, and connecting them to services that address safety concerns. Case workers are expected to make thoughtful ongoing efforts and clearly document the steps taken by the agency.

Federal law requires judicial determinations of reasonable or active efforts be made known during court proceedings showing efforts the agency has made to provide assistance and services to the family. Reasonable or active efforts are intended to support and document agency efforts to engage with families, maintain family connections, offer services and ultimately justify that the decision to remove a child from their home was made with the greatest care for the child's safety. The agency shall ensure the removal occurs only after reasonable or active efforts to engage the family in services to improve conditions have been provided and failed, offered and refused, or when there is a clear danger to the physical and emotional wellbeing of the child.

Child welfare agencies are required to make and document reasonable or active efforts:

1. To prevent the removal of a child from their home;
2. To finalize a permanency plan for the child within 12 months of the date the child is considered to have entered foster care and every 12 months thereafter;
3. To maintain family connections; and
4. In the case of siblings not placed together, to provide for frequent visitation or interaction, unless this would be harmful to any of the siblings. A review of the efforts and such findings must made at each hearing.

Active efforts are considered best practice in all cases but are only required for cases where ICWA applies and it is known that the child is an Indian child either enrolled or enrollable in Tribe. A resource comparing active efforts vs reasonable efforts can be found in 615-3000.

Removal of a child from the home must be based on judicial findings stated in the court order and determined on a case-by-case basis in a manner that complies with Social Security Act 42 USC 620: Authorization of appropriations, 42 USC 6701: Definitions and 25 U.S. Code Chapter 21 ICWA. These regulations require the initial court order and subsequent court reviews document the agency's reasonable or active efforts. If removal is warranted, the court shall consider whether services to the child and family were:

1. Relevant to the safety and protection of the child,
2. Adequate to meet the needs of the child and family,
3. Culturally appropriate,
4. Available and accessible,
5. Consistent and timely, and
6. Realistic under the circumstances.

Exceptions to Reasonable or Active Efforts

Reasonable or active efforts to prevent removal, or return a child home, are not required if:

1. A court of competent jurisdiction has determined that a parent has subjected the child to aggravated circumstances; or

2. The parental rights of the parent, with respect to another child of the parent, have been involuntarily terminated.

The agency must document in the affidavit such details and request the State's Attorney bring these points to the court's attention during the shelter care hearing. The agency must seek to assure that the court record documents the judicial finding that reasonable or active efforts are not required for a specific reason. If the court makes a finding that reasonable or active efforts are not required, a permanency hearing must be held within thirty (30) calendar days of the removal or date of determination, unless the requirements of the permanency hearing are fulfilled at the hearing.

Compelling Reasons Not to File a TPR 615-727

Implementation Date: April 1, 2026
Last Revision Date:

If the agency determines that filing a petition to terminate parental rights is not in child's best interest, the custodial agency must document compelling reasons for that decision in the PCPA, affidavit to the court, and maintain documentation in the child's case file.

A petition for TPR does not need to be filed if (NDCC 27-20.3-21):

1. The child is being cared for by a relative approved by the human service zone;
2. The human service zone has documented in the case plan a compelling reason for determining that filing such a petition would not be in the child's best interests and has notified the court that the documentation is available for review by the court; or
3. The human service zone has determined:
    a. Reasonable efforts to preserve and reunify the family are required under section 27-20.3-26 to be made with respect to the child;
    b. The case plan provides such services are necessary for the safe return of the child to the child's home; and
    c. Such services have not been provided consistently with time periods described in the case plan.

Compelling reasons reflect consideration of:

1. The child's age;
2. The portion of the child's life spent living in the household of a parent;
3. The availability of an adoptive home suitable to the child's needs;
4. Whether the child has special needs; and
5. The consistently expressed wishes of a child aged ten or older, and the child strongly objects to being adopted.

There are reasons why the goal of adoption may not be in the best interest of the child, including:

1. Parents are engaging and making progress in case planning goals but need more time (within reason) to achieve the goal of reunification.

2. The child's identified relative is willing to obtain their own legal standing with the child and parents. They are willing to provide adequately for their safety and wellbeing without agency involvement.
3. There are compelling reasons not to file the termination of parental rights.

Termination of Parental Rights 615-730

Implementation Date: April 1, 2026
Last Revision Date:

Termination of Parental Rights (TPR) is a legal process that permanently ends the legal relationship between a parent and their child. This action is taken when it has been determined that reunification is not possible or is no longer in the best interests of the child. The purpose of pursuing termination of parental rights is to provide children with safety, stability, and the opportunity to achieve permanency through alternative permanent living arrangements, such as adoption.

The decision to seek termination of parental rights is made only after careful consideration and when reasonable efforts to support reunification have been unsuccessful or are no longer appropriate. Once parental rights are terminated by the court, the parent no longer has legal rights or responsibilities related to the child, allowing the child welfare agency to pursue a permanent plan that supports the child's long-term wellbeing.

Termination of Parental Rights – Mandatory Filing 615-730.1

Implementation Date: April 1, 2026
Last Revision Date:

Mandatory filing for Termination of Parental Rights (TPR) ensures that children in out-of-home care achieve timely permanency when reunification with their parents is no longer viable. Child welfare agencies are required to file a petition to terminate parental rights when specific legal thresholds are met, particularly when a child has remained in foster care for an extended period without safe reunification. This requirement supports the child's need for stability, safety, and a permanent home.

Mandatory filing typically occurs when a child has been in foster care for 15 of the most recent 22 months, unless specific exceptions or compelling reason not to file apply. The custodial agency must file a petition to the court for Termination of Parental Rights:

1. On or before the day when the child has been in foster care for 450 out of the previous 660 nights; or
2. Within sixty (60) calendar days after the court has found the child to be an abandoned infant; or
3. Within sixty (60) calendar days after the court has convicted the child's parent of one of the following crimes in North Dakota, or a substantially similar offense under the laws of

another jurisdiction: murder, manslaughter, or negligent homicide of a child of the parent; aiding, abetting, attempting, conspiring, or soliciting the same crimes; or aggravated assault in which the victim is a child of the parent and has suffered serious bodily injury.

Once a termination of parental rights is authorized by the court, the custodial agency shall continue to exercise responsibility for planning until the permanency goal is finalized.
Custodial case workers computing the 15 of the most recent 22 months (also viewed as 450 of 660 nights in care must consider the dates of entry, dates of discharge from foster care, as well as certain nights between those dates which are not counted among the nights in care. The count is calculated by:

1. Determining the child's most recent date of entry into foster care, which is defined as either the date of a judicial finding that the child had been subject to child abuse or neglect (often the adjudication hearing), or 60 days after the date on which the child was removed from the home, whichever is earlier. The start date is not calculated by the date the child was physically removed from the home.
2. Determining if the child had multiple dates of entry into foster care over the past 22 months from the current foster care entry date.
    a. If the child did not have multiple foster care episodes during the past 22 months, calculate how long the child has been in care by starting with the most recent date of entry into foster care.
    b. If the child had multiple foster care episodes during the past 22 months from the current foster care entry date, start the cumulative count with the earliest entry into foster care that occurred during this 22-month period. If the most recent entry date is more than 22 months after the child entered foster care during the prior episode, begin a new count of 450 of 660 nights using the most recent foster care entry date.

Do not include the following placement settings in the total count:

1. Trial home visits,
    a. If a THV lasts longer than 6 months without a court order extending the THV, the child is considered to be discharged from foster care at the end of the 6 months.
    b. If a child's THV ends without a discharge from foster care and the child returns to placement, the return is not counted as a foster care re-entry. The count of 15/22 months should resume at the time the child returned to placement rather than considering it as a new foster care entry.
2. Runaway episodes,
3. Hospital, or
4. Placement in a locked correctional center, such as Juvenile Detention or the Youth Correctional Center.

Termination of Parental Rights – Optional Filing 615-730.2

Implementation Date: April 1, 2026
Last Revision Date:

Optional filing for Termination of Parental Rights (TPR) allows a child welfare agency to pursue termination when circumstances indicate that it may be in the child's best interests, even if mandatory filing requirements have not been met. This approach provides flexibility to address situations where a parent is unable or unwilling to safely care for the child and reunification is unlikely within a reasonable timeframe.

Through optional filing, the agency may determine that pursuing termination of parental rights supports the child's need for safety, stability, and permanency. Decisions to file are made after careful assessment of the family's circumstances, the child's needs, and the progress made toward reunification. When appropriate, optional filing allows the agency to move toward a permanent plan, such as adoption, while ensuring that all legal standards and the child's best interests remain the primary consideration.

The custodial agency may file a petition to the court for Termination of Parental Rights at any time if any one of the three following conditions pertains:

1. The parent has abandoned the child.
2. The child is subjected to aggravated circumstances;
3. The child is in need of services or protection and the court finds:
    a. The conditions and causes of the need for services or protection are likely to continue or will not be remedied and for that reason the child is suffering or will probably suffer serious physical, mental, moral, or emotional harm; or
    b. The child has been in foster care, in the care, custody, and control of a human service zone, or, in cases arising out of an adjudication by the juvenile court that a child is in need of services, the division of juvenile services, for at least 450 out of the previous 660 nights;
4. Written consent of the parent, acknowledged before the court, has been given; or
5. The parent has pled guilty or nolo contendere to or has been found guilty of engaging in a sexual act under section 12.1-20-03 or 12.1-20-04, the sexual act led to the birth of the parent's child, and termination of the parental rights of the parent is in the best interests of the child. If the court does not make an order of termination of parental rights, it may grant an order under section 27-20.3-16 if the court finds from clear and convincing evidence that the child is in need of protection.

QRTP Court Requirements 615-735

Implementation Date: April 1, 2026
Last Revision Date:

NDCC 27-20.3 or NDCC 27-20.4 grants care, custody and control of a child to a public agency. The agency has the authority to seek placement options to best meet the needs of the child. The flexibility in court orders granting placement and care authority allows custodians to move a child quickly and efficiently from one provider to another without going back into court for permission to transfer. Federal Title IV-E regulations prohibit specifying a foster care provider in a child's court order. Court orders shall not indicate specific language related to the decision of the QRTP approval/denial process. Custodial agency case workers will want to ensure the affidavit offers flexibility to the custodial agency regarding level of care and placement options; this will allow the agency to move the child when appropriate without going back to court for permission to place or discharge a child from a placement.

Federal regulations require the Qualified Individual to provide notification to the designated court of jurisdiction, by submitting the completed assessment report to the court directly.

State Court Cases, the Qualified Individual will:

1. E-file documentation using the child's court file number/s provided on the Universal Application (SFN 824);
2. Submit via e-file, Universal Application (824) or Continued Stay Review (SFN 826); and
3. Submit via e-file, the assessment report detailing the decision of approval or denial for a QRTP.

Tribal Court Cases, the Qualified Individual will:

1. Email documentation to the assigned Tribal Court, including a message referencing state policy;
2. Attach the completed Universal Application (SFN 824) or Continued Stay Review (SFN 826); and
3. Attach the assessment report detailing the decision of approval or denial for a QRTP.

State Juvenile Court Review Process

The North Dakota Juvenile Court administrative review process will require a Juvenile Court Director or designee to complete and file QRTP review documents in the child's court file. Federal regulation allows up to sixty (60) calendar days for court approval for placement into a QRTP; however, North Dakota Juvenile Court has shorter timeframes and will be alerted when the Ascend QRTP assessment report is e-filed.

The Juvenile Court Director or designee must:

1. Consider the assessment, determination, and documentation made by the Qualified Individual conducting the assessment;

2. Determine whether the needs of the child can be met through placement in a family foster home or, if not, whether placement in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child; and
3. Review and provide a letter of approval or denial to the custodial case worker.

If the Qualified Individual has denied placement of a child into a QRTP, North Dakota Juvenile Court will not take further action. Any party to the case may request a review hearing, it is possible the Ascend Qualified Individual could be subpoenaed to detail rationale as to why the QRTP denial occurred. The option to request a review hearing is available to any party to the case per state law.

If the Juvenile Court Director reviews the QRTP assessment report indicating an approval and has further questions regarding the case, placement or permanency plan, the Juvenile Court Director has the authority to contact the custodial case worker to receive additional information to finalize the court administrative review.

Tribal Court Review Process
Within sixty (60) calendar days the Tribal Court must:

1. Consider the assessment, determination, and documentation made by the Qualified Individual conducting the assessment; and
2. Determine whether the needs of the child can be met through placement in a family foster home or, if not, whether placement in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child.

Unless the Tribal Court disagrees with the assessment determination and placement of the child in a QRTP, the Court is asked to place the qualified individual's email and assessment in the child's court case file.

18+ - Permanency Court Order 615-740

Implementation Date: April 1, 2026
Last Revision Date: July 1, 2026

When a child in foster care turns 18, the custody order for which the child was determined to be a child in need of protection (CHIPS) will terminate and the child will be discharged from further obligation or control of the public agency (NDCC 27-20.3-26). For a child with an active delinquency order, obligation of control is set by the court, and the order remains valid until the court order expires or is vacated.

A custody order must be expired or terminated in order for a child to be eligible for a 18+ Continued Care. The 18+ Continued Foster Care Agreement (SFN 60) allows for a bridge in service and payment until a formal 18+ court order can be obtained. Upon receipt of the signed three-party

agreement, the agency will complete a detailed 18+ court affidavit seeking the required judicial determinations, including placement and care authority and reasonable efforts to finalize a permanency plan.

An 18+ permanency court order with required judicial determinations must be obtained within ninety (90) calendar days of the effective date of the 18+ Continued Foster Care Agreement (SFN 60). The 18+ permanency order must be the result of an actual hearing. Permanency hearings are required initially upon entry into 18+ Continued Care program and every 12 months thereafter.

18+ Court Order Highlights:

1. The agency must notify the kinship caregiver or foster care provider of any hearing held with respect to the child. A copy of the written notification should be kept in the child's case file.
2. Majority of the cases will have a permanency goal of Another Planned Permanent Living Arrangement (APPLA). The court order must address the agency's efforts to prepare the child to achieve the permanency goal and ask the child if he/she agrees with the goal.
3. Every child age 18 to 21, remaining or returning to foster care, must have the required permanency judicial findings noted on the 18+ Hard Card (DN 752).
4. Foster care payment cannot be made to support an 18+ child in care without timely required permanency judicial determinations.
5. For a Title IV-E eligible child transitioning from regular foster care to the 18+ Continue Foster Care program, the requirement of timely permanency findings does not change. Permanency findings must be obtained 12 months from the date the child is considered to have entered foster care or 12 months from the last permanency hearing.
6. It is highly recommended the case worker request the affidavit containing the case details be "incorporate by reference" and made part of the final court order.
7. ICWA requirements do not apply in 18+ Continued Care.

Case Management 615-800

Implementation Date: January 1, 2026
Last Revision Date:

Child welfare case management includes both in-home and out-of-home safety planned cases and involves a series of key activities focused on safety, planning, engagement, and progress toward permanency. Safety assessment and planning remain the focus throughout both levels of case management. This includes reviewing the existing safety plan developed during the CPS assessment and continuously assessing and overseeing child safety. Workers must adjust safety plans as needed to ensure they remain effective while using the least intrusive interventions possible.

Case planning is a critical component of case management. Workers engage families in a collaborative planning process where parents and caregivers, with support from the agency, establish measurable goals that lead to lasting behavioral changes and eliminate identified impending danger. Throughout this process, workers identify and measure progress related to

strengthening parent and caregiver protective capacities and document this progress to ensure appropriate permanency planning. This documentation supports safe case closure, stability, and permanency for the child.

Family engagement is an essential part of case management. Workers conduct regular face-to-face contact with parents and children in alignment with the type of safety plan and program requirements. They also facilitate safe and meaningful parent-child interactions and work to support and strengthen all aspects of the family's wellbeing.

Child Welfare Custodial Agencies 615-803

Implementation Date: April 1, 2026
Last Revision Date:

Child welfare custodial agencies play a critical role in ensuring the safety, stability, and wellbeing of children who cannot safely remain in their homes. When a child cannot safely remain in their home, the agency must determine if legal custody shall be granted to the agency. In North Dakota, Human Service Zones, Division of Juvenile Services or a Tribal Nation are legally eligible to obtain custody of a child when authorized by the court. Once granted custody, the agency assumes responsibility for the child's care, including placement decisions, case management, coordination of medical and educational services, and development of permanency plans such as reunification, guardianship, or adoption.

The importance of a custodial agency lies in their ability to provide immediate protection from abuse or neglect while coordinating long-term permanency solutions. Custodial agencies also ensure compliance with federal and state requirements, manage service delivery across providers and maintain accountability through reporting and oversight.

Human Service Zones 615-803.1

Implementation Date: April 1, 2026
Last Revision Date:

In North Dakota, Human Service Zones were established under NDCC 50-06.2, as a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the state agency. Human Service Zones operate in partnership with the ND Department of Health and Human Services, Children and Family Services section, to administer child welfare programming statewide.

Human Service Zones provide a wide range of services to vulnerable individuals and families, including child welfare programming through child protection and case management, economic assistance (e.g., SNAP, TANF, heating assistance), Medicaid, childcare assistance, aging services and more.

Tribal Nations 615-803.2

Implementation Date: April 1, 2026
Last Revision Date:

A public agency is a government entity authorized to carry out specific services and responsibilities on behalf of their sovereign community. In North Dakota, four Tribal Nations are authorized to obtain public custody and have an Tribal State Intergovernmental Title IV-E Agreement signed with the North Dakota Department of Health and Human Services Children and Family Services (CFS).

In 1981 the first North Dakota Tribal State Intergovernmental Title IV-E Agreement was signed. Agreement updates and enhancements have occurred overtime in strong collaboration with:

1. Spirit Lake Nation
2. Standing Rock Sioux Tribe
3. Turtle Mountain Band of Chippewa Indians
4. Mandan, Hidatsa and Arikara Nation (aka Three Affiliated Tribal Nation)

Tribal Nations are federally recognized and exercise sovereign authority over their reservations, including governance, social services, and child welfare programs. The primary goals of the intergovernmental agreement are to recognize Tribal sovereignty and that each Tribe has authority to make placement and care decisions for children under Tribal custody. In addition, the agreement provides access to federal funding (IV-E maintenance and administrative claims, adoption assistance, Chafee, Education Training Voucher and Medicaid. In addition, the agreement provides access to state funds through FMAP, family preservation, guardianship assistance, etc.

The intergovernmental agreement offers child welfare training, technical assistance and compliance support that each Tribal Nation would have to do independently if receiving direct funds from the federal Children Bureau. Without the support or partnership of CFS administration, each Tribal Nation would have to complete their own foster care eligibility determinations, licensing approvals, case reviews, Child and Family Team meetings, payment authorizations, ensure records are viewable for federal Title IV-E audits, as well as complete all federal reporting requirements through independent transmission of data to the federal government for AFCARS and NYTD every six months.

Division of Juvenile Services 615-803.3

Implementation Date: April 1, 2026
Last Revision Date:

The Division of Juvenile Services (DJS) is the administrative agency directed to take custody of delinquent youth committed to its care by the Juvenile Courts (NDCC 27-21). The Division of Juvenile Services is established within the North Dakota Department of Corrections and Rehabilitation and a partner to ND child welfare through an agreement with the ND Department of

Health and Human Services to access treatment and rehabilitation for children in need of placement.

Treatment and rehabilitation can be accomplished in a variety of settings across the continuum of care. Youth may receive treatment services in their own home, the home of a family member or licensed foster care provider, Qualified Residential Treatment Program, Psychiatric Residential Treatment Care, inpatient care, or institutional care including secure correctional placement.

DJS and the ND Child Welfare Information System

The agreement between DJS and Children and Family Services allows DJS to access out-of-home foster care providers and payments for children in need of treatment or rehabilitation. DJS case workers are held to all standards required of this chapter, including data entry in the Child Welfare Information System.

DJS custodial cases do not qualify for child welfare foster care when the child is not in a paid foster care placement such as:

1. Youth Correctional Center (YCC)
2. Detention
3. Youthworks or other shelter and attendant care setting
4. SUD facility
5. Relative placement, unless otherwise approved by CFS as an exception
6. PRTF – however, CFTMs will still be held per facility policy

Opening the DJS case

DJS case workers will enter a child under DJS custody into the Child Welfare Information System only when the child is in a paid foster care placement.

1. Foster care program start = date of entry into paid foster care placement for:
    a. Family Foster Care
    b. Treatment Foster Care
    c. Qualified Residential Treatment Program; or
    d. Supervised Independent Living if the child was in a paid foster care placement prior to reaching the age of 18.

Upon opening a case for foster care, the DJS case workers will submit eligibility determination paperwork and the SFN 45 to CFS FCSA Eligibility Unit. This includes submitting a valid court order with the required foster care judicial determinations necessary for payment and reimbursement.

Closing the DJS case

DJS case workers will close a child under DJS custody into the Child Welfare Information System only when the child is in a paid foster care placement.

1. Foster care program end date = date of discharge from a paid placement, with the exception of select cases

2. Policy allows DJS to keep a fourteen (14) calendar day bed hold in the case management system only if the child is on the run (runaway status) or admitted for psychiatric hospitalization and is expected to be returning to the foster care placement. On day 15 the foster care program must close.

Upon closing a case for foster care, the DJS case workers will submit the SFN 45 to CFS FCSA Eligibility Unit and close the case within thirty (30) calendar days of the last paid placement.

Foster Care Program Exceptions Involving DJS

DJS may consider leaving the foster care program open in the ND Child Welfare Information System if the child meets an exception determined by Children and Family Services. Exceptions include:

1. Placement with parent/caregiver on a Trial Home Visit: Courts/policy allows for up to a six (6) month Trial Home Visit. This long-term visit is planned, formalized, and agency-supervised in the home to support reunification. The DJS case worker will determine when this transition to trial home visit is appropriate and will continue with all child welfare required case management duties and responsibilities throughout the trial home visit period until case closure; or
2. Placement with a relative: This temporary placement may be needed when a child is between placements or is awaiting a paid foster care placement such as a treatment foster home or supervised independent living. In lieu of closing the case in the system, the DJS case worker will continue with all child welfare required case management duties and responsibilities until the treatment placement is available.

Termination of Parental Rights Cases Involving DJS and Zones

Children who are in the custody of the Human Service Zone with a termination of parental rights (TPR) authorized by the court who are subsequently adjudicated delinquent and placed under the temporary custody of the Division of Juvenile Services (DJS) for treatment, require additional policy to support case management. DJS is a temporary solution to finalize goals related to treatment and rehabilitation for the delinquent act, while the Human Service Zone continues to exercise responsibility for planning until the permanency is achieved. DJS and the Human Service Zone must work cooperatively to ensure the needs of the child are met.

The Division of Juvenile Services is required to enter a child under DJS custody into the Child Welfare Information System only when the child is in a paid foster care placement. However, due to the TPR status, the child must continue to be open in the case management system for federal reporting requirements, regardless of the placement status. When a TPR case transitions to the temporary custody of DJS, the primary case manager will remain the custodial agency in the Child Welfare Information System. The DJS worker will be assigned as the secondary case worker and be responsible for ensuring treatment needs of the child related to the delinquent act. The DJS worker or agency designee will:

1. Enter Court Orders
2. Complete required case worker visitation per policy.

    a. The Zone should also document their involvement with the child as the legal custodian in the case activity log.
3. Arrange and schedule respite and/or substitute care by completing necessary paperwork and submitting it to CFS Licensing Unit for approval.
    a. The Zone will assist DJS with obtaining a list of available providers.
4. Complete all other expectations outlined in non TPR DJS custody cases open in the Child Welfare Information System.

The Zone is responsible for the permanency planning of the child and must collaborate with AASK to recruit an adoptive home and achieve permanency for the child. The Zone should seek input from the DJS case worker related to the permanency goal as needed.

All court order language required for foster care must be included in the DJS delinquency court order, including 12-month permanency findings.

Role of the Custodial Agency 615-805

Implementation Date: January 1, 2026
Last Revision Date:

Out-of-home safety plans with public custody are often referred to as "foster care" cases. The public agency responsible for the child is often referred to as the "custodian". In North Dakota, three public agencies are granted custody of children who may enter the ND child welfare system. The public agencies include a Human Service Zone, Division of Juvenile Services or Tribal Nation. The custodian is responsible for managing the case activity, ongoing assessment and engagement of the family to achieve permanency as timely as possible. There are many required duties assigned to the custodian.

Custodian Responsibilities include, but are not limited to:

1. Follow Juvenile Court Act, NDCC 27-20.2, defining rights and duties of a legal custodian and other child welfare ND Century Code.
2. Follow North Dakota Administrative Code chapters pertinent to child welfare.
3. Follow North Dakota State Policy manuals pertinent to child welfare.
4. Seek to determine if ICWA is applicable to the case.
5. Ensure court orders contain the appropriate and required language.
6. Facilitate ongoing communication with the assigned local states attorney for timely filing of affidavits to ensure timely petitions are filed for hearings.
7. Authorize releases of information, where applicable.
8. Approve requests for law enforcement or child advocacy center staff to interview or question a child, including instances where the child is a subject of a sexual abuse investigation.
9. Facilitate quarterly Child and Family Team meetings by inviting relevant parties to review and develop an agreed upon case plan for the child and family.
10. Engage in ongoing communications to update the child's parents and foster care provider on child status, court action, case plan goal achievement, etc.

11. Assess and address the needs of the child, child's parents and kinship caregiver or foster care provider ongoing.
12. Facilitate required face-to-face visitation with the child in their placement.
13. Manage medical needs of the child, when required schedule appointments and notify parents and caregivers or providers of the appointments.
14. Authorize treatment for medical emergencies, surgeries, and hospitalizations.
15. Approve all psychological or psychiatric testing and evaluations.
16. Complete and document ongoing relative search efforts to identify placement options and maintain family connections for the child.
17. Educate kinship caregivers of the option to become a licensed foster care provider or for those who have a blood relation, the ability to apply for TANF Kinship Care (child only case) to help offset costs.
18. Arrange for a least restrictive, most appropriate placement setting.
19. If a child is in need of treatment, request a Children's Treatment Services Level of Care assessment. If approved for a PRTF, QRTP or TFC treatment setting, upon admission immediately begin discharge planning.
20. If child is in treatment facility placement (QRTP or PRTF) track timelines of the approvals as well as placement maximums. If a Transition Plan Agreement is needed as a part of appropriate discharge planning, facilitate the engagement of a foster care provider to the child and complete the required paperwork.
21. Transport the child to their new placement, kinship caregiver or foster care provider home. Take the time to help the child get settled into the new placement and introduce the child to the family. Bring the child's belongings, complete an inventory and track the child's items. Anything purchased for the child in foster care remains with the child and must be added to the inventory. If placement transition occurs at a later date, all of the child's personal items must accompany the child to their new setting.
22. Resolve concerns that may arise in the child's placement setting, seek assistance from supervision to identify solutions or alternative planning.
23. Support the kinship caregiver or foster care provider in meeting the child's needs through ongoing communication, service referrals, respite and more.
24. Facilitate planning for support services for the child.
25. Manage ongoing issues or concerns surrounding child crisis or family needs.
26. Approve requests for substitute care arrangements.
27. Request approval for shelter care or respite care reimbursement.
28. Educate the kinship caregiver or foster care provider on "normalcy policy" and what circumstances the custodial agency grants the provider decision making authority vs when they need to ask the custodial case worker for permission.
29. Authorize participation in sponsored educational or recreational activities.
30. Authorize participation in religious education, church sponsored activities or significant religious ceremonies (baptism/confirmation).
31. Authorize participation in life changing events (marriage, military enlistment).
32. Authorize participation in high-risk activities (horseback riding, hunting, driving farm/yard equipment, operating water equipment, etc.).

33. Authorize participation to obtain a driver's permit or license. Application of a minor for an operator's license may be authorized by an individual who is willing to assume the obligation imposed under NDCC 39-06.
34. Approve a child's desire to work and be aware of their employment activities.
35. Authorize participation in family events and extended family interaction plans. This includes approval and arranging for face-to-face or other visits with family and friends as determined safe and appropriate.
36. Authorize the child's ability to engage in any media advertisements or publications including those for placement or adoption recruitment.
37. Authorize all out-of-state travel.
38. Communicate regularly with the appointed school district foster care liaison to inform the school of the child in foster care's status, as well as collaborate or pre-plan when there may be a placement change that relocates the child to a new school.
39. Participate in development of Individual Education Plans.
40. Ensure all file documentation requested by Children and Family Services is provided timely when a case is selected for a quality assurance case file review.
41. Manage case plans until permanency is achieved. When adoption is the selected permanency goal, custodians must also:
    a. Complete a timely referral to AASK when there is a plan for termination of parental rights,
    b. Approval of the pre-adopt placement, and
    c. When adoptive home selection occurs for adoption finalization, case worker must concur with the adoptive home selected. There are times when conflicting opinions will exist on Child & Family Teams. The goal is to resolve all conflicts at the lowest possible level. If issues cannot be resolved during the Child & Family Team meeting, the case worker and local supervisor may be asked to assist in reaching an agreeable resolution. If no resolution can be achieved, the case worker may request conflict-free resolution and consultation with a CFS CM Field Service Specialist.
42. Monitor the age of the child and ensure policy requirements specific to age 14, 16 and 18 are met (proper introduction of youth rights, transition planning, independent living referrals, health care directives and more).
43. Provide a discharge plan including a list of appointments, education and medical contacts, detailed information surrounding safety planning and all other pertinent documentation including a signed SFN 1612 for each child that exits foster care under public custody.
44. Enter information into the Child Welfare Information System timely. Note: Tribal case workers must forward the relevant information to the CFS CM FSS and FCSA Eligibility Unit to enter.

In addition to duties for permanency planning, the custodial agency case worker has the responsibility to ensure accuracy for data and payment requirements for each child. Responsibility includes, but is not limited to:

1. Engage with the parent/guardian to complete required initial foster care eligibility paperwork in full (no blanks). The initial eligibility full kit includes:

   a. Copy of the child's initial shelter care/removal court order,
   b. Copy of any additional court orders since removal,
   c. SFN 630,
   d. SFN 641, and
   e. SFN 45.
2. Assess irregular payment needs, approve expenditures with providers for a clear understanding of coverage and track annual maximums for each child.
3. Maintain ongoing contact with the CFS Foster Care Sub-Adopt Eligibility Unit and the eligibility worker assigned to the case. Scan/email cfsfcsaunit@nd.gov:
   a. Initial eligibility determination full kit within fifteen (15) calendar days of removal,
   b. Change notices (SFN 45) within three (3) calendar days,
   c. Court orders within three (3) calendar days,
   d. Receipts and childcare invoices on behalf of foster care providers within three (3) calendar days of receipt to ensure timely reimbursement to providers,
   e. QRTP invoices/bills within three (3) calendar days, and
   f. Out of state provider invoices/bills within three (3) calendar days.
4. Seek ND Medical Provider status for all out of state placements to ensure financial coverage. Any medical overages not paid by ND Medicaid are the responsibility of the custodial agency. If a child in foster care is medically fragile or in need of ongoing medical attention, assist providers in applying for a ND Medical Transportation Provider through ND Medicaid, if needed. How to enroll as a Non-Emergent Medical Transportation (NEMT) provider.:
   a. Individual (licensed provider or unlicensed caregiver) must submit NEMT Application Checklist and required documentation to NDMedicaidEnrollment@noridian.com.
   b. Help Center = 877-328-7098 or 701-328-7098 (option 1) or email applyforhelp@nd.gov with "medical travel" in the email subject.
5. When applicable, assist the family or guardian in making application or apply for social security benefits on behalf of a child. For a child that is placed in foster care and in receipt of social security benefits, the custodial agency must apply to become the organizational payee on behalf of the child if the family is uncooperative. It is recommended that a designated worker within the custodial agency be responsible for this function. This includes application for survivor's benefits and disability benefits if the child qualifies.
6. When applicable, monitor child support payments received at the agency. The zone must follow up with Child Support as to the reason a payment is received directly and where the benefits should be applied (e.g.: medical, sub-adopt, foster care errors or overpayment).
7. When applicable, act to resolve any issues where a child has an interest in a trust, inheritance, or gift. Approve the commitment of a significant amount of the child's funds, unless there has been a conservator of the child's estate appointed.
8. When applicable, approve any loan, credit card applications, or checking accounts sought or created by the child (most likely 18+ cases).

Absent or Noncustodial Parents 615-810

Implementation Date: January 1, 2026
Last Revision Date:

The agency shall make diligent, ongoing efforts to identify, locate, notify, and engage noncustodial or absent parents. These efforts shall continue throughout the life of the case, recognizing that parents may serve as valuable resources for the child's safety, permanency, wellbeing, and long-term support. Parents have specific rights regarding their children that must be protected when a public agency must intervene.

Location is Unknown

The North Dakota Department of Health and Human Services or designee, in its provision of services under Title IV-E/IV-B of the Social Security Act, may have access to certain Child Support Enforcement Federal Parent Locator Service (FPLS) information for defined purposes. Information may only be accessed for the purpose of locating or facilitating the discovery of an individual who is a parent, alleged father, or relative of the child, as needed for IV-E/IV-B agencies to carry out their responsibilities of the IV-E/IV-B programs.

A search for an absent parent is required unless an individual has been granted 'good cause' for non-cooperation with the IV-D program (fear of serious physical or emotional harm to the child or parent). A copy of the agency's final decision that 'good cause' does exist and the basis for the findings must be included with the relative search documentation. In out-of-home custodial cases, the custodial agency is required to review cases at least every six months in which 'good cause' was previously found to exist. If it is determined circumstances have changed and 'good cause' no longer exists, a search for the absent parent must be made immediately.

To access the FPLS information the following steps must be followed:

1. The case worker identifies a need to "locate" information. (Is the information needed for a parent, alleged father, or relative of the child, and is the purpose related to carrying out the responsibilities of the IV-E/IV-B programs?)
2. If the answer is "No" then FPLS information may not be requested.
3. If the answer is "Yes" then the case worker completes the Request for Use of the Federal Parent Locator Service (FPLS) for Child Welfare Services (SFN 1944).
4. The completed form is emailed by the agency worker to the Children and Family Services Field Service Specialist (CFS- FSS).
5. The CFS-FSS reviews the request for approval.
6. The CFS-FSS sends the approved SFN 1944 to the Child Support Enforcement State Parent Locator Service (SPLS) as an email attachment. (csespls@nd.gov)

State Parent Locator Services receives the request and processes it. A request that includes sufficient information is submitted to FPLS. Federal law prohibits the disclosure of FPLS information on an individual for whom a IV-D program has placed a Family Violence Indicator (FVI). A FVI is placed on

an individual when there is reason to believe that release of information may result in physical or emotional harm. Therefore, although uncommon, it may be that FPLS information will not be available due to the FVI.)

FPLS uses a variety of powerful sources, many of which produce information that would otherwise be confidential. Federal law and regulations prescribe what information FLPS provides in response to a request. SPLS will usually receive FPLS responses one to two weeks after submittal. However, this varies depending on the source of the information.

The SPLS worker sends the FPLS responses back to the CFS-FSS via email. Upon receiving the FPLS responses, the CFS-FSS provides the response to the agency worker by forwarding the email.

Diligent Efforts to Locate, Contact, and Inform

For cases that are court involved or open for a longer period of time due to ongoing safety concerns, or for cases in which custodial parents are not successfully addressing the concerns during an in-home safety plan, the agency case worker must make diligent efforts to contact and inform noncustodial or absent parents about the status of the child and work to engage them in meeting the needs of the child. Diligent efforts include the identification, consideration, and determination of noncustodial or absent parents as potential resource or placement options for the child in the event an out-of-home safety plan becomes necessary. It is expected the case worker will make both continuous and diligent efforts to locate and engage the noncustodial or absent parent in the case planning process when:

1. The child is in out-of-home care;
2. The child is at high risk of entering foster care (i.e. safety issues exist that cannot be mitigated in the short term, or the custodial/present parent is not compliant with safety services or the safety plan);
3. The noncustodial/absent parent has ongoing contact with the child; or
4. The noncustodial/absent parent was notified and made aware of child welfare agency involvement and has a desire to be involved as a resource for the child.

In situations where a custodial/present parent refuses to allow the case worker to contact a noncustodial/absent parent, the agency is expected to include the noncustodial/absent parent only if the :

1. Court orders the noncustodial/absent parent to be involved;
2. Child is at high risk for out-of-home placement; or
3. Child has ongoing contact with the noncustodial/absent parent that necessitates an assessment of that parent.

If the custodial parent expresses a history of abuse, neglect, domestic violence, substance abuse, etc., by the noncustodial or absent parent, this should be taken into consideration and assessed accordingly. If it is not in the child's best interest to involve the noncustodial/absent parent in case planning due to ongoing safety threats that could emotionally or physically re-traumatize the child that cannot be mitigated by the agency or other interventions, the case must be staffed and

approved by the agency supervisor. The determination not to involve a parent in these situations must be clearly documented in the case file. In addition, if a parent indicates they do not want to be involved in the child's life, the case worker must document this information in the case file.

Documentation of Diligent Efforts to Locate

The case worker will document ongoing diligent efforts to contact noncustodial or absent parents in the case activity log of the Child Welfare Information System. If it is not in the child's best interest to involve the noncustodial/absent parent in case planning, documentation must be included in the case activity log including the specific reason(s) why it would not be in the child's best interest. Additional documentation of such recommendations from the child's therapist should be obtained and included in the case record. If a No Contact Order, Protection Order, or Restraining Order is in place a copy of this order will be obtained and kept in the agency case record by the case worker.

Relative Search and Engagement 615-815

Implementation Date: January 1, 2026
Last Revision Date:

The agency, upon opening a case with an in-home or out-of-home safety plan, is responsible to identify, locate and engage relatives. Relative search shall include both maternal and paternal adult relatives of the child; legal noncustodial or absent parents, adult grandparents; guardians or custodians of the child's siblings; and any other extended relatives identified by the child or the child's parents.

The requirement to conduct a relative search is based on federal Social Security Act requirements and enhanced as part of the H.R.6893 Fostering Connections to Success and Increasing Adoptions Act of 2008. For out-of-home safety planning, child welfare agencies must consider adult relatives as placement options when and if a child is removed from parental custody, as long as the relatives meet safety standards. Although federal law applies specifically to children in foster care, this policy extends those requirements to all child protection and case management programs. Relatives play an important role in supporting safety plans, stabilizing placements, helping with reunification, and maintaining family connections.

The agency must:

1. Discuss with the family a list of identified relatives who may be able to assist in the support or care of the children. This shall occur at times of agency involvement or within 96 hours of removal.
2. Notify relatives of the need to locate a temporary placement to care for the child if an out-of-home plan is warranted. If a relative is willing and available, consider placement without delay.
3. Inform the court that the agency has made reasonable efforts to prevent placement by securing relative care.

In addition to notification, case workers are responsible to actively engage relatives by building relationships, fostering family connections, and partnering to ensure necessary support is in place for the family. This can be done through phone calls, home visits, or inviting family members to Child and Family Team Meetings (CFTM) with parental consent or agreement.

For cases where the Indian Child Welfare Act (ICWA) applies, ICWA sets a higher legal standard when looking at relative engagement and placement preferences. When ICWA applies, agencies are responsible to engage in active efforts to prevent removal of the child from the child's family or reunite the child with his or her family. This includes early and thorough identification of relatives, collaboration with the Tribe, supporting relatives to become licensed, while prioritizing placement within the family or identified Tribal Nation and offering culturally supportive services whenever possible.

SENECA Search Request

The case worker must research and collect pertinent information regarding the family to enable a comprehensive relative search. The agency's search for relatives can be conducted through discussion with the parent/caregiver, child, collaterals, and the use of approved search options, such as SENECA.

Search Information required:

1. Child: Name (including middle name if known), any known aliases, date of birth, social security number, address or last known address.
2. Father: Name (including middle name if known), any known aliases, date of birth, social security number, occupation, last known address.
3. Mother: Name (including middle & maiden name, if known), any known aliases, date of birth, social security number, occupation, last known address.

The case worker may use the search format to add any additional information that may assist in locating maternal and paternal relatives. The case worker must enter the information on the site for SENECA.

Upon receipt of the SENECA search information, the case worker is responsible to:

1. Review results with parents,
2. Contact all identified relatives,
3. Document findings in the child welfare information system under "relative search" including details that specify why a relative was ruled out in the comments box or case activity log.
4. If the search does not offer immediate results, the agency is responsible to continue to gather and seek information ongoing or at least every 3 months even if the relative declines to care for the child at the time of removal. Relative engagement is an ongoing process throughout the life of a case. The exploration of relatives' willingness to be a placement resource initially and ongoing promotes efforts to maintain connections.

Notifying Relatives
Agencies must notify relatives within thirty (30) calendar days of the child's removal or implementation of an out-of-home safety plan with the agency, or immediate notification to the Tribe if ICWA applies. The agency must exercise due diligence to identify and notify all adult relatives by phone or letter. The agency may use a notification letter template. The agency must also include with their notification letter, the Relative Connection Resource which will provide relatives with options for engagement with the family either through placement, connection, or safety support.

Objection to Relative Search
When a child's parent object to the search for relatives, case workers must document the details of the concerns, evaluate and consider:

1. The child's preferences about relatives and the reasons for those preferences;
2. The parent's preferences about relatives and the reasons for those preferences;
3. The child's current relationships with relatives and impact of such placement versus placement with an unknown foster care provider;
4. Whether there are other relatives who may be contacted;
5. Whether any relatives have offered to care for the child;
6. Whether placement with relatives would interfere with the parents' ability to follow a case plan, goals and tasks; or
7. If ICWA applies, the Tribe's position on contacting identified relatives.

If parents object to relative search or engagement and the agency determines that such efforts may be necessary to protect the child's welfare or achieve permanency, case workers shall consult with supervision and the agency's assigned attorney. The agency shall inform the court of the parent's objection and the agency's position as required by law or court order. The court may determine whether limiting or proceeding with relative engagement is in the child's best interest.

Costs associated with relative search conducted by SENECA are paid for by North Dakota Health and Human Services, Children & Family Services Section.

Case Worker Visits with Child, Parents and Caregivers 615-820

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

Establishing a relationship with the family is fundamental to developing a better understanding of the dynamics of the family that led to agency intervention and engaging the family in a change process. Accomplishing this necessitates frequent and quality contact by the case worker to collaborate with the family in working toward reducing or eliminating impending danger and reaching permanence as soon as safely possible.

Face-to-face contacts with the parent/caregiver and child focus on the safety, permanency, and wellbeing needs of the child and must be sufficient to address the requirements of safety planning and goals of the case plan. Effective use of face-to-face contacts move the family forward in achieving a safe, permanent, and stable home. Progress and change related to enhancing parent/caregiver protective capacities are the essential concern along with achieving timely permanency for the child.

Case Worker Visits with the Child

Visits with children must occur with sufficient frequency and quality to fully address safety, permanency, and wellbeing needs and to support progress on case goals. The frequency and length of visits depend on the child's circumstances, identified impending danger threats and available support. The duration of the visits should be sufficient to allow key issues to be addressed with the children in an environment conducive to open communication.

Visit Requirements:

1. Children on an in-home or out-of-home safety plan without custody must have at least two (2) face-to-face visits per month.
2. Children in agency custody must have at least one (1) face-to-face visit per month, with the majority of visits occurring where the child resides (relative home, foster home, facility, hospital, or trial home visit).
3. Children placed out of state must also receive at least one (1) face-to-face visit per month, with the custodial agency determining how those visits will occur.
4. Virtual communication does not meet federal face-to-face requirements unless the child is 18 years of age or older and consents to virtual visits.
5. When age-appropriate, part of each visit must include time with the child alone. If a child objects or a parent/caregiver refuses to allow for independent visitation time with the child, the worker must still ensure safety is assessed in a manner respectful to the family.

Who May Complete Visits:

1. The child's assigned case worker is required to complete face-to-face visits, but on occasion agencies will authorize a courtesy worker to conduct visits as needed. The courtesy worker must have a clear understanding of the dynamics of the case, safety concerns, and the safety plan, and must be able to implement or revise safety actions when necessary.
2. When the primary worker or courtesy worker cannot complete the required visit, a contracted visitation worker may be utilized. The contracted worker must also have a clear understanding of the case dynamics, safety concerns, and the safety plan, and must be able to implement or revise safety actions when necessary.

During case management, face-to-face contact is important as a means to continuously assess safety and achieve permanency for children. To achieve this, it may be necessary to occasionally conduct unannounced face-to-face visits or, when appropriate, visit the children in another community setting (e.g.: daycare, school, counseling appointment). In these instances, face-to-face contact

should occur in a manner consistent with the purpose of the visit and is respectful of the child and parents/caregivers involved in the contact.

Transparency is fundamental to mutual respect and family engagement, particularly when unscheduled face-to-face contact with the child is used. Discussions regarding the variations of face-to-face contact with the child must be done at the onset of the case to be forthcoming with the family about the process.

Assessing Permanency and Wellbeing During Visits with the Child

In most cases, the child will remain in the home with parents/caregivers so maintaining permanency for the child is the objective of case management. The following questions around permanency should be considered and assessed during case worker visits with the child:

1. Does the child know the goals of the case plan?
2. Can the child describe the goals and how to accomplish them?
3. Does the child have contact via phone, video calls, email, letters, visits, etc. with family members and other important people?
4. For very young children, does the child understand (at his/her developmental level) why the agency is involved with the family?

Examples of questions that could be covered during visits with the child related to his/her wellbeing include, but are not limited to:

1. Is the child receiving adequate nutrition, sleep, space, privacy, therapy, recreational time, and educational services/activities?
2. Has there been illness or injury since the last contact?
3. Has there been a change in emotional state since last contact?
4. Have there been any changes in medications since last contact?
5. For very young children:
    a. How does the child relate to parents/caregivers?
    b. Is there a viably strong attachment evident?
    c. What is the emotional status of the child, including mannerisms, signs of fear, and developmental when engaging with the parent/caregiver?

Case Worker Visits with the Parents/Caregivers

Case workers must meet with parents/caregivers frequently enough to support safety, progress, and achievement of case plan goals. While monthly contact is the minimum expectation, many cases require more frequent visits based on safety plans, needs and available supports.

If in-person visits are not possible, phone or virtual contact may occur, but face-to-face communication remains the preferred and required method whenever feasible. Each visit must have a clear purpose tied to case outcomes, case closure criteria, and identified behavior changes. Parents/caregivers should be involved in planning the purpose and scheduling of visits to support engagement. During these visits, case workers assess changes in protective capacities, the status of impending danger, the adequacy of the safety plan, and progress on case plan goals. The duration

of the visits should be sufficient to allow key issues to be addressed with the parent/caregiver in an environment conducive to open communication where the parent/caregiver feels comfortable.

Documentation of Case Worker visits with the Parent/Caregiver

Documentation of face-to-face contact must be in the case activity log of the Child Welfare Information System and should reflect the case worker's actions in working with the parents/caregivers to achieve timely permanence, safety, and stability for the child. The case worker must document both completed and attempted face-to-face contacts with parents/caregivers. The case activity log must include, at a minimum, the following information:

1. Date, time, and duration of the visit;
2. Participants involved;
3. Location of the visit;
4. Type of contact; and
5. Purpose and summary of the results of the visit.
6. At least one case activity log entry per month must include:
    - The status of impending danger;
    - The sufficiency, feasibility, and sustainability of the safety plan and any needed revisions;
    - An evaluation of impending danger;
    - A review of safety service actions and timeframes;
    - A discussion of issues requiring resolution or clarification with safety service providers;
    - The commitment of providers to remain involved in the plan;
    - Whether safety supports understand and agree with their role in the safety plan;
    - The progress towards meeting goals of the case plan, including information about whether family members understand their role in the change process;
    - The parent's/caregiver's engagement and involvement in the change process; and
    - Any enhancement in protective capacities that would mitigate identified threats.

If monthly visits with parents/caregivers cannot be completed, the case worker must document attempts made and reasons for limited contact. Because the case worker is the key source for gathering safety information, documentation should clearly reflect observations, actions, and decisions that support child safety and permanency.

Case Worker Visits with the Kinship Caregiver or Licensed Provider

When a child is placed in an out-of-home safety plan, regardless of custody status, case workers must remain in regular contact with kinship caregivers or licensed provider to support the safety, permanency, and wellbeing of the child and the stability of the placement. Monthly contact is the minimum expectation, more frequent visits may be needed when there are safety concerns, placement changes or additional needs of the child or kinship caregiver or foster care provider.

Face-to-face visits with the kinship caregiver or foster care provider are required and should be completed in the home whenever possible.

During visits, case workers will:

1. Evaluate the compatibility of the child with the kinship caregiver or licensed provider and other household members;
2. Evaluate the ability of the kinship caregiver or foster care provider to meet the child's needs in a safe manner;
3. Evaluate whether the child is regularly able to engage in age or developmentally appropriate activities;
4. Assess the needs, strengths, and challenges of the child;
5. Assess the needs, strengths and challenges of the kinship caregiver or foster care provider; and
6. Discuss any additional supports or services needed by the kinship caregiver or foster care provider to safely maintain the child in the home.

Case workers will also review progress toward the case plan and permanency goals and help connect kinship caregivers or licensed providers with needed services or supports. All visits must be documented in the child welfare information system. Case workers should consult with their supervisors when visit frequency needs to be adjusted or when safety or placement concerns are identified.

Case Worker Safety During Visits

Safety is a priority when scheduling and conducting face-to-face visits. Agency staff (CPS, case worker, parent aide, transportation aide, visitation support, etc.) engaging with families in their homes must be familiar with family circumstances, the neighborhood and plan accordingly to ensure their own safety and the safety of the family they are scheduled to visit. Case workers and/or agency staff should maintain their work calendar and inform supervisors of their scheduled visits. Case workers and/or agency staff should remain observant, plan safe entry and exit routes, trust their judgment, follow their instincts and maintain reliable transportation and a working cell phone.

Supervisors must support case workers by reviewing case files for safety risks, assisting with decisions about visitation locations and accompaniment, and ensuring awareness of visit schedules and locations. Safety risks must be reviewed and updated throughout the duration of the case.

If, during a visit, the agency staff feels threatened or in danger, the individual must end the visit immediately, leave the area and notify their supervisor of the incident or circumstances that led to feeling unsafe during the visit.

Child and Family Team 615-825

Implementation Date: January 1, 2026
Last Revision Date:

A Child and Family Team is an essential collaborative group of individuals including the parents or caregivers and the child, when appropriate. Regardless of the type of safety plan, the goal of the team is to work collaboratively to identify needs, develop and carry out the case plan.

Child and Family Team Meetings (CFTM) are designed to be strength-based, trauma-informed, culturally responsive, and family driven. CFTM's are mandatory for all cases open with case management and are required to ensure that children who are engaged with the agency have regularly scheduled team meetings to assess and address case progress. NDAC 75-03-14-05

Child and Family Team Membership 615-825.1

Implementation Date: January 1, 2026
Last Revision Date:

At the start of case management and during the Protective Capacity Family Assessment (PCFA) process, the case worker assists the family in identifying team members who are supportive and aligned with the case plan. The child should participate as a member of the team unless it is not in their best interest due to the child's age or developmental level. In these cases, the case worker will meet with the child outside the CFTM to ensure the child is aware of and has input into the ongoing progress assessment inclusive of the case plan and permanency goal.

Initially, the team may only include the parents, immediate family members and the agency case worker and/or supervisor. Any case that involves an out-of-home safety plan, with custody, is required to include the Children and Family Services Field Service Specialist (CFS-FSS) in the CFTM at minimum of every six months. The CFS-FSS will serve as administrative oversight for case movement and progress. Participation of the CFS-FSS fulfills the federal review requirements for an administrative review. The CFS-FSS is responsible for providing interpretation of ND child welfare law, rule and policy as well as support the team in the application of Safety Framework Practice Model. Final decisions regarding the case do rest with the custodial agency holding legal authority and responsibility of the child in foster care under NDCC 27-20.2.

As the team is furthered developed, other members are invited including informal supports such as extended family members or friends and formal supports such as a the guardian ad litem, foster care provider or caregiver, parent aide, childcare provider, teacher or other school representative, addiction counselor, therapist, probation officer, Chafee Transition Coordinator, Nexus Family Healing treatment foster care worker, AASK adoption worker, Qualified Residential Treatment Program case worker, developmental disability case worker, etc. Team membership may change over time depending on family and child's needs as well as services provided per the case plan.

There may be times when parents or caregivers refuse to allow identified key individuals to join as members of the CFTM. In these situations, the case worker will determine why the family does not want the individual on the team and negotiate regarding their participation. This may require the agency to hold a separate meeting or come to a time-limited agreement for the individual to join the meeting for only a select portion. In the event the child has a court-appointed guardian ad litem, their attendance at a CFTM is required and not negotiable.

Child and Family Team Meetings 615-825.2

Implementation Date: January 1, 2026
Last Revision Date:

The case worker assigned to the family is responsible to organize and facilitate each Child and Family Team Meeting (CFTM). Once team membership is determined, the case worker contacts the members in advance to explain the purpose of the meeting, expectations, process and schedules the initial CFTM.

Initial CFTM
The initial CFTM is held after the Protective Capacities Family Assessment (PCFA) process and initial case planning has been completed with the family. This should occur within forty-five (45) days of Warm Handoff 2, case transition staffing. The purpose of the initial team meeting is to engage with family in case planning by:

1. Identifying the roles and responsibilities of the team members who will be involved in case planning.
2. Discussing information contained in the CPS assessment, sharing the reason for agency involvement (present or impending dangers) and informing the team of the current safety plan and justification of the safety determination analysis.
3. Reviewing the family's strengths, underlying needs, and case plan goal(s).
4. Reviewing the plan for meeting the family's underlying needs to include services provided and any barriers to progress.
5. Reviewing and obtaining information as it relates to child functioning since agency involvement occurred.
6. Discussing the family interaction plan and whether the interactions and visitation can be moved to a less restrictive setting.
7. If a child is under public custody, establishing appropriate timeframes for the achievement of permanency.

Ongoing Child and Family Team Meeting
The CFTM's must occur quarterly, at least every ninety (90) calendar days. The purpose of ongoing Child and Family Team Meetings is to increase collaboration and engagement of the family and team-around decisions about a child's safety, permanency and wellbeing.

CFTM's are a tool to increase participation in and commitment to the activities, services and supports to ensure case movement. This will be achieved by:

1. Reviewing the status of impending danger and clearly communicating why the agency is still involved.
2. Discussing current safety plan and addressing barriers to move toward lower level of intrusion. Identify family members, safety service providers or community supports that may help keep the child safe.
3. Reviewing care plan goals and evaluating progress made by the family. Collaborate with the family to break down barriers that may be impacting progress and identify support needed for the family to be successful.
4. Provide an update to the child and family team on the child's functioning and overall wellbeing.
5. If the child is under public custody, review the permanency goal and discuss whether a concurrent goal should be considered.

Case Planning 615-830

Implementation Date: January 1, 2026
Last Revision Date:

Case planning incorporates permanency planning as an essential and interconnected component to case management, both aimed at ensuring the safety, stability, and wellbeing of children. Case planning focuses on addressing the parent/caregiver parental capacities and behavioral changes related to the identified impending danger. A case plan also identifies immediate needs and outlines services and actions required for the child and family, such as health care, education, family interaction plans and parental services. Case plans are intended to be short-term, detailed, and regularly updated to respond to changing circumstances. While permanency planning in custody cases establishes more long-term goals for the child in foster care to have a stable long-term living arrangement.

North Dakota utilizes the Safety Framework Practice Model guidelines where case workers are required to create a case plan including identified goals, developed with the family. Case plans are viewed in three parts;

A. Goals: Developed by the custodial agency and family when considering what an enhanced diminished parent/caregiver protective capacity would look like once change has occurred. Goals should be documented using common language used by the family.

B. Tasks: Identified tasks or change strategies assigned to each goal are documented in Tool 6. Once case plan goals have been determined, the child and family team discuss approaches or services (tasks/change strategies) that are most likely to achieve the case plan goals. Identified services and specified roles and responsibilities of providers, family members, and the case worker are put into place to assist the family in achieving the identified goals.

C. Federal Foster Care Case Plan Requirements: Social Security Act §475, specifies what must be addressed on behalf of the child throughout the life of the foster care case, documented in the child's foster care case file. The planning requirements must be a discrete part of the case file and meet various terms related to the child's safety, wellbeing, permanency, health, and education.

Protective Capacities Family Assessment (PCFA) and Case Plan 615-830.1

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

The assessment of parent and caregiver protective capacities is required under the Adoption and Safe Families Act (ASFA) to ensure that safety concerns are fully integrated into case plans and that children achieve safe, stable homes. The Protective Capacities Family Assessment (PCFA) and the case planning process build on information gathered during the CPS assessment and serve as the foundation for addressing diminished protective capacities and identified safety threats.

The PCFA begins shortly after a case transfers from CPS to case management and is intended to be a seamless continuation of the CPS assessment. It uses existing information about maltreatment, impending danger, and protective capacities to guide meaningful conversations with parents and caregivers. By the time a case reaches case management, substantial information has been collected about family functioning, allowing the PCFA to focus intervention on what specifically must change to enhance safety and strengthen protective capacities.

The PCFA and case planning process are completed in partnership with the child and family team. This collaborative approach empowers parents/caregivers to protect and care for their children, promotes shared understanding of safety threats, and supports creation of individualized change strategies. Family engagement is essential, as sustainable change occurs only when parents understand, accept and participate in addressing their own needs and the conditions affecting child safety.

The PCFA is organized into four stages: Preparation, Introduction, Discovery, and Change Strategy and Case Planning. These stages guide the case worker through structured, strength-based conversations that promote self-awareness, problem identification, solution thinking, and planning. While these stages outline key content areas and facilitation objectives, the approach is flexible and allows discussions to flow naturally based on the family's circumstances. Most assessments require face-to-face contact during at least three stages, though the number of interviews may vary by family need.

The PCFA and case plan must be developed with the family within forty-five (45) calendar days of the case opening for case management.

Case Plan

The information gathered through the PCFA directly informs the case plan. The case plan must identify clear goals that address and strengthen parent/caregiver protective capacities, support the child's wellbeing across social-emotional, educational, physical, and mental/behavioral health domains as applicable, and promote stability and permanency. The PCFA ensures that case planning is individualized, rooted in safety needs, and geared toward achieving lasting change for safe case closure.

Case plan goals must focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the parents/caregivers can adequately manage child safety without intervention. The case plan organizes case activity through identifying goals and change strategies/tasks.

The case worker is responsible for overseeing the implementation of the case plan and working with the child and family team, including the parents/caregivers and child, to facilitate change. Managing the Case Plan and change strategies involves ensuring the case plan goals and tasks are targeted at enhancing diminished parent/caregiver protective capacities and achieving stability. The purpose of the Case Plan is to identify steps toward establishing a safe environment for the child.

The initial case plan must be developed with the family prior to the initial child and family team meeting and within forty-five (45) calendar days of the case opening for case management. Subsequent revisions to the case plan goals and tasks must be completed in a new Case Plan (Tool 6) and within the PCPA (Tool 7). It is important to have a discussion regarding any revisions to the case plan with the team during the quarterly child and family team meetings. The case plan must include:

1. Goals: Identified goals, developed with the family, which are specific, behavioral, and measurable. Case plan goals are developed by considering what exactly an enhanced diminished parent/caregiver protective capacity would look like once change has occurred. Case plan goals, or enhanced parent/caregiver protective capacities, are specifically described using the family's terminology and are benchmarks for evaluating change.
2. Tasks/Change Strategies: The next step in case plan development involves identifying the methodology for change. These are the case plan tasks/change strategies assigned to each goal. So, once case plan goals have been determined (i.e. enhanced parent/caregiver protective capacities), the parents and the worker discusses approaches or services (i.e. tasks/change strategies) that are most likely to achieve the case plan goals. Identified services and specified roles and responsibilities of providers, family members, and the case worker are put into place to assist the family in achieving the identified goals.

Consideration of the following questions can aid in developing case plans that are successful and focus on changing conditions that make child(ren) unsafe:

1. How can existing enhanced parent/caregiver protective capacities be used to help facilitate change?

2. What tasks/change strategies will most likely enhance protective capacities and decrease impending danger?
3. How ready, willing, and able are parents/caregivers to address impending danger and diminished protective capacities, and are there any case management implications?

Reaching Consensus on the Case Plan

If agreement or consensus cannot be reached with the family at the conclusion of the case planning process, the case worker develops case plan goals and services, which have the most impact on enhancing parent/caregiver protective capacities. The supervisor, field service specialist, or other team members should be consulted to assist or offer advice about developing goals.

The case worker then informs parents/caregivers of the case plan decisions made as well as of the agency's continuing responsibility for child safety. Additionally, the case worker will need to inform the parents/caregivers of the alternatives or outcomes of not cooperating with the plan.

If a previously uninvolved parent/caregiver becomes engaged following the completion of the case plan, consideration should be given to engaging the parent in the PCFA process and to revising the case plan to accurately reflect that parent's/caregiver's perceptions and feedback.

Protective Capacities Progress Assessment 615-830.2

Implementation Date: January 1, 2026
Last Revision Date:

The Protective Capacities Progress Assessment (PCPA) is an ongoing comprehensive assessment process that utilizes specific criteria to evaluate progress toward case plan goals. The PCPA assesses two major areas to evaluate parent/caregiver progress toward enhancing protective capacities:

1. Specific indicators of change, and
2. Parent/caregiver readiness to change.

The PCPA consists of information collection that occurs during change-focused contacts and/or any meaningful contact with the family, child and family team, service providers, and safety service providers. The PCPA analyzes measurement of progress toward achievement of case plan goals and changes in behaviors and conditions. The case worker and supervisor should confirm objectives and strategies in consultation prior to each assessment in order to strategize how to best engage the family and effectively facilitate change.

The PCPA conversations should be change focused and consist of:

1. Identifying what progress parents/caregivers have made toward enhancing protective capacities;
2. Assessing the parent's/caregiver's motivational readiness by monitoring changes in behaviors and conditions;

3. Reassessing the child wellbeing indicators to determine whether child needs have changed and/or require direct, ongoing, or formal services as part of the case plan; and
4. Reviewing the safety determination analysis questions to review sufficiency of the treatment plan and whether more or less intrusive intervention is required to control the danger.

Measuring and Evaluating Progress and Change

As part of monitoring an in-home or out-of-home safety plan the case worker must conduct a case progress evaluation in order to evaluate the effectiveness of the case plan and measure progress and change. The PCPA process may occur at any time based on the judgment that progress measurement, case plan revisions, or safety plan revisions are needed. The initial PCPA, at a minimum, is completed within ninety (90) calendar days from supervisor approval of the case plan and is conducted ongoing at a minimum of every ninety (90) calendar days until the PCPA process is no longer required due to case closure.

The goals in the case plan are used as the basis for evaluating progress and change in enhancing parent/caregiver protective capacities related to impending danger threats. During the PCPA process, case workers assess and determine the status of the motivational readiness of parents/caregivers to change and/or participate in change-oriented services. The primary role of case workers during safety intervention is to be facilitators of change. In order to be effective at facilitating change with parents/caregivers, case workers must recognize the stage of change that caregivers are in at the point that a PCPA process is being completed. When the PCPA process indicates that the goals and/or tasks/change strategies need to be modified due to changes in parent/caregiver capacities or threats to safety, the case worker, in collaboration with parents/caregivers, must revise the case plan or create a new case plan within the PCPA tool.

The case worker must also assess how the child is progressing in those areas identified in the case plan. It is critical to reassess the child on an ongoing basis through the PCPA process to determine if additional needs have surfaced and addressed.

Case Worker Responsibilities

1. Within ten (10) calendar days following the child and family team meeting, document the evaluation of progress and any adjustments and/or revisions to the case plan within the PCPA to include:
    a. Confirmation of and reference to any changes made to child and family team participants,
    b. Services being provided, and
    c. Level of effort for services.
2. The PCPA is completed every ninety (90) calendar days as part of the child and family team meetings, update the child and family team meeting dates in the Child Welfare Information System.
3. Once the PCPA has been revised, ensure that all child and family team members are informed of the changes, obtain parent/caregiver signatures on the PCPA form and provide a copy of the updated PCPA to parents/caregivers, assigned CM Field Service Specialist, and other parties as determined relevant and necessary.

4. Revisions of the PCPA that require court approval will be provided to the court at subsequent court hearings, as applicable.

Supervisor Responsibilities

1. Review and approve the adjustments and/or revisions to the PCPA prior to distribution to the child and family team.
2. Ensure that all required follow-up contacts are completed by the case worker within the required timeframe and the parents/caregivers are provided copies of the updated PCPA.
3. Ensure the updated PCPA is approved by and/or filed with the court, as deemed necessary.

Federal Foster Care - Case Plan Requirements 615-830.3

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

When a child is in public custody with the agency and engaged in the safety service of foster care, the custodial agency case worker is required by federal law to have a case plan, a written document and a discrete part of the child's case record. The initial case plan must be developed within 45 calendar days of child's entry into foster care, if the child is in custody for greater than 24 hours.

The federal foster care requirements indicate each child's case plan must have documentation including:

1. Detailed Reasonable or Active Efforts: A description of efforts and services offered and provided to prevent removal of the child from the home and to reunify the family.
2. Court Requirements: Copy of court hearings, affidavit details, documented efforts made by the agency to achieve the defined permanency goal for the family (reunification, guardianship, relative, adoption, etc.)
3. Least Restrictive Setting: Detailed plans designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available and in close proximity to the home of the parent(s) when the case goal is reunification. Including details of how the placement is consistent with the best interests and special needs of the child.
4. Placement Location: A description of the type of foster care placement (relative, licensed foster home, residential facility) in which the child will be placed. Details stating why the placement is in the best interest of the child if placement is a substantial distance from the home of the parent(s), in a different state, or outside of the Tribal service area. If the child is placed out of the community, state, tribal service area the case worker must arrange to ensure monthly face-to-face visitation is completed with the child.
5. Reasonable and Prudent Parenting: A description documenting how the foster care provider follows the standard. Including if the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities.
6. Safe & Proper Care: Assurances for the child to receive safe and proper care; including services provided to the parents, child, and foster care providers in order to improve

conditions in parents' home, facilitate return of child to their own safe home or the permanent placement of the child.

7. Appropriate Services: A detailed description of any child's unmet needs and how the agency is ensuring timely and adequate services are received.
8. Visitation schedule: A detailed description of the approved visitation schedule between the child and their parent(s), and their siblings to maintain family connections. The timeframes for these visits must be appropriate and meet the needs of the child and their family.
9. Educational Information
    a. Names and addresses of child's school/s of attendance;
    b. Child's current grade;
    c. Child's school record;
    d. A specific educational stability plan indicating the custodial case worker reviewed the appropriateness of the current educational setting and school of origin through coordination with the designated school district "foster care liaison";
    e. Each school age child in foster care must be enrolled or in the process of enrolling or be determined incapable of attending school on a full-time basis due to the medical or other conditions. If the child is incapable of attending school on a full-time basis, regularly updated information must be included in the child's case plan that supports this determination; and
    f. Any other pertinent educational information appropriate and necessary for case planning.
10. Medical Information
    a. Name and address of medical professionals;
    b. A record of child's immunizations;
    c. The child's known medical problems
    d. The child's medication; and
    e. Any other pertinent medical information appropriate and necessary for case planning.
11. Age 14 Specific Case Plan Requirements:
    a. A child in foster care who has attained 14 years of age must be given the opportunity to participate in the development and any revisions of their individualized plan, which must include a written description of programs and services to help the child prepare for their transition to a successful adulthood. The case worker must assist the child in developing goals to meet their independent living needs.
    b. Review and annually sign a copy of the ND Foster Youth Rights (DN 402).
    c. Personal invitation of two additional members to join the Child & Family Team, chosen by the child, who are not foster care providers of, or a case worker for, the child.
    d. Custodians may reject an individual selected by a child to be a member of the Child & Family Team at any time if there is good cause to believe that the individual would not act in the best interest of the child.
    e. One individual selected by the child to be a member of the child's team may be designated to be the child's advisor and, as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the child.
12. Age 16 Requirements

a. Minimum age 16 to determine a permanency goal of another planned permanent living arrangement (APPLA). If selected, the case must have:
    i. Documentation of intensive, ongoing, and unsuccessful efforts made to return the child home or secure placement for the child with a fit and willing relative, a legal guardian, or an adoptive parent, including the utilization of search technology to find biological family members.
    ii. Child must verify with the court they are age 16 or greater, they have the desired permanency outcome of APPLA, and they believe APPLA is the best permanency plan.
b. Age 16 and identified as "likely to age out of foster care"; will be considered a Chafee Transition Program "Priority 1" participant. Children age 16+ are required to be referred to the Chafee Transition Program (SFN 1613) for assistance to the case worker in assessing and addressing the needs for a child's transition to a successful adulthood.

13. Age 18 Child: A child in foster care who is nearing 18 years of age must have
    a. A developed individualized transition plan (SFN 494)
    b. A documented review of a health care directive
14. Adoption as the Permanency Goal: If adoption is the plan, federal law (ASFA) requires the case plan details must also include:
    a. Documentation of steps the agency is taking to find an adoptive family, to place the child with an adoptive family, and action made to finalize the adoption.
    b. Documentation of specific recruitment efforts such as the use of relative search, as well as state, regional, and national adoption exchanges to identify a forever family for the child.
    c. When applicable, detail of the compelling reasons that exist not to file a petition for termination of parental rights.
15. High Risk Complexities: When a child is at risk of self-harm or is known to harm others or pets, each child's case plan must include:
    a. Strategies for how the agency will manage behaviors or emotional needs which place the child in a high-risk category with complex behavioral health concerns.
    b. Upon identification of such behaviors or emotional needs, a safety plan must be developed immediately for implementation. A safety plan must be developed and distributed to all appropriate parties, specifically including the foster care providers.

Child Welfare Information System Needs

Every child in foster care, greater than 24 hours, is required to have their case opened in the Child Welfare Information System. Case workers must document pertinent information such as a description of services provided to prevent removal of the child from the home and to safely reunify the family, efforts engaged by the agency to ensure child safety and to maintain family connections. An approved case plan must be documented in the Child Welfare Information System in efforts to open/close the case in the system.

Permanency Goals 615-835

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Case planning must incorporate clearly defined goals and activities to maintain children with their families or place them in the least restrictive, most appropriate out-of-home placement, while maintaining or establishing meaningful connections in the child's life. Agencies use a variety of strategies to achieve timely permanency when children are placed in foster care. It is important that custodial agencies seek a safe and stable placement as quickly as possible. In most circumstances, children can be reunited with their families, but permanency for some children includes identifying alternate long-term options.

Every child in foster care is required to have a permanency goal established. Goals are typically determined in conjunction with the development of a case plan, no greater than forty-five (45) calendar days from entry into foster care (Social Security Act §475). Selecting the appropriate permanency goal is critical, as the goal directly impacts case movement, the child's stability, emotional wellbeing, and family connections. Case workers must review the permanency goal regularly and at least once per quarter. The rationale utilized to select the goal should be documented in the Protective Capacity Progress Assessment (PCPA).

Permanency goals may include:

- Reunification
- Placement With Relative
- Adoption
- Guardianship
- Another Planned Permanent Living Arrangement (APPLA)

In North Dakota, the priority outcome is to achieve permanency or reunify the child to their parent as soon as it is safe to do so, no greater than 12 months from removal. If reunification is not possible, then reasonable or active efforts must be made to permanently place the child with a fit and willing relative, obtain a legal guardian, or seek an adoptive home, if the child is free for adoption.

Concurrent Planning 615-835.1

Implementation Date: January 1, 2026
Last Revision Date:

Concurrent planning is a proactive approach to ensure children in foster care achieve timely permanency by simultaneously working toward reunification and another alternative goal at the same time. The Adoption and Safe Families Act of 1997 (P.L. 105-89) encourage child welfare agencies to engage in concurrent planning to assist in reducing the length of stay for a child in

foster care when reunification is determined to be not possible. If the team decides that the identified permanency goal is not progressing, concurrent planning can be considered.

When to Implement a Concurrent Goal
Concurrent planning can occur while parents are still actively engaged in case planning. Case workers should consider concurrent planning when it becomes clear that a child may not safely return home to the parent/s or if the child has been out of the home for more than one (1) year. Federal recommendations highlight permanency goals are to be achieved within these timeframes:

- Reunification: twelve (12) months
- Guardianship: eighteen (18) months
- Adoption: twenty-four (24) months

Rationale for choosing the goals and achievement efforts made by the family and agency must be clearly documented by the agency in the Protective Capacity Progress Assessment (PCPA) and be reviewed at least quarterly.

How to Implement a Concurrent Goal
The case worker must clearly communicate to the parents that, in addition to reunification, another goal is being added to the plan at the same time in efforts to avoid extended time in foster care and ensure a stable living arrangement for the child. This conversation may begin with identifying relatives, fictive-kin or other individuals who would have strong connections with their child who may be willing to care for or be a network of support for the child until permanency is achieved.

Reunification 615-835.2

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

Reunification is a goal which refers to the return of a child in foster care to the home of one or both parents.

When to Select this Goal
The goal of return home and reunification with parents is generally the first choice for a permanent plan. Reunification maintains family connections, requires minimal legal procedures and is usually the least traumatic for all involved. The goal of reunification should be considered when the assessment or Strengths Discovery indicates the following:

1. The parent is able to provide safely and adequately for the child’s wellbeing.
2. The parent will be able to provide for the child's wellbeing in a reasonable period of time.
3. The parent expresses desire and wants to have the child returned home.
4. The child wants to return home to the parent.
5. The parents are working towards improving safety in their home and enhancing their protective capacities to minimize danger threats.

How to Implement this Goal

Reunification of a child to the home of the parent/s, requires two steps:

1. The development of a clear plan which includes the roles of the parent, child, natural support (neighbors, minister, relative, etc.), kinship caregiver, foster care provider, and agencies as described in the single plan of care.
    a. Future specific tasks the parent and the child, where appropriate, must complete in order to provide adequately for the child's permanence, safety, and wellbeing.
    b. A family interaction plan designed to strengthen the parent-child bond.
    c. Target date for return home.
    d. Follow-up plan/safety plan for family support after the child is returned home.
2. Clarification of the legal status of child and family.

When Not to Select this Goal

The goal of reunification would not be appropriate under the following circumstances:

1. The parent does not want to have the child returned.
2. The child strongly objects with good cause to returning home.
3. The parent cannot or will not provide adequately for the child's safety and wellbeing.
4. The parent will not be able to provide adequately for the child's safety and wellbeing within a reasonable period of time.
5. The parents refuse to participate in the case plan, services or treatment to enhance their parental capacities to minimize danger threats in the home.

Responsibilities of the Custodial Agency

When the goal of reunification is identified, the agency is responsible to:

1. Facilitate meeting with the family to engage in the PCFA process building a trusting and working relationship with the family.
2. Review the purpose of the Child and Family Team meeting with the family and invited team members.
3. Coordinate an initial Child and Family Team Meeting within 45 calendar days. Ensure parents understand their required participation and importance of their role for team meetings.
4. Review the safety determination analysis to ensure the correct level of intrusion. If the level of intrusion can be lowered, an in-home safety plan must be implemented.
5. Assess the level of intrusion for a family interaction plan ensuring meaningful and quality parent child interactions. Supervised visitation must be justified.
6. Complete a relative search and facilitate important family connections for the child.
7. Follow PCFA and Case Planning Process

Trial Home Visits

A trial home visit must be a planned agency-supervised stay in the reunification home for a specified period of time, not to exceed six (6) months, unless otherwise authorized by the court. Casual or incidental short term visits (Ex: weekend stay, family trip for a wedding or funeral) are not considered "trial home visits" because an out-of-home placement remains identified as the child's primary residence, other than the reunification home.

A trial home visit must be:

1. Determined appropriate through formal or informal assessment of the family by the case worker. The case worker must gain approval from their supervisor and ensure a safety plan is in place for situations where there is impending danger,
2. Documented in the PCPA, and
3. Updated in the Child Welfare Information System.

The trial home visit ends when the child is:

1. No longer under court order custody;
2. Reunified and the foster care case is closed;
3. Exceeds six months and the case is closed; or
4. Removed from the home and placed back in an out of home placement prior to the six month federal maximum.

In all circumstances, the agency case worker must notify the CFS Foster Care Sub Adopt Eligibility Unit by completing the Notice of Change form, (SFN 45). Foster care maintenance payments are not authorized when a child is placed on a trial home visit.

Fit and Willing Relatives 615-835.3

Implementation Date: January 1, 2026
Last Revision Date:

The goal of permanency with a relative is encouraged by federal standards noted in the Social Security Act, which require public agencies to consider relatives of the child as a placement preference, provided that the relative caregiver meets safety standards. Efforts should be made to ensure this option is in the best interest of the case plan and that other more permanent options, such as guardianship or adoption, have been thoroughly explored.

When to Select the Goal

The goal of permanency with a relative is one of the least restrictive options. Placement with relatives should be selected under these circumstances:

1. The goal of returning home timely has been ruled out.
2. The relative is willing and able to provide care and support the child's basic needs, safety and wellbeing.
3. The child wants to be placed with the identified relative and maintain there.

When Not to Select this Goal

The goal of placement with relatives may not be appropriate under the following circumstances:

1. Relatives are not willing to care for the child long term.
2. The parents strongly object to placement with relatives.

3. The relatives cannot provide safely and adequately for the child's needs or provide protection.
4. The relatives are not aligned with the agency and do not agree with the safety plan.

How to Implement this Goal
When the goal of placement with relative is identified, the agency must provide an ongoing assessment of the child's safety and permanency. The agency is responsible for ensuring the family has basic support in place to care for the child. Relative or kinship caregivers are encouraged but not required to become licensed foster care providers.

Additional responsibilities of the Custodial Agency
When the child is under public custody and placed with a relative, the agency case worker must educate the kinship caregiver on options such as:

1. Licensed family foster care relative provider
2. Unlicensed Caregiver
    a. Kinship ND reimbursement (if unlicensed)
    b. TANF-Kinship Child Only reimbursement (1/5-degree blood relation)
3. If permanent placement is achieved with the relative and the case is pending closure, the case worker must ensure clarity of legal authority concerning the child (power of attorney, guardianship, etc.). The relatives must be educated on their legal authority before the public custody order is vacated.

Adoption 615-835.4

Implementation Date: January 1, 2026
Last Revision Date: July 1, 2026

The goal of adoption refers to the legal rights and responsibilities of a parent to a child being terminated by the agency and later assumed by an identified individual who becomes the child's legal parent. The termination of parental rights is a permanent separation of the child to his/her family. Reasonable efforts must be made to reunify the family before moving to adoption. The permanency goal of adoption is allowable before the Termination of Parental Rights (TPR) is granted. However, rationale as to why the permanency goal of adoption was made before a TPR should be clearly documented in the case file.

Moving toward termination of parental rights or adding a goal of adoption will require extensive consultation with supervision to determine if all other permanency options have been ruled out, whether the time is right, and if it is in the child's best interest to pursue an adoption goal.

When to Select the Goal
The goal of adoption should be considered under the following circumstances:

1. All other permanency goals have been ruled out.

2. The parents, through words or action, have shown an inability or unwillingness to care for the child and will not be able to provide for the child's safety and wellbeing within a reasonable period of time.
3. The parents want the child to be adopted.

When Not to Select This Goal
There are reasons why the goal of adoption may not be in the best interest of the child, refer to Compelling Reasons Not to File a TPR 615-727 section for more information.

How to Implement this Goal
When adoption is identified as the permanency goal, an adoption plan must be developed through the Custodial Team. The Custodial Team differs from the Child and Family Team Meeting (CFTM) in that it is focused exclusively on adoption planning for the child, rather than family engagement to develop and implement the adoption plan. The Custodial Team meets to identify an adoptive family and/or initiate general or specialized recruitment after the termination of parental rights affidavit is submitted and prior to the TPR hearing.

Custodial Team Required Participants:
1. Custodial agency
    a. Director or supervisory designee; and
    b. Case worker
2. Adult Adopting Special Kids (AASK)
    a. AASK Adoption Specialist; and
    b. AASK Permanency Manager when recruitment is necessary and only at the initial custodial team meeting.
3. CFS Field Service Specialist; and
4. If ICWA applies -- An authorized representative of the Tribe, which may include either the Tribal ICWA Coordinator or the assigned ICWA Family Preservationist.

When the goal of adoption has been identified, another extensive relative search must occur to ensure all potential biological, fictive kin, and other important connections to the child are ruled out as a permanency option. When at all possible, siblings must be adopted together if appropriate, safe, and in the child’s best interest. If siblings are placed separately and there are plans to recruit together, every effort should be made to place siblings together to alleviate the transition into the adoptive home.

Kinship caregivers should be given sufficient support to make the lifelong decision to adopt the child. It is not appropriate to delay a child’s adoption while waiting indefinitely for a placement resource’s decision. Timelines for a decision should be established with the kinship caregiver in efforts to solidify a plan for the child.

Recruitment efforts would not be necessary if the child has an identified adoptive resource who has committed to adopting the child. When recruitment is identified as a need for a child, a Custodial

Team is required, at least every 6 months, to ensure efforts are being put forth to identify a family for the child. This can be done in conjunction with a Child and Family Team Meeting if required participants are present and non-required participants can be excused.

Responsibilities of the Custodial Agency

When the goal of adoption has been identified, the agency has the responsibility to:

1. Communicate the goal change with the parents and children prior to the Child and Family Team Meeting, when possible.
2. Complete SFN 922, AASK referral, and provide all necessary documents to AASK for the child. AASK is unable to actively work on a child's case without all necessary documentation.
3. Invite AASK to the Child and Family Team Meeting (CFTM) when a goal of adoption (singular or concurrent) is added.
    a. The AASK referral must be made to AASK no later than seven (7) calendar days after the CFTM where adoption was added as a goal, either a singular or concurrent goal.
4. Share required documentation with the Custodial Team a minimum of seven (7) calendar days prior to the scheduled Custodial Team meeting. If the documents are not prepared in time, any member may request the meeting be rescheduled to ensure all members are prepared.
    a. Completed SFN 306;
    b. Any SFN 201, Relative Family Fact Finding forms, from interested biological families and potential adoptive families; and
    c. Current PCPA
5. If ICWA applies, communication and agreement with the Tribe regarding the plan for adoption must occur in efforts to align permanency planning and to ensure active efforts continue until finalization. Tribal Nations may have requirements for adoptive parents who adopt an enrolled member that must be discussed in advance. For example; Standing Rock Sioux Tribe has a cultural agreement.

When Preparing the Case for Termination of Parental Rights

When you have determined that you are ready to go to court, it is the responsibility of the custodian to prepare the parents to ensure an understanding of the process. This applies to voluntary as well as involuntary terminations. These responsibilities include but are not limited to:

1. Explain clearly to the parent the justification for moving forward with the termination of parental rights. The dangers that prevent reunification and lack of protective capacities should be discussed at the Child and Family Team Meeting as well as during all worker parent contacts.
2. Explain to parents the nature of the court proceedings which will occur and their right to counsel.
3. Explain to the child, in an age-appropriate manner, what is going to happen in the court proceedings.

4. Explain, when appropriate, to the kinship caregiver or foster care providers the process and what is going to happen in the court proceedings and the need to exhaust all relative placement options at this time.
5. Explain that kinship caregiver or foster care providers must be provided with timely written notice of any proceeding held with respect to the child.

In preparation for submitting the TPR affidavit, review case record, case plan, notes, and all letters and correspondence concerning the child may be considered. Affidavit details must include a summary of reasonable and active efforts for reunification, child's wishes, if age appropriate, documentation of family interaction planning, sibling connections and maintaining sibling placement, parental involvement with the case plan, relative search and efforts to locate the absent parent.

When the Termination of Parental Rights is Granted

1. Prepare the child for adoption; including explaining reasons for termination of parental rights, development of a life history book, and counseling around loss of parents.
2. Continue to collaborate with AASK and follow custodial team process in identifying a prospective adoptive family.
3. Gather recommendations from relevant known parties (e.g.: child's therapist, TFC worker, etc.) prior to the custodial team meeting.
4. Complete another relative search and document efforts of family engagement to foster important connections for the child. Document and provide reasoning as to why a relative was or was not appropriate for maintaining family connections or permanent placement. In addition, if siblings are separated, document why siblings will not be adopted together.
5. When an identified adoption option is identified,
    a. Coordinate a family interaction/visitation plan designed to build an adoptive parent-child relationship.
    b. Identify a target date for adoptive placement.
    c. Coordinate specific plans for follow-up services following placement.
6. Follow procedures necessary to finalize adoption.
7. Coordinate with AASK to refer the adoptive family to ND Post Adopt.
8. If the child is ICWA eligible, active efforts to reunify with the parents will end when the TPR goes into effect, however ICWA responsibilities do not end at TPR. Active efforts focus on ensuring a child remains connected to their Tribe, culture, relatives and community while achieving permanency. Agency case workers must continue to consult and involve the child's Tribal Nation, while planning for ICWA placement preference and permanency.

Guardianship 615-835.5

Implementation Date: January 1, 2026
Last Revision Date:

The H.R.867 - Adoption and Safe Families Act of 1997 recognizes guardianship as a permanency option for children for whom the child and family team have made the determination that guardianship is the most appropriate permanent placement. Legal guardianship means a judicially created relationship between child and caregiver. This is intended to be permanent and self-sustaining by transfer to the identified caregiver of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision making. This can be accomplished without termination of parental rights.

Families have the option to pursue guardianship of a child without funding support; however, the ND Department of Health and Human Services does offer two guardianship assistance programs: the state funded guardianship assistance program and the federal IV-E guardianship assistance program.

When to Select the Goal of Guardianship

1. An identified family has maintained stable placement of the child.
2. Parents are making progress toward reunification, however due to length of time in care, it would be appropriate to provide relatives with legal authority of the child without agency involvement.
3. Parental rights cannot be terminated. The court may determine termination of parental rights is not appropriate.
4. The child is older and would not prefer to have adoption pursued.
5. ICWA applies and the Tribe is not in agreement of the termination of parental rights.

When Not to Select This Goal

If the agency has identified a prospective adoption option, dependent on the age of the child, adoption would offer a more permanent and stable option for the child.

How to Implement this Goal

The agency should assess the family's ability to care for the child long term and their role/ability in managing the impending danger threats without agency involvement. This is reflective of ND Child Welfare values of honoring family autonomy. Agencies should only impose control if the family cannot do it on their own. The agency can provide the family with resources to obtain guardianship if it cannot be obtained in juvenile district court. When the goal of Guardianship has been added, the agency must review financial support options and make a referral to ND Post Adopt, which assists guardianship families in addition to adoptive families.

Another Planned Permanent Living Arrangement (APPLA) 615-835.6

Implementation Date: January 1, 2026
Last Revision Date:

Another Planned Permanent Living Arrangement (APPLA) is a permanency goal for children over the age of sixteen (16) permitting a child to age out of foster care and transition into adulthood with a stable living arrangement that is not the child's home of origin, adoption, guardianship, or kinship care. APPLA is intended to assist in transition by connecting the child to caring adults, equipping the youth with life skills and, upon discharge, connecting the youth with any needed community and/or specialized services prior to discharge from foster care.

When to Select Goal of APPLA
APPLA is intended to be a last resort after other permanency options such as reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative have been ruled out, and it is concluded that "another planned permanent living arrangement" is the most appropriate plan for the child, the agency must document to the court the compelling reason for the alternate plan. The agency case worker must document the compelling reason for the alternate plan to court. Reasons may include any of the following:

1. A child, age 16 or greater, requests the custodial agency to allow them to "age out of care".
2. The parent and child have a significant bond, but the parent is unable to care for the child because of an emotional or physical disability.
3. The Tribe has identified APPLA for the child.
4. After reunification, adoption, legal guardianship, and relative placement have been ruled out.
5. When a child has entered the 18+ program.

When Not to Select This Goal
Compelling reasons do not include the agency promoting benefits of the 18+ program. APPLA should only be considered when reunification, adoption, guardianship, and relative placement have been ruled out and determined not in the best interest of the child upon reaching the age of eighteen (18).

How to Implement this Goal
Although APPLA has been identified as a permanency goal for a child, the case plan should still focus on building relationships between the child, family and adults who are important to the child. The Safety Framework Practice Model still applies to children with a goal of APPLA. The agency should engage in parent/caregiver relationship building for the child. The expectation is that the agency will continue assessing impending danger and protective capacities throughout the life of the case. The parent/caregivers are still expected to engage in the PCFA/PCPA processes and work with the agency on goal development that assists in strengthening their family for when the child is discharged from foster care.

Responsibilities of the Custodial Agency

1. Coordinate quarterly Child and Family Team Meetings (CFTM) with the child in attendance as a required participant.
2. Follow the Safety Framework Practice model to the fidelity in which ongoing engagement with parents remains at the forefront of the custodians' work to ensure family connections. Parents are still part of the CFTM and should be invited if appropriate and safe for the child.
3. Continue to complete relative searches at a minimum of quarterly to always be assessing placement with family and adult connection.
4. Coordinate and offer family interaction opportunities whenever possible.
5. Complete the Chafee independent living referral and notify the Chafee transition worker of the APPLA goal.

Re-establishment of Parental Rights 615-835.7

Implementation Date: January 1, 2026
Last Revision Date:

The decision to terminate the legal rights of a parent is completed with extensive consultation between Children and Family Services and the Human Service Zone. Prior to the termination of parental rights taking place, all permanency options should have been ruled out. However, in some circumstances, the permanency of adoption or guardianship has not occurred and is unlikely to occur in the foreseeable future, leaving the child with no achievable and timely permanency goal. In these rare situations, the re-establishment of parental rights provides an opportunity to reinstate the biological parents' rights when the case meets select criteria or circumstances. This can be pursued when there has been substantial change in family conditions, and the parents have demonstrated behavioral changes in their ability to provide safely and adequately for the child's wellbeing.

When to select the goal

1. The biological parent is willing and has demonstrated an ability to provide and maintain child's health, safety, and overall wellbeing.
2. At least twelve (12) months have passed since the final order of the original Termination of Parental Rights and there is no pending litigation or appeal.
3. The child has not been adopted and is not the subject of a written adoption plan/placement.

When not to select the goal

The petition for reinstatement of parental rights may not be considered when the parent whose rights were terminated had a finding of sexual abuse or convicted of intentional conduct that resulted in substantial bodily injury or death of a child.

How to implement this goal
A petition for the reinstatement of parental rights may be filed by any interested party from the original termination. This may include the agency's case worker and Human Service Zone states attorney, the biological parent or the child.

It would be expected for the Human Service Zone to re-engage the family through the Protective Capacity Family Assessment (PCFA) to assess diminished and enhanced parental capacities and if any impending danger is present/or if it can be controlled with additional supports that were not present at the time of the termination.

Once the PCFA is completed, the agency case worker shall continue to work and engage in case planning with the family. If the petition is filed, the court may order the necessary parties to create a transition plan to ensure the health, safety and stability of the child. The Human Service Zone would be responsible for monitoring the trial home placement and would have the ability to remove the child if there are any abuse or neglect concerns. See NDCC 27-20.6 with further guidance regarding the process.

Normalcy - Reasonable & Prudent Parent Standard 615-840

Implementation Date: April 1, 2026
Last Revision Date:

Children involved with the child welfare system deserve the opportunity to experience age-appropriate events and activities, which encourage positive social connections and reduce unnecessary barriers. For children placed out of the home, kinship caregivers or foster care providers are asked to follow the reasonable and prudent parent standard ensuring careful and sensible parental decisions are made to maintain the health, safety and best interests of a child placed in their home while at the same time encouraging the emotional and developmental growth of the child participating in extracurricular, enrichment, cultural and social activities.

The goals of the reasonable and prudent parent standard are to:

- Provide children with a "normal" life experience.
- Empower kinship caregivers or foster care providers to encourage children to engage in extracurricular activities that promote child wellbeing.
- Allow kinship caregivers or foster care providers the ability to make reasonable parenting decisions without waiting to obtain additional permissions from the child welfare agency or custodial case worker. (Ex: Field trip permission, attendance at school functions, carpools, etc.)

When using the reasonable and prudent parent standard, kinship caregivers or foster care providers should consider:

- The child's age, maturity and developmental level;
- Potential risk factors of participating in the activity;
- The child's best interest;

- Whether the activity will encourage the child's emotional and developmental growth; and
- Whether the activity will offer the child a family-like living experience.

Regardless of the age of the child, agency case workers must use the SFN 1040, Normalcy Consent Form, in efforts to review permissions and expectations of the agency with the kinship caregiver or foster care provider. The consent is to be reviewed upon placement into a new out-of-home arrangement or setting and updated as needed. The consent form identifies what activities kinship caregivers or foster care providers have the authority to give permission for without the prior approval of the parent and/or agency case worker.

The child's parent (non-custody cases) and the custodial agency case worker (custody cases) have the final discretion to approve the child's participation in activities. Parents, kinship caregivers, foster care providers, the child and his/her case worker shall discuss the child's needs, culture, and desires when approving activities. Some activities are natural day-to-day opportunities (school events, field trips, sports), while other activities may be considered high risk activities, i.e. hunting, horseback riding, BMX dirt bike racing, etc.

Immunity for Providers
NDCC 50-11-03.4 highlights that licensed foster care providers are immune from civil liability for any act or omission resulting in damage or injury to or by a child in foster care if, at the time of the act or omission, the person providing foster care for children applied the reasonable and prudent parent standard in a manner that protects child safety, while also allowing the child in foster care to experience normalcy through age or developmentally appropriate activities.

Motor Vehicle Operation by Youth in Foster Care 615-840.1

Implementation Date: April 1, 2026
Last Revision Date:

Supporting normalcy and age-appropriate activities are essential to promoting wellbeing, independence, and successful transition to adulthood for children in foster care. Opportunities such as obtaining a learning permit or driver's license can be an important milestone. NDCC §39-06-08 sets out conditions under which an application for an operator's license on behalf of a minor can be made.

The application of any minor for an operator's license must be signed and verified. In the event there is not a parent, guardian or legal custodian of the child willing to assume responsibility on behalf of the child, another responsible adult; ex: the child's relative, could sign the application and, in so doing, assume the obligation imposed under NDCC 39-06.

If an individual is willing to sign as the responsible party on the application for the child in foster care's permit or driver's license, the custodial case worker is expected to:

1. Involve child's parents/caregivers in decision making.
   a. The child's parent is the first resource to consider in terms of assuming responsibility and providing insurance coverage for the child while he/she is placed in foster care.
   b. In circumstances of long-term placement with little or no parental involvement, the custodial agency may review the risk and determine if the willing relative or foster care provider are free to assume responsibility and provide the insurance coverage on behalf of the child in foster care.
2. Review with the individual (kinship caregiver or a foster care provider) that it is not an expectation to assume responsibility or provide insurance coverage for motor vehicle operation by a child in foster care.
3. Encourage the individual to consult with their insurance agency and attorney before they assume responsibility and authorize for a minor to secure a motor vehicle license.
4. Review with the individual the significant risk they are assuming. An individual signing the application may be liable for the youth's negligence when they assume responsibility for the child in foster care's actions by authorizing the minor to secure a driver's license. The custodial agency does not provide automobile insurance coverage to the foster care provider on behalf of child in foster care.
5. Notify the individual person who has signed the application of a minor for a license that he/she may file a verified written request that the minor's license be canceled at any time.
6. The individual foster care provider(s) may not assume this responsibility if the custodian or child in foster care's parent(s) are opposed.

The North Dakota Foster Youth Driving brochure, DN 271, is a resource to review with foster care providers at the time of initial and renewal licensure and as needed thereafter. Foster care providers will be asked to acknowledge they understand the law, rule and policy surrounding children in foster care driving. The acknowledgement (SFN 1037) will be managed by assigned licensing specialist.

Youth 14+ Independent Living 615-843

Implementation Date: April 1, 2026
Last Revision Date:

Youth ages 14 and older in foster care must be actively involved in the development and review of their case plan and preparation for adulthood. Child welfare agency case workers are responsible for ensuring youth understand their rights, participate in case planning, and receive independent living opportunities that support education, employment, housing, and other life skills needed for a successful transition to adulthood.

Youth Rights 615-843.1

Implementation Date: April 1, 2026
Last Revision Date:

The case plan for any youth receiving foster care case management services who are aged 14 or older must include a list of rights with respect to education, health, visitation, court participation, the right to be provided with credit reporting documents, and the right to stay safe and avoid exploitation. The custodial case worker must explain the list of rights (DN 402) to each youth in a developmentally and age appropriate manner.

The list of rights must be reviewed and signed annually by the custodian and the youth. A copy of the signed rights must also be given to the youth for their records.

Credit Reporting 615-843.2

Implementation Date: April 1, 2026
Last Revision Date:

Child welfare agencies are required to complete an annual credit check on all children under public custody. This is inclusive of a ND Human Service Zone, the Division of Juvenile Services (DJS) and Title IV-E Tribal Social Services. The intent of the federal law is to:

- Identify if the youth has been subject to identity theft;
- Assist youth in understanding the importance of having a credit check completed;
- Teach the youth how to review a credit report;
- Educate the youth on the process to continue this practice upon discharge from foster care.

Children and Family Services (CFS) will obtain an annual credit report from two Consumer Reporting Agencies (CRAs); TransUnion and Experian for North Dakota foster youth over the age of 14. CFS will request credit reports before the 15th of the month and documentation will be electronically forwarded to the custodial case worker within 45 days.

Report Request Schedule

- January, February, and March birthdays = CFS will pull data in January
- April, May, and June birthdays = CFS will pull data in April
- July, August, and September birthdays = CFS will pull data in July
- October, November and December birthdays = CFS will pull data in October

Credit Report Results

Majority of children in foster care under the age of 18 will not have a credit report, as many do not have credit history. Therefore, the request of a credit report will simply be confirming that no report exists. However, when a credit report does exist, it indicates that there is likely a need to correct

information and to take action to protect the identity and future credit worthiness of the child in foster care.

What if discrepancies are found?
Case workers will be responsible to remedy a false credit report. Below are steps on how to respond to discrepancies found in a credit report:

1. Discuss with the youth the results of the report asking if they are aware of anyone using their identity to secure finances (housing, utilities, cell phone).
2. Contact the companies where an account was fraudulently opened or misused. The youth's custodial agency must discuss the logistics of the accounts and indicate there is false credit out in the minor youth's name. Companies will have different procedures to follow in the effort to remedy fraudulent activity.
3. After receiving more information, discuss with the youth the need or desire to file a police report.
4. If needed, contact the Credit Reporting Agency where the activity was identified;
5. To place an initial fraud alert on youth's name;
6. To initiate a credit freeze for the youth's name;
7. If needed, file a report with the Federal Trade Commission (FTC) www.ftc.gov or call 1-877-IDTHEFT (1-877-438-4338);

In order to be in compliance; case workers must:

1. Place a copy of the credit report or message indicating a report does not exist sent by CFS in the case file;
2. Provide a copy of the results to the youth;
3. Assist the youth in understanding why the credit report was obtained, interpreting the results, and resolving inconsistencies (credit report handout);
4. Within ten (10) calendar days of communicating with the youth, the case worker must document the independent living opportunity for the purposes of National Youth in Transition Database (NYTD) federal reporting. The case workers will select "Budget-Financial Management" under the Independent Living Services (NYTD) tab.

Transition to Adulthood Planning 615-843.3

Implementation Date: April 1, 2026
Last Revision Date:

Youth in foster care face unique challenges as they prepare for adulthood, often without consistent family support. Child welfare agency case workers offer intentional guidance and support to help youth build the skills, knowledge, and resources needed for education, employment, housing, financial assistance, and overall wellbeing. Planning focuses on empowering youth to make informed decisions, achieve independence, and reach their goals while reducing the risk of homelessness, unemployment, and limited access to education or healthcare. All efforts must be made to ensure that youth in foster care are not discharged into homelessness.

Planning for adulthood is required for all youth "aging out" of foster care at age 18 and must be completed within ninety (90) calendar days of their 18th birthday. The plan is developed with the youth's input, emphasizing their strengths, goals, and available supports. For youth who choose to remain in the 18+ Continued Care program, planning must also occur in advance to ensure they are fully prepared. Plans can be updated as needed to reflect changing circumstances or goals.

North Dakota requires the use of SFN 494, "Transition to Adulthood Checklist," for all youth aging out of foster care, regardless of placement length. For placements shorter than six (6) months, case workers should make concerted efforts to gather all required information. This checklist helps identify goals, organize resources, and ensure youth receive necessary documentation and supports as they move into adulthood.

National Youth in Transition Database (NYTD) 615-843.4

Implementation Date: April 1, 2026
Last Revision Date:

The National Youth in Transition Database (NYTD) is federally mandated for child welfare agencies to collect information on youth in foster care and those who have aged out of care to assess outcomes related to independent living, education, employment, and wellbeing.

Case workers are responsible for:

1. Independent Living Services – document all independent living services provided to foster youth age 14+ with an open foster care episode. Data collection and entry is to be completed by the child welfare agency custodians and Chafee IL Coordinators (when applicable) into FRAME. Case workers may ask foster care providers for assistance in collecting the information. Independent living service categories include but are not limited to mentoring, academic support, career preparation, and health education. All independent living service categories can be found in under the Case Management tab in the Independent Living Services (NYTD) section.
2. NYTD Survey - administer and collect survey data via a three-part survey of eligible youth in foster care at age 17, again at age 19, with a final survey completed by the youth at age 21, if the child remains in foster care. Every three years (starting in FFY 2011), North Dakota will survey a new cohort of 17-year-old youth in foster care. HHS Children and Family Services will identify which youth are eligible and work with their case worker to help administer the NYTD survey, as needed.

The NYTD survey is voluntary, and youth in foster care are not required to participate. At age 17, North Dakota must ask each youth if they want to take the survey. If a youth chooses not to participate, there is no penalty for the youth or for state funding. However, if a youth takes the first

survey at age 17 but later cannot be reached or chooses not to complete the surveys at ages 19 or 21, the state may face a federal penalty.

Youth who choose to take the NYTD Survey at age 17 must understand they are committing to and willing to be part of the ND NYTD Survey Cohort. The youth must be willing to remain in contact with Children and Family Services until they reach age 21 and complete the last of three NYTD outcome surveys.

18+ Continued Care 615-845

Implementation Date: April 1, 2026
Last Revision Date: July 1, 2026

A child in 18+ Continued Care is still considered to be a "child" for the purposes of foster care as noted in NDCC 27-20.3. The child is considered an adult in all other systems; therefore, relevant releases of information are needed.

18+ Program Qualifications

18+ Continued Care is available to eligible children in foster care up to the age of 21 if the child meets certain criteria. 18+ child must:

1. Have aged out of foster care while under a valid court order granted to a North Dakota public agency; Human Service Zone, Tribal Nation or the Division of Juvenile Services (DJS).
2. Not have obtained the age of 21.
3. Need continued foster care services.
4. Qualify in at least one of the participation categories.
5. Sign the 18+ Continued Foster Care Agreement (SFN 60).
6. Return to foster care within six (6) months of their last discharge date, unless otherwise approved by Children and Family Services administration. Requests to re-enter beyond six (6) months must be presented to Children and Family Services by the agency seeking care and placement authority.

The length of time that a child is in North Dakota foster care does not determine their eligibility for 18+ Continued Care. A child, who ages out of foster care under the custody of another state, is not eligible for North Dakota 18+ Continued Care even if they move to North Dakota. Interstate Compact Placement of Children (ICPC) does not apply to those over the age of 18.

Return to Foster Care

18+ Continued Care participants must have been discharged from foster care at the age of 18 or greater from a North Dakota public agency. The agency where the child last exited foster care will be the point of contact for the child requesting a return. There is no limit to the number of times a child can return to foster care.

18+ - Custody of Division of Juvenile Services

The North Dakota Department of Health and Human Services has a formal agreement with the ND Division of Juvenile Services (DJS) to offer foster care placements for children in need of out-of-home treatment and rehabilitation. ND law prohibits DJS from case managing a child who is not in their court ordered custody. If a child ages out of foster care under the custody of DJS and requests to continue in 18+ Continued Care, the DJS case worker is responsible to refer the case and discuss transfer details with the local Human Service Zone. Children under DJS custody must have been placed in a paid foster care placement prior to reaching the age of 18 in efforts to be eligible to enter the 18+ Continued Care program.

18+ - Custody of Tribal Nation

The North Dakota Department of Health and Human Services has a formal agreement with Standing Rock Sioux Tribe, Three Affiliated Tribes, Turtle Mountain Band of Chippewa and Spirit Lake Sioux Tribe. The Title IV-E agreements allow the Tribe to retain jurisdiction of children interested in participating in the 18+ Continued Care program. The Tribal Nation remains responsible for providing full case management and completing all documentation for eligibility determinations and reimbursement.

1. Tribal Title IV-E: A child under the custody of a ND Tribal Nation, who was Title IV-E eligible and meets the criteria of "aging out", is eligible for 18+ Continued Care.
2. Tribal Non-Title IV-E: A child under the custody of a ND Tribal Nation, who was not Title IV-E eligible upon "aging out", may qualify for 18+ Continued Care. The child must apply and have their eligibility determined. If found to be Title IV-E eligible as "child only", the child would be eligible to participate in the 18+ Continued Care program.

If the child loses Title IV-E eligibility or reimbursability while participating in the 18+ Continued Care program, the case will close. For example, a child under the custody of a Tribal Nation who is Title IV-E eligible will lose Title IV-E eligibility when s/he turns 18 years of age and will not graduate high school prior to age 19. IV-E reimbursement must end as of the last day of the month in which s/he turns 18, so long as the Tribal Nation retains custody of the child and the child does not enter the 18+ Continued Care program. At this point, the Tribal Nation becomes financially responsible for the case.

18+ Participation Categories

Verification of initial and ongoing eligibility for program participation is the responsibility of the child's case worker. A release of information between the agency, child and verifying entity (school, employer, etc.) is needed.

Verification documentation is required in the child's file, however, is not required in the eligibility file for payments. The child is expected to meet the criteria in one or a combination of the following categories in order to participate in 18+ Continued Care:

1. Education
    - Eligibility: The child must participate in secondary, post-secondary or vocational education

on a full or part time basis. A child who is attending school on a part time basis or is on an extended school break (i.e. summer break)is encouraged to work or volunteer.

- Verification: Verification must be provided in the form of an enrollment or acceptance letter, copy of grades, a letter from the school, class schedule, tuition receipt, etc. The frequency of verification must be every 9 weeks, quarter, or semester depending on the program in which the child is involved. Compliance of continued eligibility must be discussed at monthly case worker visitation and at every quarterly Child and Family Team Meeting.

2. Employment
    - Eligibility: The child must work at least 80 hours per month.
    - Verification: Verification must be provided in the form of a pay stub, letter from employer, a copy of an application for employment, etc. The frequency of verification must be at least monthly. Compliance of continued eligibility must be discussed at monthly case worker visitation and at every quarterly Child and Family Team Meeting.

3. Employment Preparatory Program
    - Eligibility: The child must attend a program that is designed to promote or remove barriers to employment. For example, Hair Academy, Job Corps or a welding certificate training program. If the start of the next program session is more than 30 days away, the child is encouraged to work or volunteer until the program begins.
    - Verification: Verification must be provided in the form of an application, enrollment or acceptance letter, copy of grades, a letter from the program, program schedule, tuition receipt, etc. The frequency of verification must be every 9 weeks, quarter or semester depending on the program in which the child is involved. Compliance of continued eligibility must be discussed at monthly case worker visitation and at every quarterly Child and Family Team Meeting.

4. Medical Condition or Disability
    - Eligibility: The child must be unable to participate in educational or employment activities due to a medical condition or disability. If a child is incapacitated and unable to sign the documentation required to participate in 18+ Continued Care; an agency case worker can sign on their behalf if the program is explained to the child and all parties agree it is in the best interest.
    - Verification: A statement signed by a medical professional or Vocational Rehabilitation Counselor that documents the child's medical condition or disability and their inability to go to school, work or participate in job training. Compliance of continued eligibility must be discussed at monthly case worker visitation and at every quarterly Child and Family Team Meeting.

In the event a child does not fully meet a category set forth above, a 45 day grace period is allowable to maintain 18+ program eligibility. During the grace period, the child is encouraged to volunteer while he/she awaits an offer for employment or acceptance to an educational program.

Compliance regarding 18+ program eligibility must be discussed at monthly case worker visitation and at every quarterly Child and Family Team Meeting.

18+ Child Living Arrangements

The 18+ Continued Care program encourages youth to stay in family foster care while they continue to pursue independence. The following types of living arrangements are allowable:

1. Licensed Family Foster Home;
2. Licensed Supervised Independent Living (SIL) program;
3. College Dorms;
4. Job Corps;
5. Nonpaid relative/fictive kin home

Typically, a child will not be eligible for 18+ Continued Care if they are living in an apartment not connected to a supervised independent living program. Special circumstances may be allowed; agency case workers must staff such cases with Children and Family Services. A child may be placed out of state. Courtesy case management requests of out-of-state partners is allowable and encouraged.

18 + Continued Foster Care Agreement

The 18+ Continued Foster Care Agreement (SFN 60) is a provider specific three-party agreement signed by the agency, the child, and the foster care provider. A change in foster care provider requires a new 18+ Continued Foster Care agreement.

Criminal Background Checks

A child who remains in or returns to foster care in 18+ Continued Care is considered a "child" for the purposes of foster care as noted in NDCC 27-20.3. A child remaining in foster care is not required to complete a fingerprint-based criminal background check. However, it is encouraged for agencies to conduct a free web-based search on the 18+ child if he/she is returning to foster care.

- http://www.ndcourts.gov/Search/Query.asp
- http://publicsearch.ndcourts.gov/default.aspx
- http://pa.courts.state.mn.us/default.aspx

Case Worker Responsibilities for 18+ Cases

All case worker responsibilities applicable to children under the age of 18 will continue for a child participating in 18+ Continued Care. Case management requirements continue regardless of the child's eligibility and program category engaged in for participation. The case is subject to quality assurance reviews as guided by state or federal regulations. General case worker highlights include:

1. Transition Plan: The case worker must develop the required transition plan (SFN 494) within ninety (90) calendar days of the child's 18th birthday. The case worker must advise the child of the availability to continue in foster care and receive benefits until they reach the age of 21. To assist with educating the child, an 18+ brochure (DN 1174) is available on the Children and Family Services website. Transition planning must continue throughout the life of the 18+ case.

2. If a child currently in foster care notifies the agency of their intent to participate in 18+ Continued Care, the agency will work with the child's foster care provider to determine if the continued placement would be appropriate. If the placement is not appropriate, recruitment efforts for a new placement resource should begin.
3. For a child returning to 18+ Continued Care, the case worker must assess the child's needs, to determine any physical, education, mental health, behavioral health, or legal needs. If the child is in crisis, the case worker should provide crisis intervention services (i.e. connecting the child with resources that provide temporary housing, food, emergency medical care, etc.). If a foster care placement is not available at the time the child requests to return to foster care, the agency will begin recruitment efforts immediately. A child is not in 18+ foster care until a placement resource is identified and all three parties sign the 18+ Continued Foster Care Agreement (SFN 60).
4. The case worker must provide and ensure the child completes the required documents required to continue in or return to care such as Title IV-E Eligibility paperwork.
5. School District Notification: 18+ Continued Care requires agencies to follow existing policy on school district notifications. If the child is still in school, communication with the Department of Public Instruction is encouraged to determine completion of the form for tuition standards.
6. Family Connections: Agencies must document the child's interest in pursuing involvement with their family after they turn 18. If the child is interested in maintaining family connections, the agency must support family interaction planning.
7. Chafee Program: Participation is voluntary and encouraged.
8. Foster Care Recruitment: 18+ Continued Care may require specialized recruitment efforts for family foster homes. Agencies are encouraged to include these efforts in their recruitment and retention plan as well as complete statewide search to locate the best provider match if needed.
9. Substitute Care: When a child in foster care placed in a family foster home needs temporary care when the licensed provider is unavailable to care for the child, substitute care is arranged. Substitute care arrangements for 18+ participants must be reviewed on a case-by-case basis. A review of the child's developmental abilities, decision making skills, as well as the length of time the foster parents will be unavailable must be taken into consideration when determining if the child requires ongoing supervision by a licensed provider. Case workers must authorize substitute care arrangements. The approval for 18+ substitute care arrangements must meet the safety needs and best interest of the child.
10. Secondary Placements: Secondary placements from one primary foster care provider to another, such as pre-placement visits in a family home, are not allowed in 18+ Continued Care. The Child Welfare Information System does not allow for a secondary placement to be entered for 18+ cases, one could be considered only under special circumstances.
11. Termination from 18+ Continued Care will occur if the permanency goal is reached, one of the three parties requests to terminate the agreement, or the child reaches the age of 21
    a. If termination is requested by the child, the agency must inform the child they have the option to return to foster care within six months from their last date of discharge.
    b. If termination is requested by the agency, the agency must notify the child via letter sent to his/her last known address detailing the decision to terminate the 18+ Continued

Foster Care Agreement. A copy of this notification will become part of the child's file.

c. Child is discharged and the foster care program is closed.

12. Case workers may also utilize monthly virtual caseworker visits for children in 18+, provided the child gives informed consent. All caseworker visits must focus on case planning, service delivery, and the overall wellbeing of the youth.

18+ Eligibility

A child that is not Title IV-E eligible when aging out of foster care or was not Title IV-E eligible in the prior foster care episode and wishes to return to the 18+ Continued Care program requires a new eligibility determination. Case workers must provide the eligibility staff with the following documents for an 18+ child continuing or returning to foster care:

1. Title IV-E eligible child aging out and continuing in foster care
    a. SFN 45, Notice of Change indicating child's continuation in the 18+ Continued Care program
    b. SFN 60, 18+ Continued Foster Care Agreement
    c. 18+ Court Order (permanency) must be obtained within ninety (90) calendar days of 18+ agreement effective date or sooner
2. Non-Title IV-E eligible child aging out of foster care
    a. SFN 45 Notice of Change with the following sections completed:
    b. Closing Foster Care Information. Child must be discharged from the current foster care episode effective the expiration date of the court order or upon the child's discharge from foster care age 18 or greater.
    c. Change/Add Placement provider information with an initial placement start date equal to the 18+ Continued Foster Care Agreement
3. Change in Child's Status – 18+ Continued Care
    a. SFN 641 Title IV-E Title XIX Application–Foster Care – completed and signed by 18+ child
    b. SFN 60 18+ Continued Foster Care Agreement
    c. 18+ Court Order (permanency) (obtained within 90 days or sooner)
4. 18+ Child Returning to Care
    a. SFN 45 Notice of Change with the following sections completed:
    b. Change/Add Placement
    c. Change in Child's Status – 18+ Continued Care
    d. SFN 641 Title IV-E Title XIX Application–Foster Care – completed and signed by 18+ child
    e. SFN 60 18+ Continued Foster Care Agreement (establishes new foster care program effective date)
    f. 18+ Court Order (permanency) (must be obtained within 90 days or sooner

Trial Independence for IV-E Eligible Children

Trial independence is limited to Title IV-E eligible children discharged from foster care at the age of 18 or greater. The child will automatically exit care on a six-month trial of independence. While discharged all case management responsibilities end, there is not a valid court order and the foster

care program is closed. If a child returns to 18+ Continued Care and later is discharged, the child will automatically be discharged on a trial independence. A new eligibility determination is required upon return to 18+ Continued Care for a child that is not Title IV-E eligible prior to discharge.

Child Welfare Information System – 18+ specific

The previous eligibility determination is very important when considering the case planning and data management data entry requirements for children interested in the 18+ Continued Care program.

1. Title IV-E Child:
    a. Continuing in the 18+ program does not require a new foster care program or eligibility determination. The case and IV-E payments continue under the current foster care episode.
    b. Returning to the 18+ program from a trial independence will retain their Title IV-E eligibility status. A new 18+ Continued Care Agreement is required to open the foster care program.
2. Non-Title IV-E Child:
    a. Continuing in the 18+ program requires the current foster care program to close effective the expiration date of the court order. The 18+ agreement will start a new foster care episode beginning the day following the court order expiration; the program is entered in the same service period. The closure from foster care will allow for the child's eligibility to be redetermined specific to the child and their dependent children.
    b. Returning to the 18+ program will require a new eligibility determination. A new 18+ Continued Care Agreement is required to open the foster care program.
3. Multiple 18+ Agreements:
    a. When the 'effective date' of the 18+ Agreement is entered into the Child Welfare Information System, the duration dates automatically populate. The end date reflects the day prior to the child's 21st birthday.
    b. When an 18+ Agreement is no longer valid, the case worker must "edit" the end date to accurately reflect the date the 18+ Agreement ended with a specific provider.

Education 615-848

Implementation Date: April 1, 2026
Last Revision Date:

Education is a key factor that influences a child's stability, long-term success, and wraparound supports for the family. Education policy plays an important role in guiding how child welfare workers and agencies support the wellbeing and development of children and families.

Children receiving active case management, especially those in foster care, often experience frequent placement changes and instability resulting in higher risks of disrupted school and lower academic achievement. In addition to child safety, agency case workers promote school stability, academic support and work to ensure collaboration between the agency, parents, kinship caregivers, foster care providers and the school. By prioritizing the educational needs of children,

child welfare agencies create access for children to receive consistent learning opportunities while families get connected to resources that promote overall stability. Child welfare agency and school partnerships offer the child a more stable learning environment and improved long-term outcomes such as graduation rates, career readiness, and overall wellbeing.

School District Notification 615-848.1

Implementation Date: April 1, 2026
Last Revision Date:

NDCC 15.1-29-14, enforces school district responsibility for the payment of tuition, excess cost and excess educational costs related to special education. State law requires that notification be granted on behalf of each child in foster care to the school district to ensure timely and orderly assumption of financial responsibility by the appropriate school district.

Custodial agency case workers are required to provide notification to ND Dept of Public Instruction (NDDPI) within five (5) calendar days of the change, in four different instances throughout the life of a foster care case:

1. Initial Notification - When a child enters foster care
2. Change in Educator - When a child has a change in placement resulting in a new school/educator
3. Annual Residency Notification - Each year an update is required. Case worker must verify parent/guardian address in the system by September 15th each year to determine the resident district. Once established, the resident district remains until the following September 15th.
4. Exit from Foster Care - When a child is discharged from foster care

SFN 18119 is the official document required for the notification and electronic submission is the preferred method of submission. The electronic notification system is Student Contracts and can be accessed at NDTeach Login.

For more information, please see the School District Notification FAQ.

School District Collaboration with Foster Care Liaisons 848.2

Implementation Date: April 1, 2026
Last Revision Date:

Every Student Succeeds Act (ESSA) strengthens protections for children in foster care by requiring close coordination between child welfare agencies and local school districts which promote educational stability and success. ESSA emphasizes the importance of maintaining school continuity whenever it is in the child's best interest and requires child welfare agencies and schools to collaborate on transportation, enrollment and information sharing.

Child welfare agencies with custody of a child in foster care must work in partnership with school districts designated "foster care liaison" to ensure that the child remains in the school which serves their best interests. This collaborative structure ensures children in foster care have immediate access to education, experience minimal disruption when placements change and receive the academic support necessary to promote positive educational outcomes. When placement changes are considered for the child, the child welfare agency and district foster care liaison must hold a Best Interest Determination meeting and document why the placement change is required and detail assurances for minimal disruption for the child in transition.

School of origin decisions may change depending on the child's placement geography. If a child's placement changes, the school of origin is the school in which the child was enrolled at the time of the placement change. Example: The child was enrolled in District A when they entered foster care. The child was initially placed in District A, but later transitioned to grandma's house in District B; school of origin is District A.

More information can be found at ND Department of Public Instruction - Foster Care.

Education Setting in Foster Care 615-848.3

Implementation Date: April 1, 2026
Last Revision Date:

Children in foster care often experience placement transitions that can significantly impact their educational stability and success. Child welfare agencies must work with parents of the child to review and access the most appropriate education for the child, whether it be in a public school, private school or approved home education setting.

Majority of the children in foster care enroll in public schools, however private school enrollment is not prohibited. The cost of enrollment and decision to enroll in private school is that of the custodial agency, parent and members of the Child and Family Team. If a kinship caregiver or foster care provider is requesting a shift in education from public school to private school or home education, the request will require the custodian to evaluate and assess the rational as well as consider if the request is financially feasible and in alignment with ND laws.

Home Education is becoming a more popular as it allows parents flexibility in educating their children the way they feel most benefits them. NDCC 15.1-23-01 defines "home education" as a program of education supervised by a child's parent. North Dakota Century Code (2019) clarified that a parent may choose any way they see fit to educate their child, including virtually, through independent classes, work study, public school, etc. The law explicitly defines the legal and moral responsibilities of the child's parent/guardian to supervise the home education. Due to the significant responsibility and oversight required of the parent to supervise, ND Department of Public Instruction does not advise child welfare agencies to submit an Intent to Home Educate Form on

behalf of a kinship caregiver or foster care provider requesting to provide home education for the child in foster care. The intentions of the law were not to grant home education supervision to a kinship caregiver or foster care provider.

Child welfare agencies looking for alternative methods of educating children in foster care can consider virtual instruction through the North Dakota Center for Distance Education. Questions regarding Home Education should be routed to the Office of School Approval & Opportunity with the NDDPI or the North Dakota Home School Association at (701) 936-0356 or emailed to dpischoolapproval@nd.gov.

Helpful Resources:

- 2025 Home Education Guidance
- Home Education Frequently Asked Questions

Medical 615-850

Implementation Date: April 1, 2026
Last Revision Date:

Children active in case management services often have complex and unmet medical, developmental and behavioral health needs. Child welfare case workers are required to assess and address medical needs of children timely through coordinated medical care. Child welfare case workers play a critical role in safeguarding the physical and mental health of children. Case circumstances will vary, but this often includes facilitating access to routine and specialized healthcare services, maintaining accurate, up-to-date medical records, obtaining and documenting appropriate consent and partnering with parents, kinship caregiver, foster care providers and healthcare providers to ensure continuity of care.

Medical oversight should follow national standards, which emphasize early screening, regular well-child visits, immunizations, dental care, behavioral health and developmental assessments, trauma-informed services and ongoing monitoring of psychotropic medication use when applicable.

Medicaid Coverage 615-850.1

Implementation Date: April 1, 2026
Last Revision Date:

ND child welfare agencies working with children and families are required to assess and address the medical needs of the children they serve. Medical coverage and eligibility for services often become priority topics requiring case worker support and assistance.

If the child is in foster care, the case worker will complete eligibility paperwork which includes the application for ND Medicaid. The CFS Foster Care Sub-Adopt Eligibility Unit will review eligibility

determination paperwork for foster care and ND Medicaid coverage. Upon approval, a request for the child's Medicaid identification number (Medicaid ID) will be generated and issued to the custodial agency. The case worker is responsible to notify the child's kinship caregiver or foster care provider, as well as all medical providers, of the child's Medicaid ID to ensure continuity of care and billing coverage. Children in ND foster care are "categorically" eligible to receive ND Medicaid.

Out of State Coverage

If the child is in ND foster care and placed out of state, interstate compact on the placement of children (ICPC) must be followed. Medical planning is part of the ICPC approval process and if the child is Title IV-E eligible, the receiving state will accept the ND Title IV-E child onto the receiving states Medicaid. However, if the child is not Title IV-E eligible, the custodial agency will need to explore access to medical providers who are enrolled or willing to enroll as a ND Medical Provider through ND Medical Services or secure a secondary medical insurance policy for the child.

Excess Medical Costs

If a child in foster care incurs medical expenses that are later billed to the custodial agency because the costs are considered non-reimbursable by ND Medicaid or other insurance, those expenses cannot be paid with foster care funding.

Case workers are responsible for ensuring that kinship caregivers and foster care providers understand the child's medical coverage. Case workers must also educate caregivers and foster care providers that all medical appointments, outside of emergencies, must be pre-approved by the custodial agency as this will ensure medical providers accept ND Medicaid or are identified in advance as being willing to enroll as a ND Medicaid Provider.

18+ Medical Coverage

ND Medicaid eligibility for young people aging out of ND foster care must meet the requirements of Medicaid eligibility policy in order to obtain and maintain Medicaid until the age of 26. In order to remain eligible for ND Medicaid, the child must have:

1. Aged out of ND foster care and
2. Upon aging out, been receiving ND Medicaid.

For more information, see ND Medicaid Policy or view the Medicaid quick reference guide located in this chapters resources and tools.

Access to Medical Records

If the child is in foster care, the custodial agency is authorized to obtain and review the child's medical, dental, vision, and behavioral health records as necessary to fulfill its legal responsibility for the child's care. Access to and disclosure of health information must comply with the Health Insurance Portability and Accountability Act (HIPAA), applicable confidentiality laws and state privacy requirements.

As the child's legal custodian, the agency may consent to routine and necessary medical care and

may authorize the release of protected health information for purposes of treatment and payment. The legal custodian has the authority to share information, as determined appropriate, on a need-to-know basis with kinship caregivers, foster care providers, treatment facilities, medical providers, and/or other authorized professionals involved in the child's care. All records must be handled in a manner that safeguards confidentiality and protects the child's privacy. The responsibility to protect medical records applies to the legal custodian and any other individual who is involved in the child's medical care.

Electronic Health Record (EHR) access is governed by the rules and policies of each health care organization. The custodial agency does not have automatic or unrestricted access to a child's electronic health record. Direct access to a child's medical record requires authorization and may only be granted with approval from the applicable health care organization. Electronic health records are not automatically available to kinship caregivers or foster care providers caring for a child in their home.

If the child has chronic illness, a long-term health condition or significant medical needs, there may be justification for proxy access. The legal custodian has the authority to determine if medical proxy access is appropriate. When proxy access is authorized, the custodial agency must work with the kinship caregiver or foster care provider and the health care organization to obtain the appropriate permissions and authorization. Proxy access is typically time limited and must be renewed in accordance with the health care organization's policies. Time limited access is helpful in ensuring ongoing access does not continue when a child is no longer placed in the home of the caregiver or provider. If proxy access is granted to a case worker, kinship caregiver or foster care provider, the custodial agency must ensure the access is discontinued when appropriate.

Health Tracks 615-850.2

Implementation Date: April 1, 2026
Last Revision Date:

Federal law requires that all individuals under 21 years of age who are eligible for medical services through Title XIX (Medicaid), including children in foster care, must be informed of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. In North Dakota, EPSDT is referred to as Health Tracks or a well-child check and is designed to detect health problems at an early age.

Children in foster care are required to have their physical, mental and developmental needs assessed and addressed throughout the foster care episode. Children receiving case management services (without custody) must have their physical, mental/behavioral and/or dental needs assessed as well. Any identified needs must be addressed when the health issues are relevant to the reason for the agency's involvement with the family and/or it is reasonable to expect that the agency would assess physical/dental health issues given the circumstances of the case.

Health Screening Requirements

Child welfare agency case workers must ensure each child in foster care has a Health Tracks or a well-child screening completed within 30 days of entry into foster care and at least annually thereafter. If the child received a Health Tracks or a well-child check screening within 30 days prior to entering foster care, and the agency obtains a copy, a new screening is not required, unless warranted by case circumstances. The screening must include developmental and mental health assessments, as well as assessments for physical, dental, and optical health needs of the child, regardless of age. The professional providing the screening will assist the child's case worker in making referrals, if additional services are needed. Recommended services are to be provided to the child, unless it is documented in the case file why the exam, test or procedure was not pursued.
A copy of the Health Tracks or well-child check screening must be placed in the child's case file, and dates of the screening must be entered into the Child Welfare Information System within 30 days. All subsequent medical records must be placed in the child's case file and documented in the Protective Capacity Family Assessment or Protective Capacity Progress Assessment tool.

Dental and Vision Requirements

Child welfare agency case workers must gather information regarding when the child's last vision and dental exams were completed prior to their entry into foster care, if applicable. Case workers must then schedule dental and vision exams in accordance with the recommendations from the child's last exam or most recent screening. Routine exams should occur at least annually thereafter, unless the medical provider recommends reassessment sooner.

1. A formal dental exam must be done by the child's fourth birthday, or earlier if a screening identifies the need for further dental assessment.
2. A formal vision exam must be completed by the time a child is school-aged, unless a screening or vision problems occur sooner.

If the dates of the child's last dental and vision exams are unknown, appointments should be scheduled within 30 days and completed within 90 days of the child's entry into foster care. If additional services are recommended, the services are to be provided to the child, unless it is documented in the case file why the exam, test, or procedure was not obtained.

Medical appointment must be entered into the Child Welfare Information System within 30 days of the appointment. Copies of appointment results or recommendations shall be documented in the Protective Capacity Family Assessment or Protective Capacity Progress Assessment tool.

Immunizations 615-850.3

Implementation Date: April 1, 2026
Last Revision Date:

To ensure the health and wellbeing of children served by the agency, case workers will verify accurate and up-to-date medical history, including immunization status of each child with the parent/caregiver or known medical professional, if necessary. Beliefs regarding immunizations may

vary based on cultural, religious, or personal factors. When children are placed into public custody of the agency, the agency is authorized by court order to make medical decisions on their behalf. In carrying out this responsibility, case workers are asked to consult with the child's parent/caregiver, give due consideration to their perspectives and thoughtfully consider their wishes regarding immunizations, whenever possible to do so. It is known that not all immunizations require immediate consent; when appropriate, decisions to immunize may be deferred until all relevant parties have had an opportunity to discuss an immunization plan.

Immunizations as recommended by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) and medical professionals should be discussed with the parent/caregiver, whenever possible, if it is determined that the child will proceed with immunizations, the case worker will:

1. In non-custody cases
    - Request an ROI from the parent/caregiver to view medical history and need for immunization or check-ups.
    - Assist in the coordination of medical appointments for immunizations as requested by the parent/caregiver and prescribed by the medical professional.
2. In public custody cases
    - Assist in the coordination of medical appointments for immunizations in consultation with the parent/caregiver (when possible) and prescribing medical professional.
    - Provide consent to proceed with immunizations.
    - If parental rights have not been terminated, consultation with the parent/caregiver of the desired medical plan to immunize is important and must be documented in the child's case file, whenever possible to do so.
    - If parental rights have been terminated, the agency will work with the child's medical professional to determine if and when immunizations should be provided to the child.

For children in foster care, kinship caregivers or licensed foster care providers are not allowed to proceed with obtaining immunizations without consent and approval from the custodial agency. Consent must be granted prior to the administration of any vaccines.

North Dakota Exemptions

Under NDCC 23-07-17.1, a child may not be admitted to public or private schools, childcare facilities, Head Start programs, or day care unless the child has received age-appropriate immunizations or qualifies for an exemption. Agency case workers must identify and document if an exemption applies. Permissible exemptions in North Dakota include:

1. Medical Exemption - Licensed physician certified the immunization would endanger the child's life or health.
2. History of Disease - Physician certified a past disease for which immunity is recognized.
3. Personal/Religious Belief Exemption - Written certificate by parent/caregiver stating beliefs against immunization.

Child Placement Considerations

ND child welfare agencies recognize that immunization decisions vary from home to home and preference to immunize may be influenced by cultural, religious, or personal beliefs. On occasion, there may be a licensed foster care provider that does not immunize oneself or their children. At the same time, the child welfare agency has a responsibility to assess and mitigate health risks for children under their care, supervision or custody. Placement decisions must prioritize the child's best interests inclusive of their medical needs and vulnerability. The ND Department of Health and Human Services CFS Licensing Unit recommends all licensed foster care provider household members be up to date on immunizations as recommended by a health care professional, unless immunizations are contrary to the individual's health or are documented to be against the family's religious, philosophical, or moral beliefs.

Agency case workers making decisions for an out-of-home placement should take caution when considering the placement of a medically fragile, immuno-compromised or infant child unable to be fully immunized. Placement into a home where household members are not immunized must be approved by the custodial agency director or designee and made in consultation with the child's medical professional. For children who are fully immunized and not medically vulnerable, placement into a home where household members are not immunized may occur following agency director or designee's approval.

Medication Management 615-850.4

Implementation Date: April 1, 2026
Last Revision Date:

Children receiving case management services may require prescription and non-prescription medications to address acute illnesses, chronic medical conditions, developmental needs or behavioral health concerns. Careful oversight of medication use is critical to ensure safety, effectiveness and informed decision-making on behalf of a child.

The child welfare agency is responsible for ensuring that medications are prescribed, administered, stored, documented, and monitored in a manner that protects the child's health and wellbeing. Kinship caregivers or foster care providers engaging in the daily care of the child must comply with licensing, medical and custodial agency instructions regarding medication storage, reporting, and administration. Medication management must prioritize informed consent, trauma-informed care and ongoing clinical oversight. Medication oversight shall align with best practice guidance from the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry, as well as applicable federal and state laws.

Parents and children (when age appropriate) should be engaged in medication discussions initially and ongoing. Agency case workers shall:

1. Ensure authorization and informed consent prior to starting new prescribed medication.
2. Coordinate with the child's medical providers to confirm any new medications prescribed will

not negatively impact the child's current medication and treatment plan.
3. Encourage comprehensive assessments prior to the initiation of any psychotropic medications.
4. Monitor medications by tracking dosage, frequency and duration. Also, regular communication with the kinship caregiver or foster care provider about any side effects, adverse reactions, and effectiveness of the medications.
5. Support safe administration and storage by educating the kinship caregiver or foster care provider on proper administration, storage and disposal.

Agency case workers must ensure medication information follows the child during placement changes from one home to another. In addition, ensuring the proper amount of medication is sent with the child when going on a home visit or respite stay.

Psychotropic Medications
Psychotropic medications are prescription medications that affect mood, perception, cognition or behavior. These medications may include, but are not limited to:

- Antidepressants
- Antipsychotics
- Mood stabilizers
- Anti-anxiety medications
- Stimulants and non-stimulants used to treat ADHD

The use of psychotropic medications as one part of a child's comprehensive mental health treatment plan may be beneficial. Recommended medications should only be used after a comprehensive psychiatric assessment, informed consent, and consideration of the full range of medication and psychosocial interventions, all of which should be evaluated throughout treatment.

Children prescribed psychotropic medications must receive ongoing and documented monitoring of the psychotropic medications to ensure safety, effectiveness, and clinical necessity. Agency case workers shall confirm that regular follow-up appointments occur, track medication name and dosage, and monitor for side effects, behavioral changes, and overall functioning. Any concerns regarding adverse reactions, lack of improvement, high dosages, or multiple concurrent medications must be promptly reported to the prescribing medical provider.

Health Care Directive 615-850.5

Implementation Date: April 1, 2026
Last Revision Date:

Federally, child welfare agencies are required to ensure each child in foster care has a comprehensive health care plan, including documentation of medical decision-making authority, often referred to as a health care directive or medical consent form (Fostering Connections to Success and Increasing Adoptions Act of 2008).

The purpose of this policy is to ensure that all youth who will be discharged from foster care at the age of 18 or greater must be informed about the importance of designating another individual to make health care treatment decisions on their behalf, if they become unable to do so. A health care directive is a formal document that designates who has the authority to make medical decisions on the youth's behalf, including routine and emergency care, mental health services, dental treatment, and other health-related interventions when the youth and/or biological parents are unavailable or unable to consent. A health care directive is important because it ensures timely and consistent medical care maintaining continuity of care across multiple placements by documenting medical history, current treatments, medications, and special needs.

Health care directive discussions have been made part of the transition to adulthood checklist, SFN 494. Additional resources can be found:

- Forms and directions related to health care directives can be found at NDCC 23-06.5.
- A brochure, DN 35, Health Care Directives, A Guide to Assist Youth Aging Out of Foster Care, is available to give to youth when developing the youth's transition plan.

Children's Treatment Service - Level of Care Determination 615-852

Implementation Date: April 1, 2026
Last Revision Date: July 1, 2026

Family First Prevention Services Act (FFPSA) seeks to reduce the over-reliance of residential long-term placements, instead the federal regulation emphasizes children in foster care are to be placed in family settings, whenever possible. North Dakota implemented FFPSA qualified residential treatment program (QRTP) requirements on October 1, 2019. Children in foster care are eligible to receive the ND Children's Treatment Services Level of Care Determination, an assessment to determine placement based on the child's mental and behavioral health needs. The streamlined assessment will ensure that children receive the right service, at the right level of care, for the right duration of time. The assessment will determine if the child is best served in Treatment Foster Care (TFC), a Qualified Residential Treatment Program (QRTP), a Psychiatric Residential Treatment Facility (PRTF) or deny the child by recommending the most appropriate setting.

Treatment Foster Care and QRTP placements are only available to:

1. Children under the public custody of Human Service Zone, North Dakota Tribal Nation or Division of Juvenile Services; and
2. Children who remain in custody of their parents and have been approved for placement and reimbursement by the HHS Behavioral Health Voluntary Treatment Program.
3. Children under the public custody of an out-of-state agency and approved by Children and Family Services to complete a Children's Treatment Services Level of Care (CTS- LOC) determination.

Qualified Individual
The term 'Qualified Individual' means a trained professional or licensed clinician who is not an employee of the state child welfare program and who is not connected to, or affiliated with, any public agency or placement setting in which children are placed.

The Department of Health and Human Services (HHS) has a contract with an independent third-party vendor to complete formal assessments for TFC, QRTP, and PRTF levels of care. The Qualified Individual utilizes an evidence-based assessment tool. Qualified Individuals are located across North Dakota and are assigned cases based on location and their ability to meet required timelines. Interviews with the child may occur in-person or virtually when necessary. Their assessment work is monitored by a Utilization Review Clinician, who reviews the recommendation and supporting documentation to determine the appropriate level of care. Some cases are also randomly reviewed with the HHS Clinical Alignment Team.

Custodial Agency Case Worker Responsibility
The custodial agency case worker is responsible to seek the least restrictive, most appropriate placement settings for each child in foster care. Federal regulation specifically indicates that the unavailability of a family foster home is not a sufficient reason to place a child in a QRTP. Federal regulations emphasize that a shortage or lack of foster family homes is not an acceptable reason for determining that the needs of the child cannot be met in a lower level of care.

ND Screening
A custodial agency wanting to place a child into out-of-home treatment (TFC, QRTP, PRTF) must first complete the required ND Screening to ensure the custodial agency has exhausted community-based resources to meet the needs of the child, before seeking out of home treatment.

- Approved ND Screening: If the case has been reviewed and the ND Screening indicates a yes in all categories, the custodial agency may choose to proceed. Custodial agency case workers must upload the Universal Application, SFN 824, ND Screening, and all required supporting documents to Assessment Pro in order to initiate a CTS-LOC assessment.

- Denied ND Screening: If the case has been reviewed and is not yes in all required categories, the child is ineligible to move forward with a Children's Treatment Services Level of Care Determination. The custodial agency should work with their local Behavioral Health Clinic for further assessment and services.

Emergency Placements
Emergency placement into PRTF, QRTP, or treatment foster home can occur before the Qualified Individual completes the assessment. The custodial agency case worker must submit the Universal Application (SFN 824), ND Screening and supporting documentation to the treatment agency for immediate review. The custodial agency must immediately upload the Universal Application (SFN 824) and supporting documentation to Assessment Pro, to initiate a Children's Treatment Service's Level of Care Determination.

For emergency placements, the assessment interview will be virtual and must be completed within three (3) working days. The treatment agency will upload the Attestation (SFN 831) and admission documentation, including initial assessments, treatment and safety plans and any other relevant information. Approval timelines vary based on the child's approved level of care.

1. TFC: If the child is placed as an emergency placement and is approved by the Qualified Individual for the TFC level of care, the child's one hundred eighty (180) calendar day approval period starts on the date of admission.
2. QRTP: If the child is placed as an emergency placement and is approved by the Qualified Individual for the QRTP level of care the child's initial– 180-day approval period starts on the date of admission, not to exceed federal placement maximums. If it is determined the child is a confirmed victim of sex trafficking, the approval period may be extended to 180 days, not to exceed federal placement maximums.
3. PRTF: If the child is placed as an emergency placement and is approved by the Qualified Individual for the PRTF level of care the child's 90-day approval period starts on the date of admission.

Emergency Placement Parameters

1. If the child is placed in TFC or QRTP as an emergency placement and is denied that level of care by the Qualified Individual, Children and Family Services will allow reasonable discharge planning and payment to occur, not to exceed thirty (30) calendar days.
2. If the child is placed in a PRTF as an emergency and is denied, the child must discharge according to Medical Services timeframes.
3. Emergency placements "back-to-back" are prohibited. If the child was placed on an emergency basis and is denied, a child may not be reassessed for a period of sixty (60) calendar days from discharge from any level of care.
    a. An emergency placement cannot occur within sixty (60) calendar days of discharge unless there is a new onset or increase in high-risk behaviors, such as danger to self/others, self-injury, sexual aggression, fire setting, or runaway with added dangerous behaviors (including running to unsafe environments with high risk of victimization).
    b. If an emergency placement is needed within sixty (60) calendar days, the custodian must request permission from CFS at cfslicensing@nd.gov. If approved, the worker must submit a reconsideration request.
4. If the child is placed as an emergency placement, after the custodial agency case worker has already submitted required documents to Assessment Pro, the assessment will continue as a standard assessment with a 7 working day timeframe. If the treatment agency has further documentation, it must be uploaded immediately.

Continued Stay Review (CSR) Timeliness and Process

The Continued Stay Review process includes submission of the SFN 826, SFN 831, and supporting documentation. All required documents must be submitted no greater than twenty (20) calendar days prior to placement approval expiration and no less than fourteen

(14) calendar days before placement approval expires. Upon receipt of the completed CSR, the Qualified Individual will proceed with a Children's Treatment Services- LOC according to the timeframes below.

- Three (3) months = A document review - only required for PRTF placement.
- Six (6) months = A full review. The Qualified Individual will conduct interviews with the custodial agency case worker, the child, the treatment agency, and any other relevant parties.
- Nine (9) months = A document review.
- Twelve (12) months = A full review. The Qualified Individual will conduct interviews with the custodial agency case worker, the child, the treatment agency, and any other relevant parties.

The typical CSR cadence is listed above, however in special circumstances the cadence may be altered.

Discharge Planning from Treatment

Custodial agencies and treatment agencies must ensure that discharge planning begins on the date of admission and must continue throughout the entirety of placement regardless of the child's level of care. The discharge planning process should be person-centered and engage the child and child's family to ensure continuity of services are provided when discharge occurs. Each Children's Treatment Services- LOC determination provides a standard approval timeframe. However, each child's case is individual and does not mean the child needs to remain in treatment for the full approval period. If the child's symptoms and behaviors have decreased, custodial agencies and treatment providers must plan discharge prior to expiration.

Managing CTS-LOC Denials

The role of the Qualified Individual is to determine an approval or denial for treatment levels of care. If the determination results in a denial of TFC, QRTP or PRTF, the Qualified Individual will recommend a higher (acute hospitalization) or lower level of care (family home). If a custodial agency disagrees with a denial, the custodial agency can submit for reconsideration.

Reconsiderations

A reconsideration request is only allowable when an assessment is denied for a treatment level of care. If the reconsideration request is submitted without new supporting clinical/treatment information, the request will be denied. The Qualified Individual will review the information within 1 working day of receipt of the reconsideration and determine an approval or denial. While awaiting the reconsideration decision, custodial agency case worker must simultaneously work to identify a plan, resources and supports to best meet the needs of the child.

14 Day Extension Request

A fourteen (14) calendar day extension can be requested if a child is in TFC, QRTP or PRTF level of care, a discharge location and date have been identified, and more time is needed to solidify the plan. The extension request must be emailed directly to the contracted vendor. Extensions are not allowed when a child is reaching placement maximums. If approval is needed for longer than fourteen (14) calendar days, the continued stay review process shall be used.

Admission Extension Request
The allowable period for admission into QRTP, PRTF or a treatment foster care home is 30 days post CTS LOC determination. If a child does not admit within 30 days, a new assessment may be warranted. An exception to this may be granted for up to 14 additional days, unless otherwise determined by the department. For admission to occur outside of the 30-day window custodial case workers must complete the admission extension request form detailing child behavior since the outcome was issued. The request must be emailed directly to the contracted vendor.

Extension Request Beyond Federal QRTP Placement Maximums
The custodial agency case worker, with support of the child's collateral contacts and treatment agency must submit the SFN 826, Continued Stay Review Form and all supporting documentation at least thirty (30) calendar days prior to reaching placement maximums. The Clinical Alignment Team will review the request and respond accordingly within 7 calendar days of submission.

Dual Approvals - Children's Treatment Services LOC
Dual approvals are prohibited. Two CTS LOC assessments cannot occur at the same time for the same child. If a new referral is submitted outside of continued stay review timeliness, when a child is already approved for a CTS LOC, the second determination will supersede the initial determination, and the child must discharge the current level of care fourteen (14) calendar days from the date of the new determination.

Exception for Treatment Foster Care
Children and Family Services may approve an exception to place a child in Treatment Foster Care (TFC) even if the child is approved for a higher level of care (QRTP or PRTF), when a suitable home has been identified and can meet the child’s needs. Placement into a certified, licensed or approved provider home other than Treatment Foster Care may occur without an exception. Custodial agency case workers should discuss the child’s needs with their Field Service Specialist regarding implementing an Excess Maintenance Payment.

When a child has a prolonged stay in residential treatment with no improvement in symptoms or behaviors; treatment in a family setting may be more appropriate and should be considered. Children and Family Services will not grant exceptions into a QRTP facility when a child is eligible for a PRTF and vice versa.

Psychiatric Residential Treatment Facilities (PRTF)
North Dakota PRTF’s are a medical placement licensed by HHS Behavioral Health Division and funded by commercial insurance or North Dakota Medical Services. For children in need of a PRTF placement, the Children’s Treatment Service Level of Care Determination process must be followed.

Out of State Placements
North Dakota children in foster care in need of out-of-state placement must follow the North Dakota Children’s Treatment Services- LOC before seeking an out of state treatment placement in a LCPA,

QRTP or PRTF. The ND CTS- LOC is not required for placement with parents, identified relatives or an adoptive home.

The child must have initial and ongoing approval from the ND CTS-LOC to remain placed out of state and must follow the continued stay review timeframes. A child placed in out-of-state treatment is no longer eligible to remain when the assessment determines they are no longer appropriate, or when the child reaches age of 18. If in a treatment foster home and the agency allows for the 18+ child to remain, the rate should be re-negotiated.

Children and Family Services does not prohibit children from being placed outside of the state of North Dakota; however, it is highly discouraged to place a child away from their connections and reunification or permanency plan options. If seeking an out of state placement, Interstate Compact for the Placement of Children (ICPC) must be followed. Before seeking out of state TFC, QRTP or PRTF or equivalent placement, all in-state options must be exhausted and documented.

For children under the custody of another state, seeking placement in a ND treatment setting, the sending state must complete the ICPC, payment paperwork and receive Children's Treatment Services- LOC approval before placement can occur.

Qualified Individual Contracted Vendor
ND has a contract with Maximus. All information regarding the Children's Treatment Services Level of Care Determination is located at the website below.

- Assessment Pro Login: www.assessmentpro.com
- Phone: (844) 933-3772
- Email: NDCTS@maximus.com
- Website: https://maximusclinicalservices.com/svcs/north_dakota_cts

CTS-LOC Treatment Foster Care 615-852.1

Implementation Date: April 1, 2026
Last Revision Date: July 1, 2026

Treatment Foster Care (TFC) is an alternative to institutional and residential facilities intended to meet the complex mental and behavioral health needs of children in the least restrictive family setting. This level of care is for children who experience frequent, co-occurring symptoms and behaviors that result in the need for increased services, supports and provider training to address complex trauma. Custodial agencies seeking placement in a TFC home must make a referral through the Children's Treatment Services Level of Care Determination assessment process.

Licensing Limits
A Licensed Child Placing Agency (LCPA) is granted authority by the ND Department of Health and Human Services (HHS) as an authorized licensing agency to recruit and retain foster care providers to

offer treatment foster care (TFC). HHS grants authority to the authorized licensing agency to assess and determine the number of placements a TFC provider can best accommodate at one time. It is recommended that no greater than two TFC placements are in a treatment foster care home at one time. However, the authorized licensing agency may request to amend the license for additional placements. An amendment to allow for additional beds must be submitted to the CFS Licensing Unit. The license amendment request must be done in advance of a placement.

Ongoing assessment of the family is completed by the authorized licensing agency to determine appropriateness of the placements, and the ability of the foster care providers to engage in the necessary treatment interventions to meet the mental and behavioral health needs of children.

Adoptive Placement

If a treatment provider has been approved for adoptive placement, the family shall be assessed to determine if they are able to accommodate an additional treatment placement. If appropriate, an amendment to the license may be requested to increase bed capacity in the home. When the adoption is finalized, the adopted child becomes a member of the household and does not count against licensed bed capacity.

Placement Approvals into Treatment Foster Care

A child who has been approved at TFC will be granted approval for a 180-period beginning at the date of placement.

1. Initial 30-day window: The approval to be placed at the TFC level of care is valid for up to thirty (30) calendar days; meaning a child must be placed at the TFC level of care within thirty (30) calendar days of receiving the approval from the Qualified Individual, unless otherwise approved by Children and Family Services. The effective date of placement into the TFC home starts the 180-day approval timeframe. If the TFC placement is not available for more than thirty (30) calendar days or an admission extension request that is pre-approved by Children and Family Services, a new Children's Treatment Services Level of Care Determination cannot be completed for a period of sixty (60) calendar days from the date of determination.
2. Bed Hold: If a child's situation meets the "absence from placement" policy in 623-05-20-30, a TFC bed hold is allowable. A new assessment is not required, so long as the approval has not expired.
3. Transition: A child may be transitioned from one treatment home to another if it is determined in the best interest for their treatment. The child will **not** require a new assessment and approval timeframes remain.
4. Post-Discharge: A child who discharges from TFC but still has a period of time allowed within their 180-day approval timeframe may be re-admitted without a new Children's Treatment Services Level of Care Determination, if determined necessary for treatment, so long as the approval has not expired.
5. Denial: A child who is placed in the TFC level of care and who is denied during a continued stay review must be discharged within the approval timeframes.
6. "Back-to-Back" assessments are prohibited. The child may not be reassessed for sixty (60) calendar days from the date of determination unless otherwise approved by Children and Family

Services.

7. Turning 18: A child who has current TFC approval that extends beyond their 18th birthday, must discharge TFC placement on their 18th birthday.
8. Secondary placements are allowable and used when a child is transitioning from a facility or participating in an overnight visit from a primary placement (Ex: QRTP or State home) to a secondary placement (Ex: TFC Home) and will return to the primary placement. If the child does not return to the primary placement, the date the child was placed into the TFC home is considered primary. Overnights visits are allowable for four (4) calendar days per visitation in a licensed provider home. If a child is going on a home pass with an unlicensed caregiver (parent/guardian/relative), the visit is entered as a secondary placement (relative placement) and limited to fourteen (14) calendar days.

Service Requirements for Treatment Foster Care

The Treatment Foster Care agency must work in conjunction with the custodial agency to ensure discharge planning starts the date of admission and assist in achieving the permanency plan. The custodial agency is responsible for identifying and submitting parent, relative or permanency planning contact information to the treatment foster care agency including but not limited, names, addresses, phone numbers and emails. The Treatment Foster Care agency must ensure the minimum service requirements noted in the contract with Children and Family Services are met for each child placed at the TFC Level of Care.

Services include but are not limited to:

1. Complete a diagnostic assessment upon intake and no greater than thirty (30) calendar days after placement, if one has not been completed in the past year. If one has been completed in the past year the agency must complete a Diagnostic Assessment Recognition, with updates to the Diagnostic Assessment happening annually thereafter.
2. Complete treatment plans and review monthly with the clinical treatment team to update the plan to meet the child's needs. The treatment team includes:
    a. Custodial Case Worker
    b. Parent and Kinship caregiver or foster care provider of the child
    c. CFS Field Service Specialist or Discharge Planning FSS
    d. Nexus Family Healing staff including:
        - Case Worker
        - Skills Worker
        - Therapist or other outside individual therapist
        - Family Therapist
        - Parent Partner
        - Aftercare worker
        - Clinical Supervisor
        - Case worker Supervisor
3. Completed weekly individual therapy or more often if the frequency and intensity of child behaviors require more intervention.
4. Complete weekly family therapy in the home of the foster care provider and with the

biological family or identified permanency plan, if applicable.
5. Complete twice weekly in-home skills work with the child and no less than once per week with the foster care provider, biological family and identified permanency plan, if applicable.
6. Complete parent partner weekly coaching to the biological family and identified permanency plan, if applicable.
7. Coordinate other services as needed, such as psychiatric oversight, medication management, school supports, speech, occupational therapy, respite care etc.
8. Aftercare services must be provided to all children discharging from the Treatment Foster Care level of care who are no longer placed in a TFC home. This includes children who have achieved permanency, returned to a parent, transitioned to a relative placement, or moved to another foster home following discharge.

Referrals to Treatment Family Foster Care

It is the responsibility of the custodial agency case worker to submit the Universal Application (SFN 824) and relevant supporting documentation to the treatment agency and upload documentation to Assessment Pro, to initiate an Children's Treatment Service's Level of Care Determination. Referrals for TFC must take into consideration the purchase of service agreement parameters the agency has with Children and Family Services. TFC referrals must adhere to:

1. Age Parameters = Children age 6 thru 17
    a. Children under the age of 6 or 18+ are not eligible for TFC, unless otherwise approved by Children and Family Services.
    b. Children 18+ may remain in a TFC provider home at the "Base-Sibling" rate until the last day of the month in which the child graduates, so long as the Nexus Family Healing Executive Director has approved such placement.
2. Sibling Placements
    a. Children who are not eligible for TFC may be placed simultaneously with a sibling who is TFC eligible.
    b. In order to maintain sibling connections, siblings must be placed in the same provider home for the same timeframe.
3. Admissions - Nexus Family Healing has thirty (30) calendar days to place an eligible child. The Nexus Family Healing supervisor and custodial agency supervisor must complete and sign the SFN 1750 and submit to CFS Licensing cfslicensing@nd.gov within three (3) calendar of the following scenarios:
    a. The TFC agency has located a home within thirty (30) calendar days since the date of determination and the custodial agency has determined that placement will not occur. This will not have an impact on performance-based contracting.
    b. The TFC agency has not located a TFC provider to accept placement of the eligible child within thirty (30) calendar days since the date of determination. This will have an impact on performance-based contracting.
    c. The custodial agency did not submit the Children's Treatment Services Level of Care Determination report to the TFC agency timely which resulted in a delay in receiving

information and less than thirty (30) calendar days to locate appropriate TFC placement.

4. Discharges: Nexus Family Healing must have planned discharges for children who are TFC eligible. The Nexus Family Healing supervisor and the custodial agency supervisor must complete and sign the SFN 1750 and submit to CFS Licensing at cfslicensing@nd.gov within three days of the following scenarios:
    a. The child remains eligible for TFC and has been unsuccessfully discharged from a TFC home without a planned transition to a new TFC home. This will have an impact on the performance-based contract.
    b. The child remains eligible and has been discharged from TFC because of a decision made by the custodial agency. This will not have an impact on the performance-based contract.

Treatment Foster Care Reimbursement

Children and Family Services will authorize eligible treatment foster care reimbursements directly to the TFC agency based on billing. Foster Care Maintenance payment policy, 623-05, directs custodial agencies on allowable expenses.

A child is prohibited from receiving the TFC daily rate without an approval for the TFC level of care or agency approval for a secondary placement. If the child is placed in a TFC home and their approval expires, the child is no longer eligible for the TFC reimbursement effective the date of expiration. It is imperative that custodial agency case workers monitor the approval timeframes.

CTS-LOC QRTP 615-852.2

Implementation Date: April 1, 2026
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Qualified Residential Treatment Programs (QRTP) are short-term residential treatment options providing trauma-informed treatment designed to address the serious complex behavioral health needs of children in need of residential treatment. Custodial agencies seeking placement in a ND QRTP must make a referral through the Children's Treatment Services Level of Care Determination assessment process.

QRTP Placement Approvals

A child who has been approved and placed at the QRTP will be granted an initial approval for a 180 day period beginning at the date of placement, not to exceed federal placement maximums. If it is determined the child is a confirmed victim of sex trafficking as defined by NDCC 12.1-41-02, the department and contracted vendor may grant an approval period of 180 days, not to exceed federal placement maximums. The custodial agency case worker, if agreed that the child is a confirmed victim of sex trafficking, must update the data management system to ensure proper documentation of sex trafficking victims. The custodial agency case worker does not need pre-

approval before placement can occur.

1. Initial 30-day window: The approval to be placed in a QRTP is valid up to thirty (30) calendar days; meaning a child must be placed in the QRTP within thirty (30) calendar days of receiving the approval from the Qualified Individual, unless otherwise approved by Children and Family Services. The effective date of placement into the QRTP starts the 180-day approval timeframe. If QRTP placement is not available within thirty (30) calendar days, and an admission extension has not been pre-approved by Children and Family Services, a new SFN 824 and Children's Treatment Services Level of Care Determination may not be completed for sixty (60) calendar days from the date of the original determination, unless otherwise approved by Children and Family Services.
2. Bed Hold: If a child's situation meets the absence from placement/bed hold policy in 623-05-20-30, a QRTP bed hold is allowable. A new assessment is not required, so long as the approval has not expired.
3. Transition: A child may be transitioned from one QRTP to another if it is determined in the best interest for their treatment. The child will require a new QRTP assessment to approve or deny the placement into a new QRTP location. The placement maximums and approval timeframes remain.
4. Post-Discharge: A child who discharges from a QRTP, but still has a period of time allowed within their approval time frame may be re-admitted if determined necessary for treatment but, a new SFN 824 and Children's Treatment Services Level of Care Determination assessment must be completed.
5. Denial: A child who is placed in a QRTP and who is denied must discharge within the approval time frames. The custodial agency and QRTP who allow a child to remain placed without valid QRTP approval is in non-compliance with state licensing and federal regulation.
6. "Back-to-Back" assessments are prohibited. The child may not be reassessed for 60 calendar days from the date of determination unless otherwise approved by Children and Family Services.
7. Turning 18: A child who has current QRTP approval that extends beyond their 18th birthday, must discharge QRTP placement on their 18th birthday.
8. Secondary placements are allowable and are used when a child is transitioning from the facility or participating in an overnight visit from the primary placement (QRTP) to a secondary placement (licensed provider home) and will return to the QRTP. Overnights visits are only allowable for four (4) calendar days per visitation in a licensed provider home. If a child is going on a home pass with an unlicensed caregiver (parent/guardian/relative), the visit is entered as a secondary placement (relative placement) and limited to fourteen (14) calendar days.

QRTP Placement Maximums

QRTP placement is closely regulated by federal regulations and the age of the child. A child in foster care age 13 years and older shall not exceed placement into a QRTP for more than twelve (12) consecutive months (365 calendar days) or eighteen (18) non-consecutive months (545 calendar days). A child in foster care age 12 and younger shall not exceed placement in a QRTP for more than six (6) consecutive months (180 calendar days).

A child who has been placed at a QRTP for twelve (12) consecutive months has reached their placement maximum and may not re-enter a QRTP facility for a period of ninety (90) calendar days unless high-risk behaviors are present. High-risk behaviors include danger to self or others, self-injurious behaviors, sexual aggression, fire setting and runaway if present with additional dangerous behaviors, or the child runs to unsafe environments where the likelihood to be victimized is high. If placement is determined necessary in less than ninety (90) calendar days, the custodian must request permission from the Children and Family Services (CFS) via cfslicensing@nd.gov. This will provide authorization to place a child back into a QRTP, if appropriate. If reviewed and approved by the CFS Licensing Unit, the custodial agency case worker will be notified and responsible to submit the universal application and supporting documentation to Assessment Pro.

The placement maximums are specific to the QRTP level of care (both in and out of state), not individual facilities. It is important that custodial agency case workers are aware of and track the placement maximums, while recognizing the importance of referring children to a QRTP only if he/she needs treatment. If the length of stay is greater than the federal requirements, state approval from the ND Department of Health and Human Services Commissioner is required. This process for a placement extension will be requested by the custodial agency case worker at least thirty (30) calendar days prior to reaching placement maximums.

QRTP Aftercare Services

When a child is approved and admitted for QRTP treatment, the child is required to be provided aftercare services by the QRTP facility per NDAC 75-03-40 post discharge. If a child is placed as an emergency placement and denied for QRTP level of care, the child does not meet the eligibility of a treatment resident, and the facility is not required to provide the aftercare services.

Aftercare services shall include coordinating services, supporting the current placement location (relative, foster home, parent, etc.), tracking of client outcomes and other tasks as defined by the QRTP. The outcomes will be collected by the QRTP in conjunction with the youth and the family six-months post-discharge.

QRTP Reimbursement

Children and Family Services will authorize all eligible QRTP reimbursements directly to the QRTP facility based on billing. A child is prohibited from being placed or remaining in placement at a QRTP without an approval, with the exception of emergency placements not to exceed thirty (30) calendar days.

If the child is placed at a QRTP and their approval expires, the child must be discharged from the placement location effective the date of expiration. It is imperative that custodial agency case workers monitor the approval timeframes.

Transition Plan Agreements 615-852.3

Implementation Date: April 1, 2026
Last Revision Date:

Effective discharge planning is a critical component of successful treatment and long-term stability for children placed in treatment settings. To support continuity of care and ensure that children transition safely to the least restrictive most appropriate placement, discharge planning must begin on the first day a child is placed in a treatment facility, including a Qualified Residential Treatment Program (QRTP) or Psychiatric Residential Treatment Facility (PRTF). Early planning allows treatment providers, case workers and potential caregivers to collaborate throughout the child's stay to prepare for a stable and supportive discharge.

Transition Plan Agreements (TPA) are an available resource to allow for a foster care provider to take part in a transition plan for a child placed in a facility who is preparing to discharge into the specified provider's home. Transition Plan Agreements can be utilized with State, Tribal, or Nexus Family Healing providers. A Transition Plan Agreement must be staffed and approved by the assigned CM Field Service Specialist.

The identified provider must be in full compliance with licensing requirements and cannot be placed on a "hold" when initiating a TPA. If a TPA has been established and a CPS report is made on the foster care provider at a later date, the agreement must be reviewed by CFS administration to determine if the TPA can continue. If the decision is made to terminate the TPA while the CPS assessment is being complete, the TPA can be put back in place with a new SFN 1197.

By signing the TPA the foster care provider, and TFC agency, if applicable, is agreeing to participate in treatment planning and programming for the identified child. This includes:

- Weekly contact with the child by phone or other means possible to build relationships and connections.
- Participate in monthly treatment planning and discharge planning meetings.
- Participate in weekly family therapy.
- Allow the child visits to the home when earned or minimum of monthly onsite visits while in facility placement.

The agency case worker is responsible for overseeing the facilitation of the TPA established between a child and licensed foster care provider. In the event the requirements are met as described on the SFN 1197, Children and Family Services can terminate the agreement at any time. For more information, see the following Transition Plan Agreement procedure.

Human Trafficking 615-855

Implementation Date: January 1, 2026
Last Revision Date:

Case workers must identify, report, determine services for and document the case activity involving any child, for which the agency has an open case, who has been or is suspected to have been a victim of human trafficking as described below.

Human trafficking, or trafficking in persons, is defined in NDCC 12.1-41 as "the commission of an offense created by sections 12.1-41-02 through 12.1-41-06;" which include "trafficking an individual, forced labor, sexual servitude, patronizing a victim of sexual servitude, and patronizing a minor for commercial sexual activity." While the suspected trafficker may not be a "person responsible for a child's welfare" under North Dakota law, the reported victim must be considered an alleged deprived child.

ND State law recognizes "human trafficking" as including many elements of exploitation. PL 113-183, Preventing Sex Trafficking and Strengthening Families Act, specifies the identification of sex trafficking victims. Any minor under the age of 18 engaged in a commercial sex act is a victim of sex trafficking. Child sex trafficking is not limited to prostitution, but can include stripping, pornography, live-sex shows, or the exchange of sex acts for necessities such as food, shelter, and/or clothing. Under U.S. federal law, a victim of sex trafficking is a person who is recruited, harbored, transported, provided for, or obtained for the purpose of a commercial sex act. A victim of severe sex trafficking is one who is induced by force, fraud, or coercion, or is under the age of 18 to perform a commercial sex act (Trafficking Victims Protection Act of 2000 (PL 106-386).

Identifying Victims of Human Trafficking
While the suspected trafficker may not be a "person responsible for a child's welfare" under North Dakota law, the reported victim, however, must be considered an alleged deprived child. Please see NDCC 12.1-41-12 for information on immunity of minor.

Labor Trafficking Indicators
The Trafficking Victims Protection Act of 2000 (TVPA) defines labor trafficking as: "The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery." Labor trafficking is a modern-day form of slavery. U.S. citizens, foreign nationals, women, men, and children can be victims of labor trafficking. Unlike adult victims, however, any sexually exploited child under 18 is considered a victim of labor trafficking, even if there is no force, fraud, or coercion.

Individuals at greatest risk of labor trafficking include the following:

- Runaway and homeless,
- Victims of abuse and neglect,

- Refugees or immigrants,
- Recruitment debt (fees charged to migrant workers),
- Isolation,
- Poverty, and/or
- Lack of strong labor protection

There are six (6) common types of labor trafficking:

- Domestic servant,
- Agriculture and animal husbandry,
- Traveling sales,
- A factory worker held in inhumane conditions,
- Carnivals, and
- Health or beauty services.

Evidence for labor trafficking can be found by observing the person's work and living conditions. Signs to look for include those in which the person is:

- Not free to leave or come and go;
- Unpaid, paid very little, or paid only through tips;
- Subjected to excessively long or unusual work hours;
- Not allowed breaks or suffers unusual work restrictions;
- Owes large debts and is unable to pay them off;
- Recruited under false pretenses concerning the nature and conditions of the job; and/or
- High security measures exist such as opaque windows, boarded up windows, bars on windows, barbed wire, or security cameras.

The following are common mental/behavioral/physical health indicators:

- Fearful, anxious, depressed, submissive, or paranoid,
- Unusually fearful or anxious behavior when discussions mention law enforcement, and/or
- Avoids eye contact
- Lack of health care;
- Malnourished appearance; and/or
- Signs of physical and/or sexual abuse, including physical restraint, confinement, or injuries.

Self-sufficiency indicators when a person does not have control over their life in the following ways:

- Few or no personal possessions,
- No money or financial records or bank accounts,
- Not in possession of identification documents (e.g. ID or driver's license, social security card, passport, visa, etc.)
- Not allowed or able to speak for themselves (e.g. a third party may insist on being present and/or interpreting),
- Claims to be just visiting and unable to provide an address,
- Does not know what city he/she is in,
- A lost sense of time, and/or

- Numerous inconsistencies in their stories.

Sex Trafficking Indicators

Under U.S. federal law, a victim of sex trafficking is a person who is recruited, harbored, transported, provided for, or obtained for the purpose of a commercial sex act. A victim of severe sex trafficking is one who is induced by force, fraud, or coercion, or under the age of eighteen to perform a commercial sex act. The term "sex trafficking victim" is the same definition as found under the Trafficking Victims Protection Act of 2000 (PL 106-386) including that Act's definition of "a severe form of trafficking in persons."

Child sex trafficking occurs when minors are involved in commercial sex acts. Sex trafficking cases involving minors do not require force, fraud, or coercion as they do for adults over eighteen years of age. If a minor has been recruited, enticed, harbored, transported, obtained, exploited, or maintained to engage in commercial sexual activity, a sexually explicit performance, or the production of pornography, then the minor is a victim of sex trafficking. Victims of child sex trafficking can be recruited outside schools, bus and train stations, group homes, shopping malls, or through social media and other internet sites.

Some child victims of trafficking enter the child welfare system with a known trafficking history because they have been referred through law enforcement or there is other evidence of trafficking. In other cases, a child who is receiving child welfare services may have a less visible history of being trafficked. For more information on child sex trafficking, workers can refer to the following resources:

- Federal DHS Blue Campaign
- National Center for Missing and Exploited Children: Child Sex Trafficking Overview

Reporting Suspected Human Trafficking

Agency case workers must remain educated on the wide variety of situations that might indicate a child has been trafficked. In the event it is determined that a child was a victim or sexually exploited; the agency case worker will ensure medical screenings are initiated, services are provided to the child and all required documentation (SFN 960, safety planning, sentinel events, etc.) is completed.

Reports of suspected child abuse and neglect that involve human trafficking of a minor are processed in the same manner as any other report of suspected child abuse or neglect. Reports containing concerns of labor or sex trafficking of a child require immediate agency response (i.e. Response Time A) per 640-01-10-10-01. Such concerns indicate possible criminal activity and therefore, notification of law enforcement is also required. North Dakota law allows for the sharing of confidential victim information by law enforcement when such information is necessary to ensure provision of services or benefits for the victim or the victim's family (NDCC 12.1-41).

In an investigation of or a prosecution for an offense, a law enforcement agency and state's attorney will keep confidential the identity, pictures, and images of the alleged victim and the family of the alleged victim, except to the extent that disclosure is:

- Necessary for the purpose of investigation or prosecution;

- Required by law or court order; or
- Necessary to ensure provision of services or benefits for the victim or victim's family.

Role of the Case Worker in Human Trafficking Cases

The role of the case worker includes the ability to establish rapport and a trusting relationship with the trafficked victim and to identify and access local, state and federal resources to address the victim's needs comprehensively.

Case workers must consider the following factors:

1. Protecting the victims' rights and ensuring informed consent;
2. Completing initial and ongoing assessments of present and impending danger;
3. Providing ongoing safety planning with the victim and the victim's family;
4. Facilitating child and family teams to include case planning that addresses safe housing, physical and mental health services, substance abuse treatment and other services;
5. Working in partnership with the child and parents/caregivers in developing the case plan and establishing goals that are important to the child victim and the victim's family;
6. Organizing the case plan in a manner so the victim and their family do not get overwhelmed;
7. Developing reasonable expectations and achieving perspective;
8. Supporting their ability to recognize progress and manage challenges;
9. Locating appropriate resources and services, including a professional with clinical and trauma expertise on the child and family team, to assist case workers in identifying potential resources, strategizing for individualized service delivery, and creating appropriate and sometimes unique interventions;
10. Communicating and following up with professionals within the criminal justice and/or social service system; and
11. Ensuring the victim and the victim's family understand the roles of professionals involved in their lives.

If the victim's parent/caregiver is suspected of being the trafficker, this person is considered an alleged subject of child abuse and in most situations the child would be placed out of the home. If the child is not placed out of the home and in-home case management services are provided, the involvement of the offending parent/caregiver in the case must be carefully considered. The case worker will consult with the supervisor to determine the level of involvement in the case.

Services for Victims of Human Trafficking

Victims of human trafficking need comprehensive and intensive therapeutic services. Case workers are to collaborate with the child and family team to develop an individualized case plan specific to these needs. This plan will address the need for safe housing, physical and mental health services, substance abuse treatment, therapeutic foster homes, and other services.

It is recommended that trafficking victims receive trauma focused therapy at the earliest possible time following identification as a victim of trafficking. Services are best provided from a victim-centered perspective. While each case and victim of human trafficking will be different, victims typically have many of the same service needs. Additional services and resources can be found at:

- Clinicians - Treatment Collaborative for Traumatized Youth
- North Dakota Human Trafficking Task Force
- Contact Youthworks ND for information on their Anti-Human Trafficking program and to be connected with a Human Trafficking Navigator.

Sentinel Events and Incident Reporting 615-860

Implementation Date: January 1, 2026
Last Revision Date:

ND child welfare agency workers are required to report sentinel events and incidents to Children and Family Services (CFS) when they witness or become aware of situations involving a child, as noted within this policy.

Incident and sentinel event reports involving a kinship caregiver or licensed foster care provider are limited to CPS reports where the individual is identified as the subject and when a child in foster care is the cause of property damage resulting in a financial claim. If the agency case worker is uncertain whether a situation is a sentinel event or an incident, consultation is available by contacting a CFS Field Service Specialist.

Sentinel Event
A sentinel event is defined as any unexpected occurrence involving death or serious physical or psychological injury or an event signaling the need for immediate investigation and response by the agency. Examples of a sentinel event include, but are not limited to:

1. Death of the child who is active in an open CPS assessment or case management service.
2. Death of a parent who is active in an open CPS assessment or case management service, and the cause of death was determined to be a tragic event where the child was present and received psychological impact.
3. Abduction of a child who is active in an open CPS assessment or case management service.
4. Serious physical injury involving a child who is active in case management service where the child is in serious or critical condition as determined by a medical professional. This may include suicide attempts where a child harms themself with any intent to end their life but does not die as a result of their actions.
5. Serious psychological consequences involving a child active in case management service as a result of a child's involvement in the occurrence of significant violence, torture, or inappropriate restraint.
6. Inappropriate sexual conduct (sexual abuse or assault by a parent, guardian, foster care provider, kinship caregiver, peer or other identified individual) involving a child active in case management services.

Incidents
An incident is an unplanned occurrence involving a child who is active in case management services. Examples of an incident include, but are not limited to:

1. A child's injury or illness requires medical attention.
2. A report of suspected child abuse identifying a child in foster care as a victim and their caregiver or licensed foster care provider is identified as the subject, or the child is considered a subject of the report.
3. A runaway occurs when a child leaves or remains absent without permission.
4. Criminal activity where a child engages in actions or conduct that violate the law and are considered to be harmful, violent, threatening, or disruptive to individuals or society as a whole.
5. Harassment to or from a child; defined as unwelcome conduct against the individual based on a protected characteristic creating a hostile environment.
6. Discrimination to a child who identifies as being discriminated against.
7. Damage to property caused by a child in foster care resulting in a financial claim to the department, Children and Family Services.

Agency Responsibility

Upon witness to or knowledge of an incident or sentinel event, the agency case worker must immediately send a report to relevant parties. Notification includes the child's parent(s), agency director and supervisor, and the assigned CFS Field Service Specialist. Notification can be made by phone, voicemail or e-mail as soon as possible, but no later than twelve (12) hours after the occurrence.

Information must include:

1. Name of child and case#
2. Date, time, and place of incident
3. Physical address where the incident took place
4. Brief description of the incident; outcome if known and next steps
5. Indication if the child's family was notified.

In the event of a runaway child, the agency case worker is also responsible for following the Missing Children policy requirements.

CFS Field Service Specialist Responsibility

Children and Family Services employees must enter pertinent data into the Risk Management incident reporting system. The assigned CFS-FSS will:

1. Enter all incidents and sentinel events into the ND OMB Risk Management incident reporting system https://incidentreporting.omb.nd.gov/ within twenty-four (24) hours of being notified.
2. Submit any subsequent information, not to include a SFN 960 unless requested by authorized staff, as an attachment to the initial incident report to the State Risk Management OMB system and email the HHS Risk Management worker directly.
3. Send notification via email of all sentinel events to cfssentinel@nd.gov and include other individuals as needed.

Missing Children 615-860.1

Implementation Date: April 1, 2026
Last Revision Date:

The agency case worker, upon determining that a child whom the agency is working with is missing, must send an incident report immediately, and in no case later than twelve (12) hours after the information is received, using three specific steps:

1. Report the incident and pertinent information to local law enforcement. This includes requesting that law enforcement enter the pertinent information into the National Crime Information Center (NCIC).
2. Report the incident and pertinent information to the National Center for Missing and Exploited Children (NCMEC) at 1-800-THE-LOST (1-800-843-5678) or enter the information online at http://cmfc.missingkids.org.
3. Report the incident and pertinent information to the CFS Field Service Specialist.

Pertinent Information means, but is not limited to the following:

1. Supply photo of missing child, if available.
2. Detail who, what, when, where, and exact time of the incident.
3. Describe the child's appearance and physical features: age/DOB, height, weight, gender, ethnicity, race, eye color, hair color/style, clothing, and identifying marks.
4. Endangerment information such as, physical/emotional/intellectual limitations or risk factors, needed medications, pregnancy status, suicidal tendencies and history, and vulnerability to being sex trafficked.
5. Parent/Caregiver/Provider name, address, and telephone number where ethe child was residing.
6. Who saw the child last?
7. Date, time, relevant content from the last case worker visit.
8. Is this the first time the child has been "missing"? If not, provide a brief history of prior "missing" episodes.
9. What was going on with the child at the time, including the possible primary factors that contributed to the child being absent from current placement?
10. Is there any suspicion of foul play such as abduction, human trafficking, or sexual exploitation?

The case worker shall maintain regular communication of at least once every seven (7) calendar days with law enforcement, NCMEC, and CFS CM FSS to give and receive updated information pertaining to efforts and circumstances related to the child's whereabouts.

Return of the child

Once the child is found, the above three steps should be repeated to inform all involved parties that the child is no longer missing or on the run. The case worker must screen the child to determine both the primary factors that led to the child running away and the child's experiences while on the

run. This includes determining if the child was a possible human trafficking victim. The ND Runaway & Missing Youth Screening (SFN 573) shall be used to help identify if a child missing was a victim or exploited. The case worker should determine how to best integrate this screening tool upon locating the missing child. Attention should be paid to the child's ability and willingness to participate in the screening.

Every effort should be made to complete the screening before NCMEC is notified that the child has been located. In the follow-up contact being made to the National Center for Missing and Exploited Children (NCMEC), the case worker will be asked if there was suspicion of or actual human trafficking/sexual exploitation while the child was absent. If the screening is not completed prior to contacting NCMEC and later it is determined the child was exploited, case management shall notify NCMEC of the findings.

In the event it is determined that the child was a victim or sexually exploited; the case worker will ensure medical screenings are initiated, services are provided to the child and all required documentation (SFN 960, safety planning, sentinel events, etc.) is completed.

Documentation by the case worker

1. What action was taken by the case worker and foster care provider to expeditiously locate the missing child?
2. Ongoing follow up contacts with law enforcement and NCMEC to share information and status on the recovery of the child.
3. What primary factors led to the child running away?
4. How will the custodial case management respond to the primary factors identified in current and subsequent placements?
5. The date and the results of the screening, determining whether or not the child was a victim or exploited while missing from foster care.
6. The case worker must send a copy of the SFN 573 to their assigned Case Management Field Service Specialist. The FSS must follow incident reporting policy when a child open in case management is missing.

Additional resources to assist case management with runaway clients can be found on www.missingkids.com.

Dual Status Youth 615-870

Implementation Date: January 1, 2026
Last Revision Date:

Dual Status Youth (DSY) are those who have active involvement in one system (either child welfare or juvenile justice) with concurrent involvement and/or history in the other system within the past year. Human Service Zone directors, supervisors, child protection workers, and case workers must be

trained and familiar with Dual Status Youth (DSY) Initiative protocols. The protocol is located on the ND Supreme Court website ND Courts DSYI. The DSY protocol outlines standardized cross-system practices for agency workers to follow throughout the child welfare and court systems. These practices aim to change the trajectory of a child's case and to prevent the child from entering or becoming further involved in the juvenile justice and/or child welfare system. In order to achieve the best possible oversight and coordination of DSY cases, North Dakota has assigned CHINS Specialists to serve as the local Dual Status Youth Liaison. Each DSY Liaison will collaborate with the Human Service Zone and Juvenile Court to identify dual status youth cases and further assist in scheduling a Family Centered Engagement meeting with the ND Department of Health and Human Services (HHS) contracted vendor.

Identification of Dual Status Youth

North Dakota has an information sharing memorandum of understanding between the North Dakota judicial branch and HHS, which allows for the identification of dual status youth and initial communication between Juvenile Court officers, CHINS Specialists and Human Service Zones.

An automated report is generated from the Juvenile Court E Supervision (ESUP) database a Child Welfare Information System identifying dual status youth. A CHINS DSY automated report is generated cross referencing Juvenile Court ESUP database and the CHINS List in Teams. The report combines data from all databases, matching youth who meet the criteria of dual status. The report reviews system with concurrent and/or history of involvement within the last year in the other. Human Services Zone workers will be notified by the DSY Liaisons from either Juvenile Court or CHINS when there is dual status youth on their caseload.

Human Service Zone Responsibilities

Human Service Zone child protection workers or case workers will be informed by the DSY Liaison that a youth on their caseload has matched as dual status. The DSY Liaison will send the assigned Zone employee an email (a designated Zone director or supervisor will be included in the email notification) indicating they are to engage with Juvenile Court to discuss the dual status case within forty-eight (48) hours of notification.

The responsibilities of the Human Service Zone assigned worker include:

1. Reviewing the Child Welfare Information System program dates and other case specific information that led to the child being identified as DSY.
2. If the case action was most recently opened under CPS, IH or FC, the Zone worker will contact the Juvenile Court and CHINS specialist within forty-eight (48) hours of receiving the email notification.
3. If the case action was most recently opened in Juvenile Court, the Juvenile Court officer will be contacting the Zone's assigned worker within forty-eight (48) hours of receiving the email notification.
4. Facilitating a conversation with the Juvenile Court officer to discuss the youth and to share pertinent information.
5. Determining if a referral to Family Centered Engagement (FCE) is necessary.

6. When it is the youth's first time being identified as DSY, then a FCE meeting must occur (even if the case has already been closed). The "New" DSY status will be identified in the email from the DSY liaisons.
7. Reviewing the goals of the current plan.
8. Attending the FCE meeting.
9. Monitoring the case and scheduling a follow up meeting. If probation is currently active, then the child welfare worker and Juvenile Court officer assigned, must communicate to schedule the follow up meeting within thirty (30) calendar days of the initial FCE meeting to review the plan developed as a result of the meeting and determine whether the plan needs to be changed. The Human Service Zone worker assigned to the case must attend the DSY youth follow up meeting whether they are actively open with the family or closed.

Expectations of FCE Attendance

DSYI cases with an open CPS assessment, invite Child Protection Workers to:

1. Present current goals related to case planning and provide pertinent details surrounding placement that pertain to the FCE meeting;
2. Discuss any ongoing concerns for youth and family; and
3. Provide ideas to assist the family with services, supports, resources, and/or updated safety planning information.

CPS Reports Received During Open Case Management 615-875

Implementation Date: January 1, 2026
Last Revision Date:

When the Human Service Zone has case management services, it is not uncommon for a new report of suspected abuse or neglect concerning the family to be received or for an assigned case worker to observe or receive new information about a family or parent/caregiver. When suspected child abuse or neglect is reported, observed, or received the agency must respond accordingly.

Requirements for CPS Reports with Open for Case Management

When a report of suspected child abuse or neglect is made while the family is receiving case management, a team of professionals comprised of the case worker, the case worker's supervisor, the CPS worker who completed the most recent CPS assessment with the family and the CPS worker's supervisor will meet to review the concerns no later than three (3) calendar days after receipt of the report by the agency. When technical assistance is needed, the CFS Field Service Specialist can also participate in the meeting.

This team of professionals will decide if the concerns will be administratively assessed by the case management case worker or if a full assessment by a CPS worker is necessary. Reports that require extensive collateral information, medical records, etc. may be more appropriately assessed by the CPS worker. During this meeting, the team of professionals will decide:

1. If modifications to the present danger plan or safety plan are required;

2. Whether referral for an FCE meeting will be completed;
3. If updates to the PCFA, case plan or PCPA are necessary; and/or
4. If an emergency CFTM must be scheduled.

The case worker will assess the reported concerns of suspected child abuse and neglect by meeting with the child face to face within the timeframes established in CPS policy, Response Time Decision 640-01-10-10-01. The case worker will meet face to face with the parents/caregivers within five (5) calendar days from the decision to assess the report administratively to determine what action, if any, is necessary to address the concerns. The case worker will meet with collateral sources and safety service providers within seven (7) calendar days from the decision to assess the report administratively.

During the discussion with the family, collateral sources, and safety service providers key topics must be discussed including:

1. If a present danger plan has been put in place and if so, whether any changes to the present danger plan are necessary;
2. Whether a revision to the safety plan is needed to ensure it remains sufficient to control impending danger;
3. If a referral for an FCE meeting has been or will be made due to the risk of the child being placed out of home; and
4. Whether any changes are needed to the PCFA, case plan, or PCPA and the timing of the next child and family team meeting as a result of the new circumstances.

Documentation of Administrative Assessments

Information related to administrative assessments must be documented in the case activity log of the Child Welfare Information System including:

1. The specific concerns reported and the response by the agency (e.g. present danger plan, revisions to the safety plan, location of the child and justification of removal when applicable, changes to the case plan, etc.);
2. Whether a present danger plan has been implemented;
3. If a referral for an FCE meeting was made and if not, why;
4. Whether the case plan will be modified due to the present circumstances; and
5. The anticipated date of the next child and family team meeting.

The assessment of additional safety concerns and needed interventions will be documented in the PCFA (if still in process) or PCPA and incorporated into the existing safety plan. The following document, originals or copies, must be filed in the agency case record:

1. Present Danger Assessment and Present Danger Plan (SFN 455) when applicable;
2. A copy of the FCE meeting referral when one has been completed;
3. Safety plan when modifications have been made; and
4. Revised PCFA or PCPA and case plan, as applicable.

Exceptions for CPS Reports on Case Management Cases

Child Protection Services policy, Reports with Open Case Management 640-01-05-20-10 indicate when the concerns are of a criminal nature (e.g. sexual abuse, physical abuse, human trafficking) or if the family has revealed information indicating a child may have been a victim of a crime, a referral will be made to law enforcement for a joint assessment/ investigation with a CPS worker.

Case Management during an Appeal of a CPS Decision 615-880

Implementation Date: January 1, 2026
Last Revision Date:

Following a finding that services are required to provide for the protection and treatment of an abused or neglected child, the subject may choose to file an appeal of the decision per NDAC 75-03-18. This policy directs the case worker regarding the handling of such requests.

Requirements During the CPS Appeal Process

Regardless of whether the appeal of a child abuse and neglect decision is submitted prior to or following the case transition from CPS to case management, the agency is responsible to proceed with providing case management. This includes assessing and managing impending danger threats per the CPS Assessment and Safety Plan Determination.

The case worker is responsible to make ongoing diligent efforts to assess safety of the child during the appeal process. The case worker's visits with the parents/caregivers and child must support quality assessments of safety as well as monitoring and updating the safety plan when additional impending danger threats are identified. Diligent efforts include working to engage the family in needed safety-related services and facilitating the family's access to those services.

When the Subject Requests a Letter of Support During the Appeal Process

At times, the subject of child abuse and neglect decision that services are required may request that the case worker write a letter of support for use in their appeal. If the case worker chooses to write a letter, it must be factual such as listing the number of face-to-face contacts or in-home visits the case worker has had with the subject, parent/caregiver, and child, or information on their participation in any services. The case worker must avoid stating opinions about the CPS assessment or determination, or judgement statements about the subject's character, honesty, or other personal characteristics. The case worker will refrain from giving the subject any direction on how to handle the CPS appeal; rather, refer those requests to the CPS worker or the CPS supervisor.

Documentation During the Appeal Process

The case worker will document ongoing diligent efforts to assess child safety in a case activity log of the Child Welfare Information System. The case worker must document how safety was assessed whether there were any present or impending danger threats identified, and how the case worker and agency appropriately responded to any identified present or impending danger threats during the appeal process. Originals or copies of any present danger assessments, present danger plans,

and safety plans completed during the appeal process must be filed in the agency's case record. If the case worker writes a letter of support, a copy of the letter must also be filed in the agency's file.

Case Management when a Family Relocates 615-885

Implementation Date: January 1, 2026
Last Revision Date:

When a Human Service Zone agency learns a family currently receiving case management services without court intervention, has moved to a new Human Service Zone, the sending Zone must notify the receiving Zone of the family's new residence. Notice must be provided to the new zone of residence within seven (7) calendar days of learning the family has moved and efforts made to initiate Warm Handoff 2, Case Transition Staffing.

When impending danger threats are present within the family, the receiving Human Service Zone must accept the case for case management and assist the family in accessing services in their new community per the existing safety plan and case plan. For cases involving court ordered services, the receiving case worker will meet with the Zone state's attorney within fifteen (15) calendar days to determine if the case needs to formally be transferred to the new jurisdiction.

The sending and receiving Human Service Zone agencies must convene a Warm Handoff 2, Case Transition Staffing within seven (7) calendar days of learning about the move to determine if the case will fully transfer to the new county of residence or if the original agency will remain active in case management.

1. If all members of the family move to the new Zone area, a full case transfer is typical course of action.
    a. The sending case worker will transfer the case to the receiving case worker and document the case transfer as a case activity log in Child Welfare Information System.
    b. The receiving case worker will document receipt of the request as a case activity log in the Child Welfare Information System and assume case management services going forward.
2. If select members of the family remain in the originating Zone, a transfer may not be in the best interest of the family, meaning the primary case worker will remain active and be responsible for managing the case with collaboration from a secondary case worker in the new Zone.
    a. The initial agency and primary worker will collaborate with the secondary case worker and family members when scheduling and convening Child and Family Team Meetings (CFTM) and when completing or modifying all assessments and plans (present danger assessment, present danger plan, safety plan, PCFA, case plan, PCPA).
    b. The new agency and secondary worker will provide courtesy case management to the family members in the local Zone in consultation with the primary agency's case worker. This includes the required visits with family members residing in the area.

c. Both the primary and secondary case workers will be responsible to document visits with the child and parents/caregivers as applicable to the case.

Documentation of Family Moves
In situations where the family moves from one Human Service Zone to another, the sending case worker will either maintain the case or transfer the case to the receiving case worker and document the decision in a case activity log of the Child Welfare Information System.

Case Closure 615-890

Implementation Date: January 1, 2026
Last Revision Date:

When the family has made significant progress in achieving the expected outcomes of the case; child safety is sustained in the child's home, and/or the safety threats have been eliminated or mitigated; and the child's safety can be sustained without the ongoing intervention of safety providers. The case worker is responsible for managing child safety until the case is closed.

Safety at Case Closure
Prior to closing the case, the assigned case worker must:

1. Increase the frequency of contact with the family whenever possible;
2. Observe firsthand the changed behaviors, conditions or circumstances in the family and the changes in parent/caregiver protective capacities;
3. Review the progress the family has achieved as reported and documented in written reports by service providers;
4. Review the progress the family has achieved as reported by child and family team participants;
5. Interview the parents/caregivers to determine their understanding of ensuring child safety and their ability to sustain safety over time;
6. Interview and observe the child to determine whether the child remains safe in the home;
7. Confirm that the identified safety threats that occurred at the beginning of the case are no longer occurring or are consistently managed by the parents/caregivers;
8. Confirm that the parents/caregivers have developed a plan and identified resources to manage child safety over time (e.g. the family has a plan if there is a relapse in alcohol use, or the parent/caregiver becomes ill or loses a job);
9. Confirm that the parents/caregivers understand and accept responsibility to care for and keep the child safe over time.
10. The requirements to end an in-home safety plan are confirmation that the child is safe through:
    a. Case worker observations of the child and the parents/caregivers in the home;
    b. Receipt of evaluations and reports from service providers;
    c. Reports from participants in the safety plan;
    d. Measured progress on the extent the expected outcomes have been achieved;

e. The reduction or elimination of a safety threat; and
f. Consultation with others who may be participating with the family to sustain child safety.

Warm Handoff to the Family

Prior to case closure, the agency must facilitate a process to engage family members, service providers, and informal supports in developing a plan for identifying and meeting child and family needs after agency involvement has ended. This process is called the "Warm Handoff to the Family". The PCPA is used for this facilitated process. The requirements of the warm handoff are:

1. Safety Reassessment
   The safety reassessment must include information concerning the absence or presence of impending danger threats.
2. Parent/Caregiver Protective Capacities Reassessment
   The reassessment of parent/caregiver protective capacities, which must be sufficient to protect against threats that continue to exist or might emerge. The caregiver must understand his/her role and act effectively in his/her protective capacity. The assessment of parent/caregiver protective capacities occurs through completion of the final PCPA.
3. Resource Network
   The in-home case worker must review the need for a "safety net" and establish one as appropriate. A safety net refers to arrangements, connections, and supports within the family network or community that can be created, facilitated, and reinforced to reassure the parent/caregiver and provide resources and assistance.

To assist a family in achieving sustainable change, and ultimately safe case closure, the case worker must have the ability to apply safety and permanency related concepts and criteria as part of the intervention responsibilities. This includes:

1. Ongoing Assessment - Continually reassessing impending danger; evaluating and confirming the sufficiency, feasibility, and sustainability of safety plans and when necessary, making immediate adjustments to assure that safety interventions are the most appropriate and least intrusive for the family.
2. Ongoing Engagement - Engaging parents/caregivers and the child in the assessment and planning process in order to:
   a. Identify behavioral change strategies that address impending danger by enhancing parent/caregiver protective capacities.
   b. Identify lasting and permanent connections for the child and family.
   c. Evaluating progress related to the parent/caregiver establishing and maintaining a safe and permanent home for the child.

Planning for case closure begins at first contact with the family. The case worker must ensure that the transition to case closure is communicated to others involved with the case. Achieving a stable home and ensuring safe case closure is achieved by:

1. Preparing the child and family throughout the case process.
2. Assessing any current or ongoing needs.

3. Developing a process for the transition that is in the best interests of the child considering the child's emotional, behavioral, and psychological needs.

The case worker uses the following criteria to determine if a safe home exists and stability has been achieved:

1. Parents/caregivers have made sufficient progress in addressing case goals (enhanced protective capacities).
2. Formal or informal support is available and accessible to the family, as needed, after the case is closed with the agency.

Prior to case closure, the case worker must have face-to-face contact with family members and the child and family team to:

1. Support the family in determining how the family's needs will be met after agency involvement ends. This includes ensuring needed formal and informal supports are in place prior to case closure, including arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once agency involvement ends.
2. Inform the family of the date that case management services will end.

Case Worker Responsibilities for Case Closure

1. Obtain supervisor's approval to close the case.
2. Convene a final Child and Family Team meeting as part of the warm handoff to the family.
3. Ensure all case notes are completed.
4. Ensure the record is updated and properly closed in the Child Welfare Information System.

Supervisor Responsibilities for Case Closure

1. Provide consultation to the case worker when needed on case closure.
2. Support the case worker in transitioning the case to closure.
3. Review and confirm the agency's ability to confidently close the safety plan.
4. Review and confirm the court has returned legal custody of the child to the parent/caregiver when the agency had been granted legal custody of the child.
5. Confirm completion of all notifications of change of custody.
6. Review and confirm completion of case documentation.
7. Review and approve closing the case.
8. Ensure the family has all required documentation including the safety plan, future appointments, contact numbers, etc.
9. Ensure the case has been closed in the Child Welfare Information System within thirty (30) calendar days of the date of case closure.

Exit from Foster Care 615-890.1

Implementation Date: April 1, 2026
Last Revision Date:

A child exits foster care when it is determined that a safe, stable, and permanent living arrangement has been achieved in the child's best interests. Exit decisions are most often made through agency assessment and court approval. Planning for discharge begins the day a child enters foster care with special attention made to coordinate services, collect documentation and ensure post-placement supports are in place to promote long-term stability and wellbeing.

An exit from foster care (case closure) occurs when a child no longer requires the child welfare agency's involvement and the legal responsibility for the case ends. Case closure reflects that the child has either achieved permanency by transitioning to a stable living arrangement or the court involvement requiring agency oversight is no longer required. In North Dakota, a child is considered to exit foster care when any of the following is true:

1. The court enters an order:
    a. Denying a petition to grant care, custody, and control of the child to the agency or to the Division of Juvenile Services,
    b. Terminating custody, or
    c. Appointing a legal guardian; or
    d. Finalizing the child's adoption; or
2. The court order under which the child entered foster care ends; or
3. The child is placed in the parental home and the legal custodian lacks authority to remove the child without further order of the court (exceeded six month trial home visit period).

When a child exits ND foster care, agency case workers must ensure the child, regardless of age, is discharged with the following items at no cost:

1. Personal items purchased or received while in foster care, inclusive clothing, hygiene items, birthday gifts, bedding, bike, iPad, phone, etc.
2. Copy of the final PCPA highlighting the child's discharge plan, why case closure is occurring, services and supports the family has in place, contact information for the agency, and other relevant information pertaining to the case.
3. Certified copy of birth certificate
4. Certified copy of social security card
5. Medical information needed for ongoing care, including upcoming appointments
6. Education records
    a. History of schools attended
    b. Current grade level
    c. Copy of the child's IEP (if applicable)
7. Foster Care Verification Form (SFN 1612) for all youth discharged from foster care at the age of 14 or older
8. Credit report results, only required for children over the age of 14
9. Transition to Adulthood Checklist (SFN 494), only required at age 18 for children "aging out" of foster care.

Unplanned Case Closure 615-890.2

Implementation Date: January 1, 2026
Last Revision Date:

During the course of case management, there may be instances where case closure occurs unexpectedly, limiting the ability to complete a formal warm handoff process with the family. In these situations, the case worker must consult with the supervisor to discuss any safety concerns and what further action must be taken. For in-home cases, this may involve a petition for court ordered services or out-of-home placement for the child to ensure they are safe. For custody cases where court intervention ends, it may include opening the family in an in-home safety plan to remain involved for a period of time to allow for proper transition.

Requirements when a family will no longer accept services:

1. Engage in and document reasonable or active efforts to provide services and assess safety.
2. If the safety assessment indicates a child in the family is not safe, this must include efforts to request a petition to the court for court order services.
3. A letter to the family indicating the reason for unplanned closure and what actions the agency has taken or will take, as well as a list of resources available to the family.

Requirements when court ordered custody ends earlier than expected:

1. Confirm the official court order effective date and conditions.
2. Consider appropriateness and need to move from an out-of-home safety plan with custody to an in-home safety plan to allow for case management services to continue and for proper transition planning to occur.
3. Discuss the need to maintain in-home safety planning with the family and supervisor.
4. Inform kinship caregiver or foster care provider and service providers of the change and discuss if they are willing to be a respite support to the family.
5. Assess safety of the placement in which the child will reside.
6. Provide the family with a list of future appointments, available referrals, resources, and list of contacts. Including updates and shared medical, educational, and service-related information as permitted.
7. Attempt to schedule a warm handoff meeting to the family, when feasible.
8. Complete required case closure documentation, clearly noting why the case closed and what the agency has done to assess safety, identify any unmet needs, and recommendations for follow up supports.
9. Update the Child Welfare Information System within required timeframe.

When case closure is unplanned, documentation must include:

1. Agency diligent efforts to help ensure proper transition with the family,
2. Any additional actions taken to assess child safety,
3. The reason(s) for case closure, and

4. A letter to the family indicating the reason for unplanned closure and what actions the agency has taken or will take, as well as a list of resources available to the family.

Services and Supports 615-900

Implementation Date: January 1, 2026
Last Revision Date:

Child welfare agencies are responsible for ensuring the safety, permanency, and wellbeing of children and families they serve. To fulfill this responsibility, agencies shall ensure access to a coordinated array of services and supports designed to prevent child maltreatment, address identified risks and promote family stability and resilience.

Services and supports may include prevention, intervention, treatment and aftercare resources that are responsive to the diverse needs of children, youth, and families. These services should be trauma-informed, culturally appropriate and delivered in the least restrictive setting possible. Agencies shall collaborate with families, community partners, and service providers to ensure timely access to supports that strengthen protective factors, support permanency outcomes and promote positive child and family wellbeing.

Family Preservation Services 615-905

Implementation Date: April 1, 2026
Last Revision Date:

Family Preservation Services are specialized, family-centered interventions provided by child welfare agencies to help families remain safely together when children are at risk of removal. These services are typically applied when there is a safety risk, but the situation can be stabilized through intensive, short-term, in-home support rather than removal from the home. Services may also be used during reunification, when children are returning home after time in out-of-home placement.

Family Preservation Services prioritize child safety while strengthening the parent's protective capacities, addressing underlying issues such as substance use, mental health challenges, housing instability and reducing the trauma associated with family separation. Family Preservation Services focus on strengthening families, supporting child wellbeing and are specifically targeted at:

1. Preventing out of home placement of children;
2. Maintaining the safety of children in their own homes;
3. Supporting families preparing to reunify; and
4. Assisting families in obtaining services and supports necessary to address various and unique family needs, in a culturally sensitive manner.

Family Preservation Services are embedded into the Human Service Zone budget or contracted directly with a Tribal Nation. Family Preservation Services funded through ND child welfare programming include:

1. Parent Aide Services
2. Prime Time Funds
3. Safety Permanency Funds

Parent Aide Services 615-905.1

Implementation Date: April 1, 2026
Last Revision Date: July 1, 2026

Parent aides are trained paraprofessional safety service providers assigned to specific activities or services with parents or kinship caregivers with the expressed purpose of ensuring child safety and enhancing parent/caregiver protective capacities. Parent aides provide hands-on coaching, modeling and offer support in areas such as child supervision, discipline strategies, daily routines, home safety, and child development.

Parent aide services are intensive, goal-oriented, and time-limited, typically lasting no more than six (6) months. If long-term intervention and monitoring is required for the family, parent aide services are not appropriate.

Parent Aide Training

All ND child welfare parent aides must attend and complete the initial Parent Aide Training within the first year of employment. The training is offered once per calendar year by the ND Department of Health and Human Services as part of the Children and Family Services Training Center contract. Parent aides must complete ongoing professional development by attending relevant conferences or trainings to enhance their knowledge and improve their skills. The supervisor is responsible for ensuring parent aides receive necessary training initially and ongoing.

Parent Aide Responsibilities

The responsibilities of parent aides are directly connected to safety and case planning activities. These responsibilities involve:

1. Initial and ongoing family interactions;
2. Supporting the family's individualized case plan goals to enhance parental protective capacities to assure child safety;
3. Maintaining close communication with the agency case worker;
4. Connecting families with community supports and resources; and
5. Supporting timely permanency planning when applicable.

Caseload Standards

North Dakota child welfare parent aide services vary across the state based on community resources, geographic considerations and the specific needs of families served. While service

delivery models may differ, the overarching goal remains consistent, and caseload standards remain the responsibility of agency supervisors. Supervisors must account for parent aide skill set, training received, travel demands, case acuity and the level of direct service expected.
North Dakota established caseload standards for parent aides to remain effective, responsive and aligned with best practices.

The caseload standards for parent aides include:

- Full-time: Ten (10) families. Parent aides may have more than ten families on their caseloads; however, this should be temporary and only occur when cases are nearing closure. At times it may be appropriate to have fewer than ten (10) families, depending on case complexity and family needs.

- Part time: Calculated using the percentage of a full-time equivalent (FTE) and not to exceed that percentage unless the parent aide is nearing case closure with some of the families. As above, it may be appropriate to have fewer than the calculated percentage based upon case complexity and family needs.

Initial and Ongoing Quality Visits
The initial visit between the parent aide and parents/caregivers must include the referring worker (either CPS worker or caseworker). During this first visit, the referring case worker will confirm with the parents/caregivers the role of the parent aide and the specific purpose(s) for the parent aide's involvement with the family.

The parent aide must schedule regular and ongoing visits with the parents/caregivers. Visit frequency is determined based upon case circumstances and dependent on the needs of the child and family. Best practice would suggest visits occur at a minimum of once per week in the home of the family.

Safety Services
As a safety service provider, parent aides are assigned by a Human Service Zone to help meet the needs of families. The parent aide does not independently decide which safety services are needed for the family. The case worker and supervisor will determine and communicate the parent aide's role within the in-home or out of home present danger plan or safety plan.

Most often parent aides will provide safety services related to behavior management, crisis management, social connection, and/or resource support. While providing safety services, the parent aide will observe actions during contact with the family and provide information to the case worker related to safety threats, demonstrated protectiveness, and enhanced or diminished parent/caregiver protective capacities.

For more information parent aides may access the Parent Aide Practice Guide.

Parent Aide Documentation
The assigned parent aide must maintain documentation in the ND Child Welfare Information System including completed and attempted contacts with parents/caregivers. This can be done in one of two ways, when the parent aide:

1. Has access to the system and enters the documentation within the case activity log.
2. Does not have access to the system documentation.

The documentation must include, at a minimum, the following information:

1. Date, time, and duration of the contact;
2. Participants involved;
3. Location of the contact;
4. Type of contact; and
5. Purpose and summary of the results of the contact.

Closure
The timing for concluding parent aide services is primarily determined by the case worker and the supervisor. See Case Closure 615-850.

Prime Time and Safety Permanency Funds 615-905.2

Implementation Date: April 1, 2026
Last Revision Date:

North Dakota has flexible funding available to Human Service Zones designed to support timely, safety-focused decision-making. These funds are intended to remove immediate financial barriers that may place a child at risk of removal, delay reunification or disrupt permanency efforts. The funds are used as the payor of last resort to address urgent, short-term needs.

Prime Time and Safety Permanency funds are made available to Human Service Zones as part of the local agency operations budget. The Human Service Zone is responsible to manage and distribute allocated funds.

Prime Time Funds
Prime time funds address immediate childcare needs of families allowing parents/caregivers to attend treatment, therapy, parenting education, and other services that support achievement of their case plan goals.

Prime time funds are used to pay for the costs of temporary childcare for children. Prime time funds are paid directly to the approved providers and can be accessed in specific situations. Prime time funds are not intended for regular childcare expenses, such as during parents' school or work time. Approved providers eligible to receive prime time funds include:

1. Licensed childcare providers who meet the licensing standards identified by Early Childcare Services, licensed under NDAC 75-03-08, NDAC 75-03-09, NDAC 75-03-10, NDAC 75-03-11

or NDAC 75-03-11.1; or
2. Licensed, certified, or approved family foster care providers, who meet standards identified in NDAC 75-03-14.

Human Service Zones must pay the provider directly. Childcare providers must be reimbursed based on their contract/agreement showing local childcare rates. Foster care providers must be reimbursed at the current rate established by the department.

When prime time funds are provided to a family, the case worker must document the date and purpose of the funds as part of the case activity log located in the ND Child Welfare Information System.

Safety Permanency Funds

Safety permanency funds are intentionally flexible so that each family's needs can be appropriately addressed. All other avenues of financial support should be exhausted prior to using safety permanency funds.

Safety permanency funds are used to:

1. Assist with the goal of reunification or other permanency goals,
2. Support safety and stabilization of the family,
3. Enhance family and child wellbeing, or
4. Prevent out of home placement of children.

Authorized use of safety permanency funds include but are not limited to the following:

1. Childcare, clothing, diapers, food, utilities, interpreter services
2. Education/recreation (camps, educational supplies, tutoring, extracurricular activities, etc.)
3. Evaluations (psychological or psychiatric, substance abuse, parental capacity, paternity testing, drug testing, etc.)
4. Household items (appliances, cleaning supplies, bedding, towels, toiletries, furniture, carpet..)
5. Housing (rent, deposit, home repairs, etc.)
6. Legal expenses (guardianship fee, birth certificate fee, etc.)
7. Health care (medication, medical bill, eyeglasses, dental, co-pays, etc.)
8. Parenting classes (registration fee, class materials, etc.)
9. Therapy services (counseling, individual, family or group therapy, etc.)
10. Transportation (bus ticket, gasoline, vehicle repair, vehicle purchase, tires, car insurance, registration, driver's license, etc.)
11. Family connections (cell phones, costs for parent/child visitation, cultural events..)

When safety permanency funds are approved by the Zone and provided to a family, the case worker must document the date and purpose of the funds as part of the case activity log located in the ND Child Welfare Information System.

FamilyFirst Services 615-910

Implementation Date: April 1, 2026
Last Revision Date:

The Family First Prevention Services Act (February 2019) reformed child welfare funding, allowing Title IV-E funds to be used to provide prevention services to children and families at risk of entering the child welfare system. ND created FamilyFirst Services to strengthen and stabilize families, prevent children from entering foster care and to help children remain safely at home. Services provide practical parenting support and can help address mental and behavioral health needs, substance use concerns, and risk indicators in the home.

FamilyFirst Services - Provider Services
Qualified service providers administer evidence-based programs including:

1. Healthy Families
2. Brief Strategic Family Therapy
3. Parent Child Interaction Therapy
4. Family Check Up
5. Multisystemic Therapy
6. Nurse-Family Partnership
7. Functional Family Therapy
8. Homebuilders
9. Parents as Teachers

Service providers apply to become an approved FamilyFirst provider and enter into a provider agreement with the Children and Family Services to receive reimbursement for the preventative service provided. More information regarding service providers can be found online: FamilyFirst Services Providers

FamilyFirst Services - Child Eligibility
Eligibility must be determined for a child based on specific criteria verified by the Children and Family Services. Once a child's eligibility is approved, the child and parent/caregiver can access FamilyFirst Services. The child must:

- Be 17 years and under (post-natal)
- Be a U. S. citizen or qualified alien
- Reside in North Dakota
- Cannot be in an open foster care program - exception if the youth is pregnant or parenting
- Must be in the home of a parent/caregiver
- Be at risk of out-of-home placement

Circumstances and characteristics of the child where risk of out-of-home placement may be indicated, include but are not limited to:

- DSM Diagnosis for an emotional, behavioral, or mental health disorder with symptoms are expected to last or have lasted one year or longer
- Serious emotional disturbance
- Moderate to severe impairment or limitations in the home, school, or community
- Moderate to severe impairment or limitations in their achievement of a developmentally appropriate skill (social, behavioral, cognitive, communicative, or adaptive)
- Adopted and the current arrangement is at risk of a disruption
- Entered a legal guardianship and the arrangement is at risk of a disruption
- Pregnant or parenting a child(ren)
- Siblings who are currently placed in foster care
- Actively involved with CPS, In-Home case management through a local Human Service zone or Tribal Social Services office
- Actively involved with the Division of Juvenile Services
- Experienced a prior out of home placement
- Currently involved in two or more services offered in the community by a local agency
- Previously in foster care
- Experienced inadequate supervision in the home based on family and youth circumstances
- Cared for by an adult in the home (i.e., parent, custodian, guardian, kin caregiver) who has limited parental capacity to meet educational, medical, safety, or basic needs of the child(ren) due to the adult's:
    - Mental health or substance use concerns
    - Inability to address serious needs of the child
    - Physical or intellectual disability
    - Debilitating or life-threatening medical needs
    - Homelessness or substandard living conditions
    - Inability to manage the child's behavioral needs in the home
    - Use of substances resulting in the birth of a substance exposed newborn
    - Incarceration (at least one parent)

The individual eligibility application allows for parents/caregivers, public and private agencies, treatment providers, tribal social services, juvenile court and others to complete and submit an application on behalf of the child. The application can be found online: FamilyFirst Service Online Portal

Kinship ND 615-920

Implementation Date: January 1, 2026
Last Revision Date:

The Kinship-ND program is funded through the federal Children's Bureau after authorization for the program was granted by Family First Prevention Services Act. Kinship-ND started in March 2021 providing navigator services across North Dakota. Kinship-ND assists kinship caregivers who have

assumed the full-time care of a child with whom they are related or have a preexisting relationship to when the child cannot remain in their own home.

Kinship-ND has two financial resources available to North Dakota families:

1. Kinship - ND Reimbursement
    a. The family does not need to be working directly with a child welfare agency in order to access these funds.
    b. A Lifetime maximus does apply
2. Kinship - ND Allowance Assistance
    a. The family must be working directly with a child welfare agency with no public custody, but open case management in order to access funds.
    b. Monthly maximums do apply
    c. Program eligibility and requirements can be viewed under resources in Supporting Documentation.

For more information view supporting documents 615-3000 or the program website at Kinship ND.

TANF Kinship Care (Economic Assistance) 615-925

Implementation Date: April 1, 2026
Last Revision Date:

North Dakota TANF Kinship Care is a program offered by ND Economic Assistance. TANF Kinship Care provides funding and services for children in foster care living with unlicensed relatives. The child must be under the care, custody, and control of a North Dakota Human Service Zone, Division of Juvenile Services (DJS), or Tribal Nation. In addition, the unlicensed relative caregiver must meet the Economic Assistance "relative" definition which requires blood relation to the 5th degree.

TANF Kinship Care allows for reimbursement to the unlicensed relative caregiver on behalf of the child/ren placed in their home. Case workers are asked to assist the unlicensed relative caregivers in applying for "TANF Kinship Care-child only". The Economic Assistance program requires:

1. Application
2. Unlicensed Caregiver Home Study (SFN 399)
3. Approved criminal background checks
4. Ongoing communication regarding the custody and placement of the child.

TANF Kinship Care policy can be found in manual 400-19-140.

Respite Care 615-935

Implementation Date: January 1, 2026
Last Revision Date: April 1, 2026

Throughout the life of the case, managing safety and providing service is achieved by ongoing engagement and assessment conducted by the agency. Respite care is defined as a pre-planned arrangement available to a parent/caregiver/provider who needs temporary relief care for a child with special medical, emotional, or behavioral needs who requires time-limited supervision and support by an eligible respite care provider. Children may require additional support to maintain stability in their primary placement and respite care is a service the agency can consider. Respite care can be a highly effective reasonable effort to prevent removal from the home.

Eligible Children
Respite care is available to children under the age of 18 involved with the following public agencies:

1. Human Service Zones
    a. Child Protection Services (CPS)
    b. Case Management (In Home/Foster Care)
2. Division of Juvenile Services (DJS)
    a. Foster care placement
3. Tribal Social Services
    a. Foster care (IV-E) clients
4. Post-Adoption
    a. Department subsidy recipient must first expend funding from ND Post Adopt program.
    b. A Department subsidy recipient who is dually involved with a Human Service Zone and post adopt services may access CFS respite funds while their case remains open with the Human Service Zone.
5. Post-Guardianship
    a. Department subsidy recipient and those who were previously involved in North Dakota child welfare within the last twelve (12) months prior to the establishment of a guardianship, must first expend funding from ND Post Adopt.
    b. A Department subsidy recipient who is dually involved with a Human Service Zone and post guardianship services may access CFS respite funds while their case remains open with the Human Service Zone.

A child may be at home with a parent or in an out-of-home placement with a kinship caregiver receiving case management or child protection services. A child does not have to be under public custody or have court supervision required of the agency in order to access respite care.

Respite Care Request and Provider Agreement
The agency case worker is responsible to assist with completing the required paperwork and identifying a licensed provider willing to offer respite care.

1. Agency workers will submit Part 1 of the SFN 929, "Respite Care Referral and Agreement" requesting pre-approval to the Children and Family Services (CFS) Licensing Unit at cfslicensing@nd.gov.
2. If the request is approved, the agency case worker must submit the SFN 929, Respite Request and Provider Agreement Part 2. This form must be submitted via email to the CFS Licensing Unit no greater than thirty (30) calendar days after the respite care episode has occurred in order to ensure reimbursement is made to the provider timely. Failure to submit claims within the required timeframe may result in nonpayment.
3. Respite care providers can only provide respite care to the child identified on the agreement. One SFN 929 can accommodate multiple respite care episodes for the same child if it is clearly documented on the form.

Respite Care providers approved to offer respite include a:

1. Licensed foster care provider;
2. Licensed childcare providers; or

In order to receive reimbursement, the licensed provider must:

1. Sign the SFN 929 specific to the respite care provided to each eligible child.
2. Sign and submit a W-9 (SFN 53656) and voided check. If the licensed foster care provider is in need of assistance in completing paperwork they should contact their licensing specialist, their child's case worker or cfslicensing@nd.gov.

Foster Care Provider License Amendment

Children and Family Services is not required to amend a foster care provider's license to accommodate respite care when the SFN 929 is signed. The form provides a waiver in the event the number of beds needed when providing respite exceeds the number on the license. Children and Family Services (CFS) will review the licensed bed capacity, discuss need, sleeping arrangements and appropriateness of the respite care in lieu of amending the formal license.

Foster Care Providers Licensed by Tribal Nations and Nexus Family Healing

Agencies licensed or approved including Tribal Nations and Nexus Family Healing have policy and procedure to administer respite care payments within their agency structure. An eligible child may utilize a licensed or approved Tribal Nation or treatment foster care provider if pre-approved by the authorized licensing agency.

The respite care provider is required to sign the SFN 929 when:

1. Respite Care to a Non-Agency Client: In order to offer respite to a child who is not a current client in placement with the agency, the referring agency must seek preapproval from the authorized licensing agency to utilize their provider home before submitting the SFN 929 to CFS for preapproval to provide respite care. The foster care provider will be reimbursed directly from CFS.

2. Respite Care to an Internal Agency Client: If the respite care episode will bring the treatment foster care provider over the licensing capacity, the provider must sign the SFN 929. Children and Family Services (CFS) respite payments are not associated with the internal agency respite care payment structure. However, CFS must pre-approve respite care episodes in an effort to eliminate the need to amend the license.

Length, Duration, and Frequency of Respite Care

There is no limit on the number of respite care episodes an eligible child may receive; however, there is a limit to the length of time for each episode based on type:

1. Overnight Respite
    a. Respite care provided to a child during overnight hours cannot exceed four (4) consecutive calendar days in a seven (7) calendar day period.
    b. Example: A child who is pre-approved for respite is eligible to receive respite for 4 consecutive calendar days (e.g.: Friday, Saturday, Sunday and Monday). The child must return to their primary placement no later than Monday, the fourth consecutive calendar day.
2. Daytime Respite (Non-overnights)
    a. Respite care provided to a child during the day without overnight hours cannot exceed more than twelve (12) daytime hours in a seven (7) calendar day period.
    b. Example: A child who is pre-approved for respite is eligible to receive 12 hours of respite each week. This may include four afternoons for three hours per respite episode.

Respite Care Reimbursement

Respite care funds are managed by Children and Family Services (CFS). Reimbursement is allowed for pre-planned and pre-approved respite care needs. Reimbursement is paid directly to the licensed provider listed on the SFN 929.

1. Foster Care Provider
    a. Daily rate is determined by the department and managed by CFS. For more information about the current respite care rate refer to the ND Payment Rates. The rate is subject to change dependent on program budget.
    b. If there is a child in foster care receiving an excess maintenance payment (EMP), the child's EMP may be reimbursed if the child's daily rate + EMP are higher than the respite care rate determined by the department.

2. Child Care Provider
    a. Childcare costs vary per community standards. CFS will pay the community rate.
    b. A SFN 920 is required to be completed and submitted as part of the reimbursement. Respite costs cannot be used to reimburse a foster care provider who is also a childcare provider.

3. Additional Costs: Respite care funds can cover additional costs associated with providing respite care. All additional costs must be pre-approved by Children and Family Services and may include, but are not limited to:
    a. Transportation costs to a child's school of origin.
    b. Childcare costs when a child placed with a provider does not utilize childcare during the week, but the respite provider works full-time and would need childcare during the day. The childcare costs to a licensed childcare setting can be included as additional costs paid to the respite care provider. A SFN 920 is required to be completed and submitted as part of the reimbursement. Respite costs cannot be used to reimburse a foster care provider who is also a childcare provider.

Respite placements are not entered into the Child Welfare Information System; all respite is managed by Children and Family Services in a separate system for statewide data tracking.

Shelter Care 615-940

Implementation Date: January 1, 2026
Last Revision Date:

Out-of-home placement is required when present danger exists in the home and cannot be controlled with an in-home present danger plan. Planning to control present and/or impending danger threats is a critical child welfare agency responsibility. When present danger occurs, the agency must follow the policies within this manual pertaining to the present danger assessment and present danger plan. If present danger exists and out of home placement is warranted, agencies have options to consider during the initial assessment of present danger, while identifying impending dangers and case planning. In lieu of seeking a temporary custody order (TCO) from Juvenile Court, options include:

1. Identifying and providing in-home supports.
2. Identifying/locating relatives to care for a child.
3. Utilizing a licensed foster care provider or a licensed childcare provider setting with a signed shelter care agreement (SFN 928) to temporarily care for a child.
4. Utilizing a certified shelter care program to temporarily care for children ages 10 through 17.

If the family is not cooperating with the present danger plan options above, the reasonable efforts to prevent removal are documented and the agency may then consider obtaining a temporary custody order (TCO) from Juvenile Court.

Shelter Care for Foster Care Cases
If present danger exists and a temporary custody order is obtained by Juvenile Court, Human Service Zones may utilize a licensed foster care provider to care for the child as an approved temporary safe bed option. If a child enters foster care under a TCO for greater than twenty-four (24) hours, it is federally required that the case be opened in the Child Welfare Information System

as a foster care program and documented for federal AFCARS reporting. In turn, this means the case will be reimbursed as a foster care placement and not reimbursed by shelter care.

Children who are placed as a diversion from foster care with parental permission and a present danger plan in a licensed provider's home are reimbursable through CFS shelter care program funds and not entered into the Child Welfare Information System; Children and Family Services manages these placements in a separate system for statewide data tracking.

Shelter Care – Family Settings

Settings approved for the purpose of shelter care include:

1. Licensed or approved foster care provider (foster home) or
2. Licensed or approved childcare setting (family home or center) licensed per ND Early Child Care regulations as a center, group, family or is self-declared, certified, or holds some other formal status approved by the state.

Eligible Children - Family Settings

Shelter care is available to offer a temporary, safe and stable placement for a child until present danger no longer exists, or a safety plan is made with family. Eligibility includes children working with the Human Service Zone:

1. Known to or new to CPS where present danger exists,
2. Active in-home program where present danger exists, or
3. Legally removed from the home by a Temporary Custody Order (TCO) or placed in police protective custody.

Length, Duration and Frequency of Shelter Care – Family Settings

Shelter care reimbursement and placement limits are specific to the type of shelter. Family setting (licensed foster care provider or childcare setting) may not exceed fourteen 14 calendar days in an episode. By day fourteen (14), the agency must determine if a temporary custody order is necessary or if the present danger has been remedied and the child is safe to return home. Children cannot be placed in back-to-back shelter care episodes in efforts to extend out of home care options.

Shelter Care Reimbursement – Family Settings

Shelter care funds are state general funds secured to reimburse licensed foster care providers (including overnights) or licensed childcare providers (if licensed for overnight hours) when a child is in need of a temporary safe and stable placement until present danger no longer exists or a safety plan is made with family. The daily rate is determined by the department and managed by CFS. For more information about the current shelter care rate refer to the ND Payment Rates. The rate is subject to change dependent on program budget.

The SFN 931, Shelter Care Placement Claim, must be completed and signed by the case worker, signed by the provider and submitted via email to the CFS Licensing Unit at cfslicensing@nd.gov no greater than thirty (30) calendar days after the shelter care episode has occurred. Failure to submit

claims within the required timeframe may result in nonpayment. The SFN 931 does not apply to certified shelter care programs.

In order to receive reimbursement, the licensed provider must:

1. Sign the SFN 931, Shelter Care Placement Claim specific to the shelter care provided to each eligible child.
2. Sign and submit a W-9 (SFN 53656) and voided check. If the licensed foster care provider is in need of assistance in completing paperwork they should contact the child's case worker, the licensing specialist or cfslicensing@nd.gov.

Shelter care funds can cover additional costs associated with providing shelter care. Additional costs may include, but are not limited to:

1. Transportation costs to a child's school of origin.
2. Clothing may not exceed $75 per child, and is limited to basic clothing items such as pajamas, socks, underwear, shirts, and pants. Items purchased during the shelter care episode must follow the child.
3. Childcare costs when the shelter care provider works full-time and would need childcare during the day. A SFN 920 is required to be completed and submitted as part of the reimbursement. The childcare reimbursement must match the dates of placement the child was in the shelter care setting.
    a. Childcare charges cannot differ from the charge/cost of any other child enrolled in the childcare setting. (e.g.: Every fulltime 4-year-old regardless of if they are in foster care must be charged the same rate). A bill for a child in shelter care cannot exceed the standard community rate identified in the childcare agreement. If the CFS Licensing Unit identifies discrepancies of any kind, the case worker is responsible to remedy the payment concern.
    b. Case workers and/or licensed foster care providers should request a copy of the childcare provider's policy and payment agreement. If a payment agreement is not available, the case worker and/or the licensed foster care provider should discuss the expectations of reimbursement with the childcare provider and document the conversation. Without a specified payment agreement for a child in shelter care, CFS Licensing Unit can only pay for childcare for the days the child was in shelter care.

Certified Shelter Care Program Settings

Certified shelter care programs are administered under NDAC 75-03-14.1 and managed by an agency, who hire rotating employees that are at least 20 years of age and may work full or part-time for the agency. Employees must provide 24/7 care and supervision to eligible children. A certified shelter care program may utilize non-employees such as a student intern or volunteer; non-employees may support employees but may not depend on non-employees to carry out the duties of the certified shelter care program on a permanent basis. Certified shelter care programs are required to ensure employee and non-employee training requirements are met. Certified shelter care programs must ensure fire safety protocols are met onsite. In addition, sites are required to ensure proper food storage is followed to keep food safe and free from spoilage.

The certified shelter care settings are located throughout North Dakota, managed by an agency who hires rotating staff to facilitate supervision of children in need of a temporary safe bed. The list of Certified Shelter Care sites is located in 615-3000.

1. Sunrise Youth Bureau
    a. Address: 2680 Empire Road Suite E, Dickinson, ND 58601
    b. Phone: 701-483-9498
    c. Service Area: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark
    d. Serves up to six children ages 10 – 17.
2. Williams County Adolescent Care Center
    a. Address: 1020 10th Ave West, Williston, ND 58801
    b. Phone: 701-577-7708
    c. Service Area: Burke, Divide, Mountrail, McKenzie, Renville and Williams
    d. Serves up to four children ages 12 – 17.
3. Grand Forks County Regional Youth Assessment Center
    a. Address: 1711 N Washington St, Grand Forks, ND 58203
    b. Phone: 701-780-8254
    c. Service Area: Grand Forks, Walsh, Ramsey, Pembina, Nelson, Steele, Traill, Cass, Cavalier, Benson, Towner, Ransom, Sargent and Rolette
    d. Serves up to eight children ages 10 – 17.
4. Youthworks – Minot
    a. Address: 4 39th Ave SW, Minot, ND 58701
    b. Phone: 701-837-6519
    c. Service Area: Ward and Surrounding Counties
    d. Serves up to five children ages 12 – 17.
5. Youthworks – Bismarck
    a. Address: 217 W Rosser Ave, Bismarck, ND 58501
    b. Phone: 701-255-6909
    c. Service Area: Burleigh and Surrounding Counties
    d. Serves up to five children ages 12 – 17.
6. Youthworks – Fargo
    a. Address: 1330 18th Ave S, Fargo, ND 58103
    b. Phone: 701-232-8558
    c. Service Area: Cass and Surrounding Counties
    d. Serves up to five children ages 12 – 17.

Child Eligibility – Certified Shelter Care

Human Service Zones, Division of Juvenile Services (DJS) or Tribal Nations have access to place a child in need of safe care into a certified shelter care setting. Certified Shelter Care programs offer

temporary care during which a child needs a safe bed outside of the home and the certified shelter care site is an early intervention strategy used to minimize crisis.

Eligibility may include a child:

1. Known to or new to CPS where present danger exists
2. Active in the in-home program where present danger exists
3. Referred by state operated Behavioral Health Clinic crisis services team
4. Legally removed from the home by a Temporary Custody Order (TCO).
5. Identified as a Child in Need of Service (CHINS) working with the local Zone.

Admission Criteria - Certified Shelter Care

Admission criteria are determined by the certified shelter care program. Typically, they may accept youth who are CHIPS, CHINS, placed by a Behavioral Health Clinic or delinquent youth under the custody of the Division of Juvenile Services. Youth admitted must:

1. Be able to function independently and at an age-appropriate level while at the program.
2. Be able to respond to direction and verbal de-escalation.
3. Not require 1:1 supervision,
4. Not require physical intervention to de-escalate behaviors,
5. Not be under the influence of drugs or alcohol (unless cleared by a medical professional) or
6. Not be unsuccessfully discharging from a higher level of care.

Cases for placement can be staffed with the certified shelter on a case-by-case basis.

Reimbursement - Certified Shelter Care

Certified shelter care program costs are to be paid for by the agency making referral for placement with the exception of Human Service Zones and Behavioral Health Clinics, where reimbursement is made by Children and Family Services. Division of Juvenile Services and Tribal Nations are responsible for entering into a contract/agreement with certified shelter care program(s) to ensure reimbursement is made for respective temporary placements.

Certified shelter care program stay may not exceed seven (7) calendar days in an episode, unless otherwise approved by Children and Family Services.

1. If an additional 7 days is warranted, an extension request (SFN 1781) must be completed by the certified shelter care program staff and submitted to CFS at least three (3) calendar days prior to placement expiration. Failure to submit the extension request within the required timeframe may result in the child having to be discharged within the initial seven (7) calendar day period.
    a. Extension requests must be completed in conjunction with the child's collateral contacts including custodian, parent or guardian. The request must specify in detail the child's discharge plan, barriers to timely discharge from the shelter care program, pending safety services to return the child home and rationale for length of time needed.

   b. Transitioning from one certified shelter care agency to another in efforts to extend a child's stay is prohibited.
2. If approved, a child's stay cannot exceed fourteen (14) calendar days in one episode, unless otherwise approved by Children and Family Services . A shelter care extension may on rare occasion be approved beyond fourteen (14) days on a case-by-case basis, only if there is an identified discharge plan including the date, person and location the child is being discharged to. An episode, for these purposes, is further defined as a child who remains in a certified shelter care program as part of an extension request regardless of the number of days approved through the extension. Any child approved through the extension process cannot return to a certified shelter program for thirty (30) calendar days from date of discharge, unless otherwise approved by Children and Family Services.
3. A child who is placed in a certified shelter care program for less than seven (7) calendar days and who unexpectedly leaves the facility without permission (e.g.: runaway), the certified shelter care program can allow for the child to return under the same episode if found within twenty-four (24) hours. If a child is not located and returned to the certified shelter care program within twenty-four (24) hours, the certified shelter care program must consider the child a new admission and placement time frames start over for youth who were placed less than seven (7) calendar days.

Combined Stays - Family Settings and Certified Shelter
Agency case workers cannot combine shelter care family setting days and certified shelter care program days together for a consecutive out-of-home safety plan in efforts to divert from foster care entry. Safety Framework Practice Model limits present danger plans to a 14-day maximum, unless there are extenuating circumstances approved by a supervisor.

Substitute Care 615-942

Implementation Date: April 1, 2026
Last Revision Date:

Substitute care is when a child in foster care, placed with a licensed foster care provider, is in need of temporary care and supervision when the primary foster care provider is unavailable to care for the child. Substitute care policy does not apply to unlicensed kinship caregivers.

A foster care provider receiving financial reimbursement are not allowed to place a child into the substitute care of another home that does not have the required safety and wellbeing assurances in place, when the need is greater than a portion of one day. State law reiterates that no person acting on behalf of any state, county, or local governmental entity may arrange for or promote care provided in a family home that does not have a license or approval issued by the department (NDCC 50-11-03.2). Federal standards offer one exception; to allow foster care providers the opportunity to utilize an unlicensed individual for only a portion of one day. This limited flexibility was granted after recognition that foster care providers have special events, which require their absence and the need for assistance to care for children placed in their home. Custodial agencies

must approve substitute care arrangements when the care is required for more than a portion of one day.

Safety and wellbeing assurances include:

1. A completed and approved home study for safety of the physical property,
2. A completed and approved fingerprint based criminal background check on every adult in the home,
3. Training specific to ND child welfare service delivery,
4. Supervision by an authorized licensing agency, and
5. Oversight by and communication with foster care case management.

Substitute Caregiver

A substitute caregiver must be a responsible adult, age 21 or older, temporarily providing care for a child in foster care in the absence of the licensed foster care provider. If the provider is unavailable and the child requires supervision for more than a portion of one day, substitute care must be provided by a:

1. Licensed or approved (Tribal Affidavit) foster care provider; or
2. Identified relative/kinship caregiver.

Substitute care arrangements made when foster care providers are unavailable to care for a child require prior authorization by the custodial agency. Substitute care cannot exceed fourteen (14) consecutive calendar days. A licensing amendment is not required for substitute care. However, the custodian must ensure the substitute caregiver is in compliance with appropriate permanent or temporary bed space.

Payment for Substitute Care

Licensed, certified and approved (Tribal affidavit) foster care providers receive reimbursement from Children and Family Services. Substitute caregivers are not reimbursed by the department, however, foster care payments continue to be authorized and issued on behalf of the child to the primary foster care provider. Any form of reimbursement for the substitute care of a child must be managed by the foster care provider, substitute caregiver and agency case worker.

Babysitting

Kinship caregivers or foster care providers may need a babysitter. Prior to securing a babysitter it is important to reflect on how long the child has been placed in the home, the age of the child, how well the child knows the identified babysitter and the complexity of the child's needs. In addition, the child’s vulnerability, behaviors and how quickly the kinship caregiver or foster care provider can respond will help determine when a child is ready to be left in the care of a babysitter.

The individual selected to babysit must be:

- Between the ages of 14 and 21. Individual’s age 21 or greater meet the definition of a substitute caregiver.
- Able to demonstrate responsibility;

- Able to demonstrate skills and maturity to supervise others;
- Capable to provide adequate care to others; and
- Pre-approved by the case worker if asked to transport the children.

Kinship caregiver or foster care providers should consider selecting an individual to babysit who has completed a babysitting certification class. A babysitting certification is not required, however highly encouraged as such classes do offer specialized training in first aid, CPR, emergencies, etc.

Children in foster care may be allowed to babysit as an independent living skill assisting both employment and financial management. However, a child in foster care should not be relied upon to babysit children in their primary placement without agreement and compensation for their time.

It is important to recognize how long the child has been placed in the foster home, the age of the child, how well the child knows the identified babysitter, and the complexity of the child's needs. In addition, the child's vulnerabilities, behaviors and how quickly the foster care provider can respond will help determine when a child is ready to be left in the care of a babysitter.

Substitute Care and 18+ Cases
Substitute care arrangements for 18+ youth must be reviewed on a case-by-case basis. A review of the youth's developmental abilities, decision making skills, as well as the length of time the foster care providers will be unavailable must be taken into consideration when determining if the youth is required to be cared for or supervised by substitute caregiver for a period of time. Case workers must review and approve substitute care arrangements for 18+ cases ensuring the safety and best interest of the child in foster care.

Family Centered Engagement 615-945

Implementation Date: January 1, 2026
Last Revision Date:

Family Centered Engagement (FCE) meetings are an engagement strategy designed to create a participatory and inclusive process that brings together those with relationships to the children and service providers to improve child welfare agency decision-making and outcomes for eligible children. There are two tracks for FCE meetings:

1. Front-End (diversion from foster care) and
2. Dual Status Youth in Foster Care.

Track 1: Front-End Diversion
The goal of the FCE meeting is to divert the child(ren) from entering foster care. Eligible children include those who are:

1. Temporarily removed via emergency order;
2. At risk of removal; or

3. Dual status youth are involved in both the child welfare and juvenile justice systems, but not in foster care.

The FCE meeting referral must be completed once present danger has been assessed and the present danger plan is in place so that the child is safe and protected.

Track 2: Dual Status Youth in Foster Care

The goal of the FCE meeting is to maintain the current placement and avoid disruption or further court action. Eligible children include dual status youth who are in foster care and have:

1. Active involvement in both systems and have been identified as Dual Status for the first time.
2. Active involvement in one system (either child welfare or juvenile justice) with concurrent involvement and/or history in the other system within the past year.

Referral and Meeting Timeframes by Category

The CPS worker or case worker will complete a referral for an FCE meeting when it is confirmed the child is eligible. Eligible referrals should be made, and meetings convened, according to the following timeframes. If an eligible referral has multiple reports across multiple categories, the referring agency and facilitator will follow the timeframe of the highest category.

Family Centered Engagement Meeting		
Category	**Referral Timeline**	**FCE Meeting Timeframe**
Category 1 Emergency Removal (Out of home safety plan per present danger plan or Temporary Custody Order (TCO))	Immediately	As soon as possible and prior to the shelter care hearing whenever possible.
Category 2 Reports of suspected child maltreatment	Within 7 calendar days from receipt of the report of suspected child abuse or neglect (SFN 960)	Within 7 to 14 calendar days of the facilitator receiving referral from the agency.
Category 3 Following CPS assessment (If impending danger identified and an FCE meeting has not yet been held)	Within 7 calendar days of completing the CPS assessment	Within 7 to 14 calendar days of the facilitator receiving referral from the agency.
Category 4 During Open Case Management Services	Within 7 calendar days identification as a dual status youth or as soon as appropriate.	Consistent with degree of danger identified, which may range from immediately to 14 days of facilitator receiving referral from the agency.
Category 5 Dual Status Youth - not in foster care	Within 7 calendar days identification as a dual status youth or as soon as appropriate.	Within 7 to 14 calendar days of the facilitator receiving referral from the agency.
Category 6 Dual Status Youth - in foster care	Within 7 calendar days identification as a dual status youth or as soon as appropriate.	Consistent with likelihood of disruption of placement, further court action, which may range from immediately to 14 days of facilitator receiving referral from the agency.

Referral timeframes are best practice; however, there may be situations where the referral occurs outside of these timeframes. The agency should use discretion, erring on making a referral for a FCE meeting even when it is beyond the timeframes listed in the table.

Cases that are criminal in nature (e.g. sexual abuse or serious physical abuse) by a parent/caregiver would generally not be eligible for an FCE meeting. However, there are times when criminal child abuse and neglect charges have occurred, and an FCE meeting would benefit the children and potentially divert them from entering foster care. Human Service Zones have discretion when determining appropriate cases to refer for an FCE meeting, which can include cases that are criminal in nature. When making the decision on whether or not to refer such a case, the agency should carefully consider whether or not an FCE meeting would impede a criminal investigation.

Meeting Participants and Special Considerations

Required participants during an FCE meeting include:

1. FCE facilitator;
2. Referring agency worker;
3. Both Juvenile Court and Human Service Zone workers for dual status youth; and
4. Parents/caregivers or custodian.

Parents/caregivers are seen as the experts of family needs and strengths. Their presence and involvement in the FCE meeting is critically important. Parents or caregivers can choose to opt out of the FCE meeting in which case the FCE meeting referral would not be completed, nor would a meeting be held. Children aged twelve (12) and over, or as developmentally appropriate, should be supported and encouraged to attend the FCE meeting. Children younger than age twelve (12) should be considered for participation on a case-by-case basis.

When the child is an Indian child and ICWA applies, the Tribe should be invited to attend the FCE meeting. When an ICWA Family Preservationist (IFP) is assigned to the family, the IFP should participate in the FCE meeting.

Certain circumstances necessitate that an individual be excluded from participation in the FCE meeting. These circumstances include a perpetrator of domestic violence, a “no contact order” in place, or when it has been determined that participation could create an unsafe situation for other participants.

The referring agency must be diligent in considering risks related to having both the child victim and parent/caregiver subject attend the FCE meeting by ensuring any concerns are appropriately addressed prior to the meeting. The agency must guard against putting child victims into an uncomfortable situation with parent/caregiver subjects who may try to coerce or retraumatize them. If it is not appropriate for the child to attend the meeting due to such circumstances, or when there is a “no contact order” in place, the FCE facilitator should talk to the child separately about his/her wishes rather than have the child attend the FCE meeting.

The legal custodian (parent/caregiver or Human Service Zone) retains the authority to make decisions regarding meeting participants. If exclusion of a participant is necessary, the referring agency should consult with the FCE facilitator when making the referral.

FCE Purpose and Goal

The purpose and goal of an FCE meeting is to make a critical decision regarding child safety and protection through achieving the least restrictive and safest placement for the child. The values of Wraparound apply during the FCE meeting. Child safety and permanency is best achieved through engaging the family, their support network, and the community. It is critically important for the child to maintain family and cultural connections throughout involvement with the agency. The child and parents/caregivers belong to a wider family system that can be resources for the child; therefore, they should be considered as potential safety service providers or placement options when a plan is developed during the FCE meeting.

Scheduling and Agenda

The FCE meeting is arranged and held by a neutral facilitator and the referring agency worker participate as members of the team to share safety concerns, strengths and needs, and bottom lines.

During the FCE meeting the referring agency worker needs to be prepared to share the following:

1. Identified present danger and/or impending danger threats;
2. Any non-negotiables that exist in order for the child to safely remain with the parents/caregivers;
3. Any legal requirements regarding family members as potential placement options, should the circumstances necessitate an out-of-home safety plan; and
4. Status of the current placement when a dual status youth in foster care.

The plan developed during the FCE meeting is put into writing by the facilitator and all participants will leave the meeting with a copy of the agreed-upon plan. The facilitator will contact the referring agency six months after the FCE meeting to collect data on referred cases with the exception of dual status youth in foster care.

Considerations for Dual Status Youth

There are situations when an FCE meeting is the more appropriate action, rather than a child and family team meeting. The following provides policy guidance to determine when a referral for an FCE meeting is justified for dual status youth.

Consider making a referral for an FCE meeting when:

1. The child has active involvement in both systems, and this is the first time being identified as a dual status youth;
2. The child has active involvement in one system and previous involvement (within last 12 months) in the other system, and it is the first time being identified as a dual status youth;
3. The child is in detention and cannot return home; and/or

4. The child is in placement that is at risk of disrupting, and the child cannot return home.

There will be circumstances that necessitate a subsequent FCE referral for a dual status youth. These circumstances include:

1. Additional information has been received, or significant change in circumstance has occurred, that elevates the child's risk for out of home placement/removal;
2. An additional concern that differs from the original notification/report or another legal charge has been received; and/or
3. The child's parents/caregivers or other professionals have requested an FCE meeting due to conflict within the child and family team that cannot be mitigated by the agency.

Refer to the DSYI Protocol for additional guidance in discriminating when a referral for an FCE meeting would be the appropriate action, rather than convening a child and family team meeting.

The FCE meeting referral and summary of the decisions made during the meeting must be documented in the case activity log of the Child Welfare Information System. If the family opts out of an FCE meeting, that must be documented in the case activity log of the Child Welfare Information System.

Voluntary Parental Placement 615-950

Implementation Date: April 1, 2026
Last Revision Date:

Voluntary placement into foster care occurs when a parent or legal guardian requests assistance from a child welfare agency and agrees to temporarily place their child in foster care to address circumstances that may impact their ability to safely care for the child. This voluntary arrangement allows the child to receive care and support in a licensed foster care provider or approved kinship placement while the parent works to resolve the issues that led to the request for placement.

Voluntary placements are not common in North Dakota; great effort is made on planning out of home safety plans that prevent removal and instead offer support and services to the family or kinship caregiver. In the event an agreement is necessary to protect the needs of a child, a voluntary placement agreement between the parents and the agency can be entered into for up to forty-five (45) calendar days of placement for children under the age of 18.

When a public agency does not have care, custody and control of the child and the child does not enter foster care, foster care funds cannot be used for the payment of voluntary placements. Children and Family Services does have respite or shelter care funds that may be of assistance.

If voluntary treatment is a desire that could assist the family, the families are to be redirected to

Behavioral Health to seek access to the Voluntary Treatment Program in an effort to avoid unnecessary relinquishment of parental custody. For more information on VTP, check out: Voluntary Treatment Program.

Chafee Program 615-955

Implementation Date: July 1, 2026
Revision Date:

The Department of Health and Human Services (HHS), Children and Family Services administers the Federal Chafee Grant and oversees the state-wide Chafee Program. The Chafee Program serves youth across the state, including our ND Tribal Nations. The program is state-supervised and administered by a private agency, contracted by the department.

It is the mission of the Chafee Program to ensure that youth experiencing foster care receive services and support which will enable them to successfully transition to live independently.

The Chafee Program:

1. Provides States with flexible funding that will enable programs to be designed and conducted. The funding is meant to support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills, substance abuse prevention, and preventive health activities;
2. Helps youth who have experienced foster care at age 14 or older
    a. Achieve meaningful, permanent connections with a caring adult;
    b. Engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience;
3. Provides financial, housing, counseling, employment, education, and other appropriate support and services to youth who have experienced foster care between 18 and 23 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;
4. Provides available vouchers for education and training, to youth who have achieved permanency through adoption or guardianship after 16 years of age or who have exited foster care between the ages of 18 and 21 years of age.
5. Ensures youth who are likely to experience foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally appropriate activities.

Outcomes of the Chafee Program

The goal of ND Chafee Program is that every youth who has experienced foster care will successfully transition to adulthood as evidenced by assessment and survey responses. It is the program's intention to ensure all youth exiting foster care will:

1. Have sufficient economic resources to meet their daily needs;
2. Have a safe and stable place to live;
3. Attain academic or vocational/educational goals that are in keeping with the youth's abilities and interests;
4. Have a sense of connectedness to persons and community;
5. Avoid illegal/high risk behaviors;
6. Postpone parenthood until financially established and emotionally mature;
7. Have access to physical and mental health services.

ND Youth Advisory Association Leadership Board

The statewide Youth Advisory Association Leadership Board consists of a group of young people, elected annually, who are currently experiencing or have experienced foster care. The youth members are advocates for foster care and give input and a youth perspective for developing child welfare related policy and programs to improve services for children and youth in foster care.

The Chafee Program contracted provider agency will administer the ND Youth Advisory Association Leadership Board as follows:

1. Implement an application and election process and procedures;
2. Provide leadership training to members;
3. Assist and provide oversight to members with coordinating arrangements, i.e. planning events, implementing their work plan, arranging motels and transportation, etc.;
4. Provide members a minimum stipend of $15 per hour for meeting, training, and work time, and $10 per hour for driving time;
5. Reimburse members for lodging, meals, and mileage per state rates;
6. Develop a work plan, with member input, within 30 days of election. Work plan to include a minimum of 2 projects annually, to occur or be completed over the course of their term on the. Work plan to be based on system need and the strengths of members. Work plan to be provided to HHS Chafee Program Administrator with a copy of annual work plan within 30 days of election;
7. Hold a minimum of 1 in-person member meeting annually; and,
8. Provide quarterly progress reports to HHS Chafee Program Administrator summarizing progress towards work plan.

Youth Groups

Chafee Transition Coordinators will implement and facilitate ongoing youth groups throughout the year for youth who are currently experiencing or have experienced foster care. Pertinent information relating to the ND Youth Advisory Association Leadership Board projects will be relayed and discussed during youth groups as a means to spread education and awareness to all foster youth.

Chafee Roles and Responsibilities 615-956

Implementation Date: July 1, 2026
Revision Date:

Successful implementation of the Chafee Program requires collaboration among all parties involved in supporting eligible youth, including the contracted agency, custodial agencies, caregivers/providers or residential facilities. Each party has a shared responsibility to ensure youth are informed of available services, supported in accessing resources and encouraged to develop the skills needed to achieve their goals and successfully transition to adulthood.

ND Department of Health and Human Services
The HHS Chafee Program Administrator duties and responsibilities are embedded into the HHS Children and Family Services Case Management Field Service Specialist Unit. HHS is responsible for administering oversight and management of the federal Chafee and ETV Grants, including procurement, planning, development, quality assurance, reporting, and administration of the Chafee, ETV, and NYTD state-wide programs.

Chafee Program Contracted Provider Agency
The contracted agency is responsible for delivering services and supports that promote successful transitions to adulthood for eligible youth and young adults. Responsibilities include, but are not limited to:

1. Administer programming in accordance with child welfare policy, state and federal requirements, RFP and contract.
2. Appoint and maintain a designated supervisor to administer and oversee the Chafee Program, and to communicate with the HHS Chafee Program Administrator.
3. Develop an annual budget and submit for HHS approval.
4. Implement the Chafee Transition Coordinator statewide training meetings.
5. Provide 20 hours annually of training meetings consisting of program specific training and updates (a minimum of 1 meeting annually to be in person). Require Chafee Transition Coordinator attendance from all regions to ensure program consistency across regions. Invite the HHS Chafee Program Administrator as needed for agenda items.
6. Make available, upon request, quarterly progress reports and updates to include meeting minutes and signature/attendance sheets to HHS Chafee Program Administrator within 30 days following the end of the quarter.
7. Administer the ND Youth Advisory Association Leadership Board component.
8. Submit monthly reimbursement requests by the 10th of each month.
9. Provide a written request to the HHS Chafee Program Administrator pertaining to any proposed budget line-item changes as needed.
10. Fill vacant regional Chafee Transition Coordinator positions in a timely manner.
11. Develop a working relationship with youth, their caregivers, custodians, informal supports and social workers, using a positive youth development and wraparound approach.
12. Partner with all public child welfare agencies (Human Service Zone, DJS, Tribe) throughout the

state to identify all eligible youth.
13. Utilize Child Welfare Information System demographics report to identify eligible youth.
14. Utilize Child Welfare Information System demographics report as a supervisory tool to identify the need to close Child Welfare Information System case in a timely manner.
15. Partner with the broader community to provide a supportive learning environment for youth, which may include engaging community partners in mentoring, job placement, providing tangible supports to the Chafee Program, sponsoring youth, educating youth about subjects such as banking, credit, car purchases, comparison shopping, and other life skill areas.
16. Participate in quarterly Child and Family Team Meetings.
17. Administer required assessments.
18. Assist youth participants and custodian in developing individualized plans.
19. Enter all Chafee Program participant required data into the Child Welfare Information System.
20. Respond to data requests from the HHS Chafee Program Administrator in a timely manner.
21. Provide required reports to the HHS Chafee Program Administrator in a timely manner.
22. Assist eligible youth with the ETV and NYTD process.
23. Assist with NYTD survey collection.
24. Facilitate ongoing youth groups.
25. Verify eligibility for Chafee flex funds, and assure that Chafee expenditures are allowable, and supplantation of funds does not occur.
26. Complete requirements for the annual quality assurance review, including documentation of individual flex fund expenditures.
27. Gather input from youth who are experiencing or have experienced foster care for program design and implementation.
28. Advocate for youth who are experiencing or have experienced foster care and encourage youth to be self-advocates and leaders.
29. Assist with ensuring youth representation in the Children & Family Service Reviews (CFSR) and Onsite Case Reviews.

Chafee Transition Coordinators

The Chafee Transition Coordinators are employees of a contracted provider agency and are responsible for implementation of the Chafee Program within an assigned region. They are responsible for providing programming to eligible youth, regardless of the location of the youth's placement. However, if a transfer from one region to another would be in the best interest of the youth, a Chafee case transfer between regions may occur. This is to be determined by the Chafee Transition Coordinator. Responsibilities include but are not limited to:

1. Adhere to State and Federal Chafee Guidelines.
2. Consult with the HHS Chafee Program Administrator as needed.
3. Assist custodians to identify youth who are age 16 or older and are likely to remain in foster care until the age of 18 or older.
4. Develop a working relationship with youth, their caregivers, custodians, informal supports and social workers, using a positive youth development and wraparound approach.
5. Partner with all public child welfare agencies (Human Service Zone, DJS, Tribe) within the assigned region to include all eligible youth.

6. Partner with the broader community to provide a supportive learning environment for youth, which may include engaging community partners in mentoring, job placement, providing tangible supports to the Chafee Program, sponsoring youth, educating youth about subjects such as banking, credit, car purchases, comparison shopping, and other life skill areas.
7. Participate in quarterly Child and Family Team Meetings.
8. Administer independent living assessments with active participants.
9. Assist youth participants and custodian in developing and individualized independent living plan.
10. Enter all Chafee Independent Living participant required data into the Child Welfare Information System.
11. Respond to data requests from the HHS Chafee Program Administrator in a timely manner.
12. Provide required reports to the HHS Chafee Program Administrator in a timely manner.
13. Participate in required Chafee trainings and quarterly meetings.
14. Assist eligible youth with the ETV process.
15. Facilitate ongoing youth groups.
16. Assist your Provider Agency with developing an annual budget for the Chafee Program.
17. Verify eligibility for Chafee flex funds.
18. Assure that Chafee expenditures are allowable.
19. Assure that supplantation of funds does not occur.
20. Provide documentation of funding and flex fund expenditures to your Provider Agency's fiscal office monthly.
21. Prepare documentation for the annual onsite review/financial audit.
22. Gather input from youth who are experiencing or have experienced foster care for program design and implementation.
23. Advocate for youth who are experiencing or have experienced foster care and encourage youth to be self-advocates and leaders.
24. Assist with inviting youth participants to the Children & Family Service Review (CFSR) full reviews.
25. Report to the custodian if they suspect any youth who are experiencing foster care has been a victim to human trafficking.

Custodians Regarding Eligible Youth

A case worker with youth eligible for the Chafee Program is responsible for ensuring eligible youth are identified, informed of available supports, and connected to services that promote successful transition to adulthood. Responsibilities include, but are not limited to:

Age 16 and older, identified as likely to remain in care until their 18th birthday

1. Identify and refer youth who are experiencing foster care, age 16 and older, who have been identified as likely to remain in foster care until the age of 18 to the Chafee Transition Coordinator.
2. Invite the Chafee Transition Coordinators to the Child and Family Team Meetings for all youth participating in the Chafee Program.
3. Keep Chafee Transition Coordinators apprised on youth's current location and contact

information.
4. Incorporate the identified strengths, needs and goals relating to transition into the case plan.
5. Encourage the Child and Family Team members to assist in completing identified tasks.
6. Encourage the youth to participate in the Chafee Program as a Foster Care Alumni following their discharge from care until age 23.
7. Encourage the youth to participate in the Chafee Program "Education and Training Voucher component" following their discharge from foster care.
8. Inform youth that it is an option to remain in or return to foster care within six months of their recent discharge in the 18+ Continued Foster Care Program.

Age 16 and older, identified as not likely to remain in care until their 18th birthday

1. Utilize the Child and Family Team to assess the youth's strengths and needs pertaining to transition.
2. Determine, with the assistance of the Child and Family Team, and the Chafee Transition Coordinator, if the youth's particular situation warrants a referral to the Chafee Program.
3. Incorporate the youth's strengths and needs into the tasks and goals pertaining to transition into the foster care case plan.
4. Encourage the Child and Family Team members to implement assigned transition tasks.
5. Collaborate with and complete referrals to community partners as needed to address the youth's transition needs.
6. Consult with the Chafee Transition Coordinator as needed.
7. Collect the relevant intendent living data from foster parents and residential facilities on a monthly basis and enter Independent Living Services into Child Welfare Information System.

Kinship Caregivers and Foster Care Providers

A caregiver or foster care provider serving youth eligible for the Chafee Program play an important role in supporting the youth's transition to adulthood by encouraging engagement, independence, and access to available resources. The caregiver shall support the youth in connecting with Chafee services, participating in planning, developing life skills, and identifying opportunities that promote the youth's goals, strengths, and future success. Responsibilities include but are not limited to:

1. Collaborate with the Chafee Transition Coordinator and custodial case worker regarding the youth's needs and goals.
2. Participate in quarterly Child and Family Team Meetings.
3. Implement agreed upon tasks as identified in the established case plan.
4. Provide youth with tools, resources, and hands-on learning experiences relating to transition.
5. Assist the child's custodian to collect relevant independent living data on a monthly basis for entry into the Child Welfare Information System.

Residential Facilities

A residential facility serving youth eligible for Chafee Program services is responsible for creating an environment that supports youth development, preparation for adulthood, and access to appropriate resources and opportunities. The residential facility shall collaborate with the custodial agency, Chafee

Transition Coordinator, and youth to encourage participation in services, build independent living skills, and support the youth's individualized goals and transition planning.

1. Implement agreed upon tasks as identified in the established case plan.
2. Collaborate with the Chafee Transition Coordinator and Custodian regarding the youth's needs and goals.
3. Participate in quarterly Child and Family Team Meetings.
4. Implement programming to meet the youth's identified transition needs as applicable.
5. Assist the child's custodian to collect relevant independent living data on a monthly basis for entry into the Child Welfare Information System.

Chafee Program Eligibility 615-957

Implementation Date: July 1, 2026
Revision Date:

Chafee Program provides federal funding and services to eligible youth beginning at age 14 through age 21, with some young adults eligible for continued support up to age 23 when they meet specific criteria. There are two eligibility components to the Chafee Program.

1. Youth Currently Experiencing Foster Care
2. Youth Who Have Experienced Foster Care

Youth Currently Experiencing Foster Care
Youth who are currently in foster care are divided into Priority I and Priority II status. It is a requirement that the Chafee Program provides programming to all youth who meet Priority I and II criteria. Custodians must refer all youth who meet the following criteria to the Chafee Program. Youth who meet these criteria are designated as Priority I and are eligible for Chafee Program services and supports.

Priority I Youth

1. Are currently in foster care, and
2. Are age 16 or older, and
3. Have been identified as "likely to age out of foster care", and
4. Are agreeable to receive programming and will be an active Chafee participant.

The Chafee Transition Coordinator and the custodian will work collaboratively to ensure that these youth are offered participation in the Chafee Program. However, it is the custodian's responsibility to initiate the referral.

Priority II
Youth currently experiencing foster care at age 14 and older are required to have their transition needs assessed and addressed, however they are considered Priority II they are younger than age 16 and/or if they are "not likely to age out of foster care".

Youth Currently Experiencing Foster Care Chafee - Referral

The Custodian will:

1. Communicate with the youth about his/her willingness to participate in the voluntary Chafee Program.
2. Complete the required Chafee Program referral paperwork
3. Current Foster Care Youth Referral (SFN 1613)
4. Release of Information, and
5. Any other forms required by the Chafee Program provider
6. Email required forms to: nph-chafeereferrals@nexusfamilyhealing.org

The Chafee Transition Coordinator will:

1. Review referral paperwork.
2. Identify youth eligibility and priority status according to funding guidelines, the youth's individual needs, and service availability.
3. Contact the case worker to notify youth eligibility.

If the youth is eligible and interested; the Chafee Transition Coordinator will schedule an appointment to meet with the youth to complete an assessment and review or create independent living goals.

Chafee Program Referral Waitlist

Custodians are required to refer all youth age sixteen and older to the Chafee Program, however there are times availability to serve the youth is limited. Chafee Transition Coordinators will track a list of referrals and contact the custodian when there is availability to serve the youth. Upon placing the youth on the waitlist, the Chafee Transition Coordinator will send a letter to the custodian detailing helpful resources to assess and address the independent living needs for those who cannot be served immediately in the Chafee Program.

Youth Refusal

The Chafee Program is federally funded with federal policy stating Chafee funds cannot be provided without the full involvement of the youth. The Chafee programming is voluntary and youth experiencing foster care cannot be forced to participate.

If a youth refuses to participate in the Chafee Program, services should be re-offered at least every six months while the youth is experiencing foster care. Chafee Transition Coordinators must communicate with the case worker about a youth refusing services and provide them with independent living resources to help meet the youth's independent living needs.

Youth Who Have Experienced Foster Care

Youth who have experienced and exited foster care are divided into Priority I and II. This population was formerly referred to as Foster Care Alumni and are eligible to receive services and supports from the Chafee Program.

Priority I

1. Youth who "aged out of foster care" at the age 18 or older, or exited foster care because he/she was adopted or entered guardianship after the age of 16
2. Has not reached the age of 23
3. Is agreeable to receive programming and will be an active Chafee Program participant.

Priority II

Youth who experienced foster care at the age of 14 or older, however, did not age out of foster care. These requests will be considered based on the youth's individualized needs and program availability.

Youth who have Experienced Foster Care - Referral

The custodian will:

1. Inform youth, who are aging out of foster care of services available to them through the Chafee Program upon discharge.
2. Complete the foster care verification form, SFN 1612, upon discharge. This form may assist youth with entry into the ND Chafee program, apply for FAFSA, receive scholarships, and if they "aged out" it could provide proof for Medical Assistance until age 26.

The Chafee Transition Coordinator will:

1. Provide services to eligible youth who have exited foster care who agree to be active participants in the program until age 23.

The Youth will:

1. Complete the Foster Care Alumni Referral, SFN 1614.
2. If eligible sign a release of information and complete the SFN 1612 to their agency custodian.

Chafee Program Transition to Adulthood Plans

All youth experiencing foster care age 14 and older must have their transition strengths and needs assessed and addressed. Custodians are responsible for ensuring transition needs are identified and incorporated into case planning. The Chafee Program is one resource available to support these efforts.

Youth should actively participate in identifying goals and developing their transition plan. Transition goals must be individualized based on the youth's strengths and needs and aligned with Chafee Program outcomes. Goals, action steps, and needed supports will be incorporated into the youth's case plan, discussed during quarterly Child and Family Team Meetings, and reviewed and updated on an ongoing basis until discharge.

- For youth actively participating in the Chafee Program, the Chafee Transition Coordinator will administer an approved independent living assessment annually, or more frequently as needed. The Chafee Transition Coordinator, in collaboration with the Child and Family Team, will assist the youth in identifying and achieving transition goals.

- For youth not participating in the Chafee Program, the custodian is responsible for assessing the youth's transition strengths and needs and may consult with a Chafee Transition Coordinator or the HHS Chafee Program Administrator for guidance.

When a youth exits foster care and no longer has an established case plan, an individualized Chafee Transition Plan is required. Using assessment results, the Chafee Transition Coordinator will work with the youth, and the youth's team when applicable, to develop a personalized plan that identifies transition goals, action steps, and supports needed to help the youth successfully transition to independence.

Chafee Eligibility for Out-of-State Youth

If a youth experiencing foster care, who meets eligibility for the Chafee Program, is placed in another state, the state of origin must fund the identified services for that youth. The sending state is also responsible for foster care maintenance payments and case planning, which includes a written description of the programs and services that will be provided to help youth age 14 or older prepare for the transition from foster care to self-sufficiency.

States can request courtesy case management from an out of state Chafee Program provider, but the request will not always be accepted due to the voluntary nature of the program structure. If not accepted, the Custodian is responsible to ensure that the foster youth’s transitional needs are assessed and addressed regardless of placement location.

The ND Chafee Program is not always the best option for youth placed out of state, as the Chafee Transition Coordinator cannot meet with the youth regularly to achieve set goals and tasks.

Chafee Eligibility for Youth in Kinship/Relative Placements

Youth under the custody of a public agency (Human Service Zone, DJS, Tribe) and placed in a kinship placement are eligible for consideration in the Chafee Program. A kinship placement is considered an approved North Dakota foster care placement regardless if the home is licensed and eligible to receive foster care reimbursement for the youth's stay.

Chafee Eligibility for Youth Who Were Adopted or Enter a Kinship Guardianship

Youth, over the age of 16, who were adopted from foster care or entered a kinship guardianship are eligible for consideration in the Chafee Program as a youth who have experienced foster care Priority 1; providing they meet all criteria excluding the “aging out of foster care” criteria.

Chafee Eligibility for Division of Juvenile Services Youth

Chafee Program services and funding are made available to youth under the custody of DJS on the same basis as all eligible foster care youth.

- Youth must meet the definition of foster care
- Youth must be in “foster case” with an open foster care program Child Welfare Information System.
- Youth must reside in a foster care placement. A detention facility, such as the Youth

Correctional Center, and any other facility operated primarily for the detention of youth are not considered a foster care placement. Thus, not eligible for Chafee while residing in the corrections placement.

Chafee Eligibility for Incarcerated Youth
Youth who are incarcerated are not eligible for the Chafee Program services or funds. If the incarcerated youth were previously in foster care and is in need of transitional services after their incarceration period, they may be eligible for consideration in the Chafee Program at that time.

Chafee Eligibility for Qualified Non-Citizens
All provisions of the Chafee Program are equally applicable for Qualified Non-Citizens. If youth are in the public custody of a Human Service Zone, DJS, or Tribal Nation whether or not they are citizens or legal residents of the U.S., they are eligible for the Chafee Program.

- Youth must meet the definition of foster care.
- Youth must be under the custody of a child welfare public agency.
- Youth must be in "foster care" with an open foster care program in Child Welfare Information System.

Chafee Financial Resources 615-958

Implementation Date: July 1, 2026
Revision Date:

Chafee financial resources provide flexible funding to eligible youth and young adults with foster care experience. Funds may be used for allowable needs that promote self-sufficiency, such as education, employment, housing stability, transportation, life skills development, and other supportive services based on the youth's individualized goals and needs. Chafee funds are intended to enhance available supports and should be used to address needs that are not met through other resources.

Funding Includes:

1. Flex Funding
2. Room and Board Funding
3. Education and Training Voucher

Chafee Program Flexible Funding 615-958.1

Implementation Date: July 1, 2026
Revision Date:

Flex funds are payments made, or tangible resources given, directly to the eligible youth, or made on behalf of the eligible youth. Flex funds fall into two categories:

1. General Flex Funding

2. Room and Board Flex Funding

General Flex Funds

General Flex Funds may be used to provide reasonable incentives to eligible youth to encourage program participation or goal achievement. These funds may also be used to pay for goods or services on behalf of a youth participant. These funds can be applied to a variety of non-housing related expenses that are barriers to a youth's transition. Appropriate use of these funds will improve his or her likelihood for achieving self-sufficiency.

To be considered for General Flex Funds a youth must:

1. Be between the ages of 14 and 23 and
2. Be a current foster care youth, or have been in foster care at the age of 14 or older, and
3. Be participating in a Chafee Program, and
4. Have an established care plan or Chafee Transition Plan.

Accessing General Flex Funds

1. Youth Currently Experiencing Foster Care
   The Chafee Transition Coordinator will document the need and approved flex funding amount on the Chafee Flex Funding Request Form (CF-5). Members of the Child and Family Team may be consulted to discuss significant funding requests.

2. Youth Who Have Experienced Foster Care
   The Chafee Transition Coordinator will document the need and approved flex funding amount on the Chafee Flex Funding Request Form (CF-5).

General Flex Fund Determination

The Chafee Transition Coordinator will make the final determination regarding the flex funding request. The determination will be based on need and availability of funding. If necessary, the HHS Chafee Program Administrator can be consulted to assist with determining appropriate use of flex funds.

General Flex Fund Cap

Eligible youth are not "entitled" to flex funds. Due to the limited amount of funds available, most youth will not receive the full amount. Requests will be prioritized by youth needs. There is a general flex fund cap of $250.00 per youth per federal fiscal year (October 1 - September 30).

Room and Board Flex Funds

Room and Board Flex Funds are used to assist youth with rent, deposits, utilities, or room and board household start up purchases. Funding is intended to help youth get moved into a permanent home, not to prolong unnecessary dependency, nor to pay for continued residential treatment.

To be considered for Room and Board Flex Funds a youth must:

1. Be between the ages of 18 and 23 and
2. Have "aged out of foster care", and
3. Be participating in the Chafee Program, and
4. Have a Chafee Transition Plan.

Accessing Room and Board Flex Funds

1. Youth Currently Experiencing Foster Care:
   The Chafee Transition Coordinator will ensure the need and approved flex funding amount are appropriately documented. Members of the Child and Family Team may be consulted to discuss significant funding requests.
2. You Who Experienced Foster Care
   The Chafee Transition Coordinator will ensure the need and approved flex funding amount are appropriately documented.

Room and Board Flex Fund Determination
The Chafee Transition Coordinator will make the final determination regarding the flex funding request. The determination will be based on need and availability of funding. If necessary, the HHS Chafee Program Administrator can be consulted to assist with determining appropriate use of flex funds.

Room and Board Flex Fund Cap
Eligible youth are not "entitled" to flex funds. Due to the limited amount of funding available, most youth will not receive these amounts. Requests will be prioritized by youth need. There is $1,000 per youth per lifetime cap.

Flexible Funding Guidelines
The Chafee Program provider will be provided with a flex fund budget. This will be the total amount of funds available to the contract provider for the fiscal year, and there will be no additional funds available from the Department. These funds are to be made available to eligible youth, who are actively participating in services with the Chafee Program throughout the state.

The Chafee Program provider is responsible for tracking these expenditures. These funds are to be used in their entirety as a flexible funding source to assist youth with meeting the goals on their established case plan/Chafee Transition Plan. The Chafee Provider will have the flexibility to develop their own procedures regarding the disbursement of funds to youth. The following state and federal requirements must be followed by Chafee Program providers:

- Youth receiving funding must be active participants in the Chafee Program and have an established case plan or Chafee Transition Plan.
- Funding will be utilized to meet the transition goals specific to the youth's needs.
- The Chafee Program is not to be used as strictly a "funding source". The funding is limited, and existing community resources and other funding sources should be exhausted prior to utilizing Chafee Program funds.

- Flex funds can only be dispersed to youth meeting eligibility criteria.
- Provider agencies are responsible for documenting and keeping receipts of all program and youth flex fund expenditures.
- Provider agencies must record individual youth expenditures; clearly indicating which expenditures are designated General Flex and which are Room and Board Flex Funds.
- Funding expenditures will be viewed annually during the Provider Agency Quality Assurance Review and will be reported to the HHS in the year-end report.
- 100% of flex funds must be used as direct financial assistance and/or incentives to youth.
- Agencies will not be reimbursed for flex fund expenditures over and above the agency's allotted budget.
- Contracted private provider agencies will be reimbursed by submitting a SFN 1763 to the Department on a monthly basis.

Flex Fund Expenditures Not Allowed
Flexible Funds are provided to assist eligible youth successfully transition from foster care to self-sufficiency. Any expenditure that does not meet the above principle for the use of Chafee funds is not allowed.

Chafee funds may not be used to take the place of (supplant) Federal or state funds that are otherwise available for the same purposes. Federally funded day care, subsidized housing, foster care administration and training, adoption assistance, TANF, Child Protective Services, etc. are federally funded programs that may also assist Chafee eligible youth. Additionally, Chafee funds may not be used to match other Federal Funds. Extreme caution should be made when using Chafee funds to assure that sup plantation does not occur. Supplantation should be ruled out prior to proceeding and efforts to avoid supplantation should be documented by the Chafee Transition Coordinator.

Education and Training Voucher (ETV) 615-958.2

Implementation Date: July 1, 2026
Revision Date:

The Chafee Education and Training Voucher (ETV) program provides resources specific to meeting the education and training needs of youth who have experienced foster care.

ETV Eligibility
The youth meeting the following criteria will be considered for an ETV award:

1. Youth who "aged out of foster care*", exited on or after their 18th birthday, or continue in 18+ Continued Care past their 18th birthday, and who have not reached their 26th birthday at the time of application. *An exception to the aging out of care requirement for the ETV allows current foster youth who graduate from high school or obtain their GED at the age of 14 –17 to be eligible for the ETV providing their permanency plan is to remain in foster care until their 18th birthday.

2. Youth who were adopted or entered kinship guardianship from foster care after age 16 but who have not reached their 26th birthday.
3. Youth participating in the ETV Program can remain eligible until they turn age 26, as long as they are enrolled and making satisfactory progress toward completing their post-secondary education or training program.
4. Youth who are United States Citizens or qualified non-citizens.
5. Youth who are, or will be, enrolled into a program at an accredited or pre-accredited college, university, technical or vocational school.
6. Youth shall agree to be an active participant in the Chafee Program (up to age 23) while they are receiving ETV funding.
7. If funding is limited ETV award preference will be given to eligible youth who:
    a. Have experienced foster care for twelve months or greater;
    b. Have received more than two consecutive semesters of ETV awards; and
    c. Apply, but applications will only be considered for tuition costs. Other costs such as room and board, laptop, transportation, childcare costs, etc. will not be approved.
8. ETV awards that are received after the specific deadlines for each semester will only be considered if funding remains available after applications received before the deadline are processed.

Military Duty

National Guard soldiers who are attending an Institution of Higher Education program funded by an ETV when they are called to active duty will be eligible for an award upon their return, regardless of their age at return, providing they re-enroll at an accredited Institution of Higher Education within three months of their return. The maximum "age" requirement will be extended by the amount of time they were on active duty.

Attendance at an Institution of Higher Education

Recipients of the ETV must attend an Institution of Higher Education as defined in section 102 of the Higher Education Act of 1965. All schools that meet this definition have been assigned a Title IV federal school code number and:

1. Award a Bachelor's Degree or is not less than a two year program awarding an Associate's Degree, or
2. Provides not less than a one year of training towards gainful employment, or
3. Is a vocational program that provides training for gainful employment and has been in existence for at least two years.

Such an Institution must meet all three criteria listed below:

1. Admits students with high school diploma or equivalent; or persons who are beyond the age of compulsory school attendance.
2. Is a public, private, or non-profit institution.
3. Is accredited or pre-accredited and is authorized to operate in that state.

Cost of Attendance

The cost of attendance is calculated by the Institution of Higher Education in establishing a youth's financial need and can vary depending on the student's full-time or part-time status, and where the student is receiving instruction. In general, the definition includes a student's:

1. Tuition, fees, and other equipment or materials required of all students in the same course of study.
2. Books, supplies and an allowance for transportation costs and miscellaneous personal expenses, including computers
3. Room and board (which may vary depending on whether the student lives at home, in student-housing or an apartment)
4. Child care expenses for a student who is a parent
5. Accommodations related to the student's disability, such as a personal assistant or specialized equipment that is not paid for by another source
6. Expenses related to the students' work experience in a cooperative education program
7. Student loan fees or insurance premiums on the student loan.

The Institution of Higher Education calculates a general "cost of attendance" for all students, and they have some flexibility in determining costs of attendance for individual students. For those ETV applicants who have additional expenses that were not included in the school's calculation of the "cost of attendance", it is in their best interest to work with the school to have this figure raised to reflect their actual needs. The Chafee Transition Coordinator can assist the student in working with the school as needed.

HHS requires documentation and verification of costs from the Institution of Higher Education to support the ETV applicant's "Cost of Attendance." HHS will not issue an ETV award without this documentation included in the ETV packet (SFN 255 + SFN 252).

ETV Lifetime Maximum

The lifetime maximum ETV award amount for an individual is $25,000.

ETV Award Maximum Per Year

The total amount of educational aid, (including the ETV, Loans, Scholarships, and Grants) may not exceed the cost of attendance.

The maximum ETV allowable per academic year shall not exceed the lesser of $5,000 or the total cost of attendance, as defined in section 472 of the Higher Education Act of 1965. Academic year is defined as the fall, spring, and summer terms (in that order) each year.

An eligible student may receive ETV funds for a maximum of 5 academic years, which could include 15 terms (Fall, Spring, Summer). The years of application do not need to be consecutive.

Satisfactory Academic Progress
An eligible student may continue to receive ETV funds as long as they are in good standing and making progress towards completing their program or graduation. This means earning no less than a 2.0 GPA two terms in a row or passing marks in a technical/vocational program.

Probationary Status
A student who is receiving ETV funding will be placed on probationary status if their GPA is less than a 2.0 at the end of the term. The student will have one semester to raise their GPA to a 2.0 or higher to remain eligible for ETV funding for subsequent terms.

Credit Hour Standards
There is no minimum required number of credit hours needed to receive ETV Funds.

Out-of-State Youth
The state in which a youth who has experienced foster care resides is responsible for providing eligible youth with the Education Training Voucher. This provision, however, does not apply to a youth who has experienced foster care who already is receiving a voucher and moves to another State for the sole purpose of attending an Institution of Higher Education. In that instance, the youth's original State of residence will continue to provide a voucher to the youth for as long as the youth remains eligible for the program.

ETV Recipient's Eligibility for Chafee Flex Funds
Chafee Flex Funds may not be used to supplement the $5,000 per academic year ceiling for a youth in the ETV Program for "cost of attendance" expenses. Appropriations law precludes this. However, if the Chafee Transition Coordinator determines that the youth has expenses that are not related to the cost of attendance, therefore not allowable under the ETV, it is an option to supplement ETV funding with Flex Funds if the youth is under the age of 23.

Use of ETV Funds to Obtain a GED
This is prohibited.

Use of ETV Funds to Pay Back Previous Student Loans
This is prohibited.

ETV Application Process
All youth pursuing ETV Funding must currently be involved in, or agree to be involved in the Chafee Program. The Chafee Program Coordinator will assist interested participants with applying for an ETV. Applications are available on-line as SFN 252 and SFN 255. The completed application is forwarded to the HHS Chafee Program Administrator for award determination.

The ETV Application Deadlines Include
- Fall Term = August 15th Spring Term = December 15th Summer Term = May 15th
- Applications submitted after the deadline dates may result in the award not reaching the

institution of higher education by the student's payment due deadline.

Award Determination
Award determinations are made by the HHS Chafee Program Administrator and are based on the following:

1. Participant Eligibility
2. ETV Funding Availability
3. Completion and submission of the ETV Application packet

Not all youth who meet the eligibility criteria will receive an ETV award. Likewise, not all youth who receive an ETV will receive $5,000 per year maximum. Under Federal law, States are required to take appropriate steps to prevent duplication of benefits under the ETV and other Federal and Federally supported programs.

The Department cannot change the Cost of Attendance figure, nor can the Department award more than the following formula allows.

ETV Cost Calculation
Cost of Attendance **-** Other Federal Funded Grants and Scholarship = the ETV Award

Award Disbursement
The Department of Health and Human Services will issue the monetary award directly to the Institution of Higher Education.

Interstate Compact on the Placement of Children 615-1000

Implementation Date: April 1, 2026
Last Revision Date:

The Interstate Compact on the Placement of Children (ICPC) is a legally binding agreement among U.S. states and territories that governs the placement of children across state lines for foster care, adoption, or residential treatment. The compact establishes procedures to ensure that children placed in another state receive appropriate protection, services, and oversight. Through the ICPC process, both the sending and receiving states must review and approve a proposed placement before the child moves across state lines. This coordination helps ensure that placements are safe, suitable and in the best interests of the child while maintaining clear responsibility for the child's care and supervision.

The compact ensures that the proper authorities within the receiving state shall have the opportunity to assess and evaluate the proposed placement prior to the time the child is placed, to ensure that full protection is provided to the child in the placement. In addition, ICPC ensures that each child requiring placement receive the maximum opportunity to be placed in a suitable

environment and with persons or institutions having appropriate qualifications to best meet their needs.

The Interstate Compact on the Placement of Children (ICPC) is based on the philosophy of protecting a child's welfare while promoting cooperation and accountability between states. It recognizes that while North Dakota is responsible for finding safe homes for children, meeting children's needs often requires working with other states to identify appropriate placements that provide stability and security. ICPC ensures that any child placed across state lines for foster care or potential guardianship or adoption follows specific requirements and oversight. In line with the Social Security Act, the compact also aims to prevent neglect, abuse, or exploitation, support family preservation or reunification, when possible, reduce unnecessary institutional care through community-based options, and ensure proper services when institutional care is needed.

ICPC applies when a child who is under court or agency involvement is being placed in another state for foster care, adoption, or relative placements. It does not apply to all interstate movements of children. The following outlines when ICPC procedures are required and when they are not.

ICPC Does Apply To:

1. Placements into foster care, including foster homes, residential facilities and institutions.
2. Placements with parents or relatives.
3. Placements with unlicensed relatives.
4. Placement to a possible adoptive home.

ICPC Does Not Apply When:

1. Placements is due to parental divorce, paternity, or probate courts.
2. Sending or bringing a child into a receiving state by a parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or guardian and leaving the child with any such relative or non-agency guardian in the receiving state.
3. Juveniles have been adjudicated delinquent and are placed through the provision of the Interstate Compact on Juveniles (ICJ), not Interstate Compact on the Placement of Children.
4. Children with mental illness or other developmental delays are appropriate subjects of other interstate compacts, such as the Mental Health Compact.
5. Placement is made to an institution for the purpose of education.
6. Care is in a hospital or medical facility.
7. Placement with a non-offending parent from whom the child was not removed, the court has no evidence that the parent is unfit, does not seek any evidence from the receiving State that the parent is either fit or unfit, and the court relinquishes jurisdiction over the child immediately upon placement with the parent.
8. When a sending state seeks an independent (not ICPC related) courtesy check for placement with a parent from whom the child was not removed, the responsibility for credentials and quality of the courtesy check rests directly with the sending agency and the person or party in the receiving state who agrees to conduct the courtesy check without invoking the protection

of the ICPC home study process. This would not prohibit a sending state from requesting an ICPC.

Initiating the Compact 615-1020

Implementation Date: April 1, 2026
Last Revision Date:

It is the responsibility of the sending agency in the sending state to notify the receiving state of the intent to place a child in that state and to place the child only after receiving authorization (verbal or written) for the placement through the interstate compact office.

The receiving state is required to:

1. Provide the sending party with a written report on the suitability of the proposed resource; and
2. Either authorize or deny the placement if there is reason to believe that the proposed placement will be contrary to the best interest of the child. This allows the sending party to make an informed decision concerning the welfare of the child.

If the receiving state authorizes the placement of a specified child in the proposed placement home or facility in that state, unless otherwise specified, it is the responsibility of the supervising agency in the receiving state to provide supervision of the placement, ensure the provision of necessary protective and supportive services are made available to the child, and to submit requested reports to the sending state.

Initiating the Compact

1. Determine that a placement resource for the child exists in another state. Placement resources may include:
    a. Biological parent(s)
    b. Relative
    c. Potential Adoptive Family
    d. Foster Care Provider
    e. Treatment - Foster Care Provider
    f. Treatment Facility - QRTP
    g. Treatment Facility - PRTF
2. The "sending party" (which may be an individual, a public agency, a private agency, or the court) who has legal custody of the child will prepare an ICPC referral packet, which shall include:
    a. Completed SFN 965, ICPC-100A, Placement Request.
    b. A cover letter to include:
        i. Reason out-of-state placement is being pursued.
        ii. Statement indicating the person/agency/court which has legal custody of child.

iii. Permanency goal for child and the expected achievement date.
iv. Plans for meeting cost of care in other state, including who is financially responsible for child.
v. Identification of child's eligibility/ineligibility status for Title IV-E, Adoption Subsidy, and/or SSI.
vi. Request for evaluation of the proposed resource and identifying information about resources (including type of resource, e.g. biological family, foster family, adoptive, etc.)

c. A social summary on each child:
   i. Identifying information (name, birthdate, race, religion).
   ii. Child's biological family history and reason for placement.
   iii. Child's personality, behaviors, strengths, challenges.
   iv. Child's developmental history.
   v. Evaluation of child's present needs and type of home or institution desired for child and rational for the placement setting.
   vi. If treatment placement is being sought (PRTF, QRTP or Treatment foster care), the child must have ND Children's Treatment Service Level of Care Determination completed before ICPC can approve the placement. This includes out of state children requesting to come to ND for treatment. All assessments must be done and paid for before ICPC approval can occur.
d. SFN 885, Statement of Caseworker.
e. Copy of child's social security card and birth certificate.
f. Court order identifying who has legal custody of the child.
g. Medical and educational reports on the child.
h. Documentation of any diagnosed special needs of the child.
i. SFN 395, ICPC Financial and Medical Plan. Include verification of Title IV-E eligibility.
j. If the ICPC includes a referral for an adoptive placement requires additional materials for the referral packet; one copy of:
   i. the adoptive family assessment,
   ii. birth parent medical/social history, and
   iii. documentation as to compliance with ICWA (for Native American children), in addition to those items previously noted.
   iv. Summary of birth parent(s) counseling and understanding and acceptance of proceedings.

The completed referral packet is emailed to the ND ICPC Administrator. The Compact Administrator will review the packet for:

1. Compliance with applicable state laws of the sending state.
2. Compliance with applicable agency policies/procedures.
3. Inclusion of all necessary documents.
4. Completeness as required by the receiving state.

The ND ICPC Administrator will email the referral to the receiving state ICPC Unit. The receiving state ICPC Unit will review the referral packet for:

1. Compliance with applicable state laws.
2. Inclusion of all necessary documents.

Placement of the ND child(ren) cannot occur until approval has been given by both the sending ND ICPC Administrator and the receiving state ICPC Unit. Article III of the Compact states when a child has been placed in a receiving state prior to ICPC approval, the case is considered a violation of ICPC, and the placement is made with the sending state bearing full liability and responsibility for the safety of the child. The receiving state may request immediate removal of the child until the receiving state has made a decision per ICPC. The receiving state is permitted to proceed but not required to proceed with the home study/ICPC decision process, as long as the child is placed in violation of ICPC. The receiving state may choose to open the case for ICPC courtesy supervision but is not required to do so.

Upon sending/receiving approval of the ICPC, the receiving state ICPC Unit will forward the referral packet to the appropriate local office/agency for assignment to a worker. The local office/agency receives the ICPC referral from their Central Office and completes the requested family assessment. If additional information is needed, contact should be with their respective Central Office ICPC Unit. If appropriate (and with approval from the ICPC Unit), direct contact with the sending person/agency may be made.

Home Assessments

1. Home studies/assessments must be completed within 60 calendar days from the date the referral is received in the State ICPC office.
2. Home studies/assessments as defined within this law are not the same as the full home study process as defined within individual states and do not require a state to recommend or approve that a child be placed in the receiving state based on the home study evaluation alone. The home study should state whether the home environment meets the individual needs of the child, including the child's safety, permanency, health, wellbeing, and mental, emotional, and physical development.
3. Upon completion of the requested home study/assessment the case worker prepares a copy of the home study. If the home study is complete, it must include a recommendation for or against the proposed placement. A decision for or against placement will be made on the 100A.
4. If the home study is not complete and a recommendation for or against placement has not been made, the State ICPC office will not make a decision for or against placement until the remainder of the home study documents have been received and an agency recommendation has been made. (e.g.: pre-service training not complete, reference checks not returned, etc.) These documents will be forwarded to the sending State with a decision on the 100A for/against placement.

5. A copy of the completed assessment is sent to the ICPC Unit for review. After reviewing the assessment, the designated ICPC staff person will sign the ICPC-100A to approve/deny the proposed placement.
6. A copy of the signed 100A form and a copy of the completed assessment will be emailed to the sending state ICPC unit.
7. The sending state ICPC unit will receive the completed assessment with approved/denied form 100A and will forward each document to the "sending party."
8. If placement has been approved, the child may be placed with the proposed caretaker.
9. The "sending party" prepares form ICPC-100B (Child's Placement/Replacement Status) and sends a copy to their Central Office ICPC Unit. Supervision of a placement does not begin until the Receiving State's local office/agency receives confirmation that placement has occurred.
10. The local office in the receiving state will supervise the placement and submit progress reports as requested by the sending state.
11. If the placement disrupts or is otherwise completed, form ICPC-100B is prepared by the "Sending Party" in order to close the ICPC case in both states.

Initiation of a Regulation 7- Priority ICPC Placement 615-1030

Implementation Date: April 1, 2026
Last Revision Date:

Initiation of Regulation 7 under the Interstate Compact on the Placement of Children (ICPC) refers to the start of a priority or expedited interstate placement request for a child who needs to be placed quickly with an out-of-state relative or guardian.
Whenever a court, upon request, or on its own motion, or where court approval is required, determines that a proposed priority placement of a child from one state into another state is necessary, the court shall make and sign an order embodying that finding. Court order finding entitlement to a priority placement shall not be valid unless it contains an express finding that one or more of the following circumstances applies to the particular case and sets forth the facts on which the court bases its finding:

1. The child is 4 years of age or younger, including older siblings, sought to be placed in the same home; or
2. There is an unexpected dependency due to a sudden or recent incarceration, incapacitation, or death of a parent or guardian. Incapacitation means a parent or guardian is unable to care for a child due to a medical, mental, or physical condition; or
3. Any child in the sibling group has a substantial relationship with the proposed placement resource. Substantial relationship means that the proposed placement has a familial or mentoring role with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child; or
4. The child is currently in an emergency placement.

Required Timeframes

1. The court shall send its order to the sending agency within four (4) calendar days of determining a priority placement. The order shall include the name, address, telephone number, and if available, the FAX number, of the judge and the court.
2. The sending agency shall transmit the signed court order, a completed 100-A, and supporting documentation to the sending state Compact Administrator within four (4) calendar days.
3. The sending Compacting Administrator shall transmit the priority request and its accompanying documentation to the receiving state Compact Administrator together with a notice that the request for placement is entitled to priority processing within four (4) calendar days.
4. The court order, SFN 965, 100-A, "Sending State Expedited Home Study Request," and supporting documentation referred to above shall be transmitted to the receiving state Compact Administrator.
5. The receiving state Compact Administrator shall forward the ICPC referral to their local office the next business day after receipt of the referral.
6. The local worker in the receiving state must complete the priority home study within thirty (30) calendar days.
7. The receiving state ICPC office must notify the sending state ICPC office of the decision for/against placement of the child with the proposed caretaker.

A Regulation 7 shall not apply if:

1. Within four (4) calendar days of receipt of the ICPC priority placement request, the sending state Compact Administrator determines that the ICPC request documentation is substantially insufficient, specifies that additional information is needed, and requests the additional documentation from the sending agency.
2. Within four (4) calendar days of receipt of the ICPC priority placement request, the receiving state Compact Administrator notifies the sending state Compact Administrator that further information is necessary. Such notice shall specifically detail information needed. In this case, the thirty (30) calendar day period for the receiving state Compact Administrator shall be calculated from the date of the receipt by the information requested.
3. It is the responsibility of the sending state to keep the court which issued the priority order informed of the status of the priority request.
4. Time periods may be modified with a written agreement between the court which made the priority order, the sending agency, the receiving state Compact Administrator, and the sending state Compact Administrator. Any such modification shall apply only to the single case to which it is addressed.
5. If a receiving state Compact Administrator finds that extraordinary circumstances make it impossible for it and its local agencies to comply with the time requirements set forth, it may be excused from strict compliance therewith. However, the receiving state Compact Administrator shall, within four calendar days of ascertaining inability to comply, notify the

sending state Compact Administrator of the inability to comply and set forth the date on or before which it will complete action. The notice shall contain a full identification and explanation of the extraordinary circumstances which are delaying compliance.

6. The child is already in the receiving state in violation of ICPC.
7. The sending state is requesting a foster home study or adoption home study (unless the grandparent, adult aunt/uncle, adult brother/sister, or guardianship is already licensed or approved in the receiving state at the time of the request).

Initiating a Regulation 1- Conversion of Intrastate into Interstate Placement 615-1040

Implementation Date: April 1, 2026
Last Revision Date:

Regulation 1 under the Interstate Compact on the Placement of Children (ICPC) outlines how an interstate placement request is formally initiated when a child must be placed in another state for foster care, adoption, or with certain relatives. A placement initially intrastate in character becomes an interstate placement subject to ICPC if the child's primary residence is moved from one state to another state.

This regulation addresses the referral and approval process for placement of a child in another state when the sending state has already approved the placement and the family now wishes to move to another state. The intent of Regulation 1 is to ensure that an already safe and stable placement made by a sending agency in the sending state will continue if the child is relocated to the receiving state. Additionally, it is the intent of Regulation 1 for supervision of the placement to be uninterrupted, for the family to comply with the requirements of the receiving state, and for both states to comply with all applicable state and federal laws, rules, and regulations.

Temporary Relocation
If a child is brought into the receiving state by an approved placement resource for a period of ninety (90) calendar days or less, and remains with the approved placement resource, approval of the receiving state is not required. Either the sending or receiving state may request approval of the placement and, if the request is made, the sending and receiving states shall take the necessary action to process the request, if agreed to by both states.

Supervision by the receiving state is not required for a temporary relocation of 90 days or less; however, supervision may be provided as a 'courtesy' to the sending state. If supervision is requested, the sending state shall provide a 100B form, as well as additional information listed under provisional approval. If the receiving state cannot provide supervision for a temporary placement, it is the sending state's responsibility to supervise the placement.

The custodial agency in the sending state is ultimately responsible to ensure the ongoing safety of the child placed in a receiving state. This includes the return of the child to the sending state as soon as possible if requested by the receiving state.

Provisional Approval

When a decision is made to relocate to another state, or when it is intended to send or bring a child to a receiving state, an ICPC referral must be submitted. This also applies if the child and family have already moved to the receiving state. The receiving state may request original or certified copies of documentation if necessary to meet its legal requirements. The following documentation must be included in the ICPC referral:

1. A completed SFN 965, Interstate Compact Application Request to Place Child-(ICPC 100A).
2. A completed SFN 966, ICPC Report on the Child's Placement Status (ICPC-100 B), if the child is already present in the receiving state.
3. A copy of the most current court order giving care, custody, control and placement responsibilities to the sending agency.
4. A social summary of the child, including social history, history of court involvement, family dynamics, and a description of any special needs of the child.
5. If the family is a licensed foster care provider, a copy of the most recent license and foster care home study.
6. The most current PCPA for the family and the child.
7. A completed SFN 395, "Financial/Medical Plan," which includes documentation of the child's Title IV-E eligibility status.

Initial Home Study Report

Pursuant to the Safe and Timely Interstate Placement of Foster children Act of 2006, within sixty (60) calendar days after receiving the home study request, the receiving state shall conduct, complete, and return a report to the sending state on the results of the study of the home environment for purposes of assessing the safety and suitability of the child to remain in the home. The report will address the extent to which placement in the home would meet the needs of the child. In the event the parts of the home study involving education and training for the placement resource remain incomplete, the report shall reference such items by including a prospective date of completion.

Approval of the request may be conditioned upon compliance by the placement resource with any licensing or education requirement in the receiving state. If there is a condition, a reasonable date for compliance will be identified in the documentation granting approval.

Final Approval or Denial

Final approval or denial of the ICPC request will be provided by the receiving state compact administrator as soon as practical but no later than one hundred eighty (180) calendar days from receipt of the initial home study request.

Supervision
Within thirty (30) calendar days of being notified that the placement resource and child have arrived in the receiving state, the receiving state shall visit the child and family in the home to ascertain conditions and progress toward compliance with applicable federal and state laws, as well as the requirements of the receiving state. Subsequent supervision must include face-to-face visits with the child at least once each month. The majority of these visits must occur in the child's home. Face-to-face visits must be performed by a child welfare caseworker in the receiving state. Supervisory visits will continue until supervision is terminated by the sending state. The receiving state's compact administrator must agree with the termination of supervision. Reports of supervision visits will be provided to the sending state as requested.

Supervision of Children Placed by a Sending State via the ICPC 615-1050

Implementation Date: April 1, 2026
Last Revision Date:

Supervision through Interstate Compact ensures that children placed across state lines continue to receive oversight and support after the placement occurs. Once a child is placed in the receiving state, the receiving state becomes responsible for supervising the placement to make sure the child is safe, properly cared for and that the placement meets the child's needs. Supervision by the receiving state is conducted in the same manner and in accordance with the same standards that children under the jurisdiction of the receiving state are supervised.

Key elements of effective supervision by a receiving state:

1. Supervision begins after the placement has been approved by the ICPC office in the receiving state, and the sending state has provided the receiving state with a form 100B indicating that the child has been placed with the approved placement resource.
2. The first face-to-face contact with the child in the child's home will occur as soon as possible but no later than thirty (30) calendar days from the date that the receiving state is notified that the child has been placed.
3. Face-to-face contacts with the child and with the child's caregiver(s)/placement resource(s) will occur with the same frequency and in the same manner that face-to-face contacts occur for children under the jurisdiction of the public child welfare agency in the receiving state. At a minimum, face-to-face contacts must occur at least once per month.
4. Face-to-face contacts with children will occur at the child's residence as often as possible.
5. Face-to-face contacts with children will be made by the caseworker in the receiving state who is assigned to supervise the placement.
6. Keeping in mind that the sending state bears ultimate financial responsibility for meeting the needs of the child and supporting the child's placement, the supervising worker in the receiving state will assist the child and the child's caregivers in accessing services and

supports that are available and can be provided by the receiving state, such as health care, mental health services, public assistance, educational services, etc.

7. When visiting with the family in person or by phone, the supervising worker in the receiving state will do what is possible, and what is appropriate to the role of a supervising worker, to keep the family focused on the achievement of the child's case plan goals established by the child welfare agency in the sending state and to assist the family in the achievement of those goals.
8. At least once every ninety (90) calendar days (unless requested more frequently on the 100A form), the supervising caseworker in the receiving state will prepare a written report with regard to the child's placement and will send a copy of the report to the ICPC office in his or her state. At a minimum the report will include the following:
    a. Dates and locations of face-to-face contacts with the child
    b. A summary of the child's current circumstances, including a statement regarding the ongoing safety and wellbeing of the child in placement, and a description of any safety concerns
    c. Where applicable, a summary of the child's school performance (include copies of IEP documents, educational evaluations, report cards or other school records, if available)
    d. A summary of the child's current health/medical/mental health status, including the dates of any medical/dental appointments and the identity of the healthcare provider seen (include copies of evaluations, reports or other pertinent records)
    e. A description of any unmet needs and any recommendations for meeting identified needs
    f. Where applicable, the supervising caseworker's recommendation regarding any of the following:
        i. Continuation of current placement
        ii. Return of custody to parent and termination of sending state's jurisdiction
        iii. Finalization of adoption
        iv. Granting of guardianship to existing caregivers
    g. The supervising case worker and other child welfare authorities in the receiving state will act on reports of child abuse and neglect involving children placed from out-of-state in the same manner that reports of child abuse or neglect are acted upon when children from the receiving state are involved.

The SFN 387, "ICPC Supervision Report", should be completed by caseworkers responsible for supervising the ICPC case and should be submitted to the State ICPC office every ninety (90) calendar days. In turn, the report will be forwarded to the sending state.

If the child's needs continue to be unmet, the receiving State may require the child to be returned to the sending State. Before requiring the return, the receiving State must take into consideration the negative impact on the child that may result from being removed from his or her home. The negative impact should be weighed against the potential benefits to the child of being returned to the sending State. Ultimately, the receiving State has sole discretion in determining whether or not to require return of a child to the sending State.

ICPC Placement and Payments

Custodians who identify placement options outside of North Dakota must follow Interstate Compact on the Placement of Children (ICPC) policy. Questions regarding the ICPC paperwork or the required approval can be directed to Children & Family Services ICPC Administrator. ICPC approval must occur before the child leaves the state of ND.

Facility Placements

Prior to a child in ND foster care being placed in a Qualified Residential Treatment Provider or Psychiatric Residential Treatment Provider facility outside of North Dakota, the case worker must:

1. Follow ICPC policy
2. Complete the ND Children's Treatment Services Level of Care process
3. Children in ND foster care who require residential treatment must be referred and receive written denials from to all appropriate ND facilities before consideration will be given to out-of-state facilities.
    a. Out-of-state referrals can be made when it has been determined that the child's needs cannot be met within the state of North Dakota.
    b. Copies of denial letters must be included in all ICPC referral packets. If any denial letter is not available when an ICPC referral is submitted to CFS, a notation in the cover letter must identify the referral facility and the reason the child cannot be served in the facility.
    c. If a youth is being referred to an out-of-state PRTF, ND Medical Services must approve the out-of-state referral in partnership with ND ICPC. Concurrent referrals through Medical Services and ICPC are suggested to expedite placement decisions.

ICPC Payment Rates

Foster care funds cannot be used to reimburse an unlicensed provider or a placement that does not meet ICPC compliance/approval.

1. When North Dakota is the receiving state in an Interstate Compact placement, the sending agency must reimburse the ND provider at a rate consistent with North Dakota's foster care daily maintenance rate.
2. When North Dakota is placing (sending) a child in another state through Interstate Compact, North Dakota will reimburse the out of state provider at the receiving state's daily maintenance rate.

Foster Care Payment & Reimbursement 615-1200

Implementation Date: April 1, 2026
Last Revision Date: July 1, 2026

Reimbursement and payment policy for foster care services ensure that foster care providers are compensated in a timely, consistent and equitable manner for the care and safety service provided to children placed in their home. Policy outlines payment rates, allowable expenses, documentation requirements and processing timelines for all foster care expenditures.

A foster care maintenance payment is used to reimburse licensed foster care providers for supervision, care and necessities for an eligible child. Eligible maintenance and irregular expenditures are reimbursed through the foster care payment system based on the child's eligibility determination. Foster care reimbursement for children under the custody of a ND Tribal Nation is limited to children eligible for Title IV-E federal funding.

Children and Family Services Foster Care and Sub-Adopt Eligibility Unit (CFS FCSA Eligibility Unit) will determine eligibility and authorize payments for all eligible foster care cases. Questions regarding eligibility and payments can be routed to 701-328-2076 or cfsfcsaunit@nd.gov.

Payment System 615-1202

Implementation Date: July 1, 2026
Last Revision Date:

The ND Department of Health and Human Services (HHS) payment system is managed by the CFS FCSA Eligibility Unit who review and authorize all foster care and sub-adopt payments. The Child Welfare Information System will automatically upload foster care placement information into the payment authorization screen.

Payment authorization is dependent on:

1. A current court order containing judicial determinations of "contrary to the welfare" and "reasonable efforts to prevent removal or return the child home" and timely judicial determination that the agency has made "reasonable effort to finalize the permanency plan".
2. A current licensed foster care provider,
3. An approved care plan (Child & Family Team meeting date); and
4. If applicable, a current QRTP/PRTF Placement Request/Approval entered in the Child Welfare Information System. The custodial agency is granted court ordered placement and care authority to place children in the least restrictive placement setting. However, additional department placement approval for specific levels of care is required by a Children's Treatment Services Level of Care Determination assessment process as well as in the Child Welfare Information System by a CFS Field Services Specialist when a child is placed in a;
    a. Qualified Residential Treatment Program (QRTP), or

b. Psychiatric Residential Treatment Facility (PRTF) (medical placement)

Features of the payment system include:

1. Check write schedule
    a. Supplemental check write each week
    b. Standard foster care maintenance payment – second to last working day of the month
    c. Standard adoption subsidy second working day of the month.
2. Family foster care providers licensed by the state and Tribe will receive reimbursement directly for all payments authorized on behalf of children placed in their care. Treatment family foster care providers will receive payment from the treatment foster care agency, not CFS directly.
3. Family foster care provider reimbursement amounts for licensed, certified, Tribal affidavit or relative licensure are based on the same standards and policy. The amount granted to a relative license is the same value as a fully licensed family foster care provider.
4. All foster care providers will receive a remittance advice detailing the total amount received per child and any reduction retained to satisfy an overpayment.
5. All maintenance payments will be paid at a daily rate or fee for service.
6. Direct deposit is required for all providers receiving ongoing reimbursement. Direct deposit information can be given to the CFS Licensing Unit licensing specialist or submitted to the CFS FCSA Eligibility Unit directly. A provider must show third party verification by providing a bank direct deposit form or a blank voided check indicating the bank routing number and account number. The provider should indicate if the account is a business or personal account, savings or checking.
7. The payment system will automatically calculate state and tribal providers based on:
    a. Placement duration dates,
    b. Provider licensing dates, and
    c. Court order dates.
8. The payment system will not automatically calculate out of state and treatment provider reimbursement. An itemized bill is required prior to payment authorization only for treatment providers and the payment amount must be manually entered into the payment system.

To avoid payment issues, the placements must be entered in the appropriate date sequence. Questions regarding data entry timeliness or payment needs must be directed to the custodial case worker. Questions regarding submitted receipts, direct deposit or any payment related reimbursement can be directed to the CFS FCSA Eligibility Unit. All subsidized adoption payment needs can be directed to the CFS FCSA Eligibility Unit.

Custodial Agency Financial Responsibility 615-1205

Implementation Date: July 1, 2026
Last Revision Date:

The custodial agency of the child is financially responsible to meet the needs of the child throughout the life of the foster care episode. Custodial agencies must submit required payment related documentation to the CFS Foster Care and Sub-Adopt Eligibility Unit (CFS FCSA Eligibility Unit) when seeking reimbursement for licensed providers. Custodial agencies must assist caregivers in securing necessary resources as unlicensed caregivers are not eligible for maintenance payments.

Human Service Zone
The Human Service Zone is responsible for the planning and management of financial expenditures for all children under their agency custody. All eligible payments to a licensed provider, on behalf of a child in foster care, are reviewed and authorized by the CFS FCSA Eligibility Unit. Any costs associated with a child that are ineligible for reimbursement by the CFS FCSA Eligibility Unit are the responsibility of the Zone.

Tribal Nations Title IV-E
The Tribal social service agencies are responsible for the planning and management of financial expenditures for all children under their agency custody. Eligible payments may be reimbursed by the department based on a signed State Tribal Title IV-E Intergovernmental Agreement. If the child in foster care is not Title IV-E eligible, all financial responsibility remains with the Tribe. If the child is determined Title IV-E eligible, the CFS FCSA Eligibility Unit will review and authorize all eligible payments to licensed providers. Any costs associated with a child in foster care that are ineligible for reimbursement by the CFS FCSA Eligibility Unit are the responsibility of the Tribe.

The transfer of jurisdiction from a Human Service Zone to a Tribal Nation will result in the immediate transfer of financial responsibility. Expenses not reimbursed at the time of transfer will be the financial responsibility of the custodial agency at the time the expense incurred. A child initially determined IV-E eligible under Zone custody will remain eligible for federal Title IV-E reimbursement upon custody transfer to a Tribal Nation. The CFS FCSA Eligibility Unit will continue to authorize eligible payments for the eligible child. If a child was not initially determined Title IV-E eligible under Zone custody, the child will remain ineligible for Title IV-E reimbursement throughout the entire foster care episode. All financial responsibility for the child will transfer to the Tribe and be managed as a 638 case.

Division of Juvenile Services (DJS)
The Division of Juvenile Services (DJS) through an agreement with North Dakota Health and Human Services is able to access foster care payments for children under the custody of DJS that are placed with a licensed foster care provider. Eligibility is determined and payments are authorized by the CFS FCSA Eligibility Unit.

The Division of Juvenile Services is responsible for the planning and management of financial expenditures for all children under their custody. Eligible payments may be reimbursed by the department based on a signed Title IV-E agreement. All eligible payments to a licensed provider, on behalf of a child in foster care, are reviewed and authorized by the CFS FCSA Eligibility Unit. Any costs associated with a child that are ineligible for reimbursement by the CFS FCSA Eligibility Unit are the responsibility of DJS.

Custodial Agency Transfers
The transfer of custody from one agency (Human Service Zone or DJS) to the other agency (Human Service Zone or DJS), will also result in the immediate transfer of financial responsibility. Expenses not reimbursed at the time of transfer will be the financial responsibility of the custodial agency at the time the expense was incurred. A child's eligibility determination will remain as initially determined and the CFS FCSA Eligibility Unit will continue to authorize eligible payments. After transfer, any costs associated with a foster child that are ineligible for reimbursement by the CFS FCSA Eligibility Unit are the responsibility of the custodial agency.

Social Security Benefits 615-1210

Implementation Date: April 1, 2026
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In child welfare foster care policy, Social Security benefits refer to federal payments, such as Survivors, Disability, or Supplemental Security Income (SSI) that a child in foster care may be eligible to receive based on a parent's death, disability, or the child's own disability. Under Title IV-E and IV-B of the Social Security Act, child welfare agencies are required to identify, apply for and manage these benefits on behalf of eligible children.

Social security benefits are important because they provide an additional financial resource to support the child's needs, the case worker must evaluate if a child may be eligible to receive Social Security benefits. If applicable, the child welfare agency must assist the parent or guardian in applying for Social Security benefits. If a child is in public custody and a parent or guardian does not cooperate with the application process, the custodial agency must complete the application to Social Security Administration on behalf of the child.

Children in foster care who are eligible for federal foster care maintenance payments and who receive Social Security disability benefits (SSI) are not able to receive both funding sources at the same time. The custodial agency case worker must determine the benefits of social security versus foster care funds and must ensure the child is aware they receive Social Security benefits and if age appropriate, the child should be included in the planning, budgeting and decisions for spending, saving or suspending social security benefits.

SSI Benefits – Supplemental Security Income

Benefits paid under Title XVI of the Social Security Act for aged, blind and disabled persons with little or no income or resources are referred to as SSI benefits. SSI benefits are meant to meet the daily living and medical expenses of an eligible child. Federal dollars are used to fund SSI benefits and as a result, children in foster care eligible under federal Title IV-E or Emergency Assistance (EA) are eligible to receive SSI and regular match foster care funds. In any month a child is in receipt of SSI dollars, foster care is only payable through regular foster care funds.

The amount of SSI retained in a checking or savings account should be monitored closely to ensure the case does not exceed the allowable asset maximum. Social Security Administration allows a maximum asset limit of $2000 for SSI recipients, regardless of their foster care eligibility determination. The amount retained in the following month in a savings or checking account cannot exceed $2000. The overage must be returned to Social Security Administration with an explanation as to why the benefits are being returned. This will prompt Social Security to reevaluate the monthly benefit and it may result in a reduction due to the child's needs being met under another federally funded program. A minimum of $30 should be retained from every check and given to the child for personal use. If the child is older and has additional expenses or a specific item they wish to purchase, social security benefits can be allocated for that purchase.

SSA Benefits – Retirement, Survivors and Disability Insurance

Benefits paid by Social Security under Title II of the Social Security Act based on the earnings of a worker who has paid into the system by paying Federal Insurance Contributions Act (FICA) tax for a specified period of time are referred to as RSDI benefits. Such social security benefits are issued upon the attainment of a certain retirement age, disability, or death. For purposes of child welfare, these benefits are most commonly referred to as "survivor's benefits" and are granted to children after the death of a parent. SSA benefits are considered unearned income for the child and there is not a maximum asset limit set for SSA recipients.

The custodial agency must establish local procedures to manage the direct deposit of the survivor benefits into a savings account on behalf of the child, monitor those assets and transfer the funds upon case closure. When a child exits foster care, the custodial agency prepares in advance to ensure protection of the saved funds, which will result in turning the account over to the youth directly or to their parent/guardian (if the child is under age 18). Case workers must provide or seek support from the Chafee Program for education and skill building in the areas of budgeting and money management to ensure funds are managed responsibly.

Social Security Representative Payee-Organization

Social Security Administration requires an identified representative payee (RP). This must be a person willing to keep the child's best interest a priority and be responsible for the oversight and distribution of the social security benefit on behalf of the child. It is not necessary for a custodial agency to change the RP if the current payee is active in the case planning of the child and the social security benefit remains active. The custodian must work closely with the current RP to evaluate the needs of the child and the use of the social security benefits for agreed upon

purchases. The custodial agency should only become the organizational representative payee (ORP) if the current RP refuses to participate in the planning for the child and is not willing to make the child's social security benefits available to the child or custodial agency for the child's needs or to reimburse for required expenditures. Prior to a custodial agency's request to become the ORP, the best interest and needs of the child must be considered, as does the effect it may have on their social security eligibility. To apply to be an ORP, the custodial agency must contact the local Social Security Administration office, which will be able to explain the requirements and provide the necessary forms for becoming an organizational representative payee. It may be necessary for a specific representative from the custodial agency to handle this function each time. It takes approximately 60 days for the representative payee to be changed. For further information regarding the organization representative payee, refer to the Social Security site Training Organizational Representative Payees at SSA Payee Training.

There are three exceptions to the custodial agency becoming the ORP:

1. The custodial agency has applied to become the ORP, and the request is denied by Social Security Administration. In this situation, the custodial agency must send a written request to the representative payee notifying them of the custodial agency's custody and request their involvement and cooperation in the case planning of the child.
2. The current representative payee is willing to fully cooperate and has agreed to purchase necessary items or forward the Social Security benefits received on behalf of the child to the custodial agency. In this situation, some form of an agreement of understanding should be outlined and signed by both parties. The custodial agency should send Social Security Administration a copy of the custody order, the agreement with the current representative payee and an explanation of the child's current living arrangement for their records.
3. Short term placement.

NOTE: In exceptions 1 and 2, if the current representative payee refuses or fails to participate and cooperate with the custodial agency, the custodial agency must contact Social Security Administration and notify them of the representative payee's failure to cooperate.

Short Term vs. Extended Placements

In the event of a short-term placement, it would not be considered in the best interest of the child and the family for the custodial agency to become the organizational representative payee of the child's Social Security benefits. This is due to the amount of time it takes for the representative payee to change and for a bank account to then be established for direct deposit of the funds. Also, changing the representative payee may cause a delay of benefits to the child if the custodial agency should receive the payment after the child has already returned home. If this is the case, benefits must be returned to Social Security Administration to be reissued.

A child that is not expected to return home within sixty (60) calendar days or it is determined at any time during a short-term placement the child will continue in foster care, the custodial agency should consider becoming the organizational representative payee.

Bank Accounts and Direct Deposit

An organizational representative payee (ORP) must set up a checking or savings account for direct deposit of the funds. Contact your local financial institution to discuss options. Accounts must be established in a way that shows the beneficiary owns the account and the payee only have a fiduciary interest. Do not use a joint account format because this allows a beneficiary direct access to their funds. Below are common methods of identifying accounts, however account titles which show beneficiary ownership and the custodial agency as fiduciary, are acceptable. When establishing the account, use the name of the custodial agency on the title, not the name of an individual case worker or supervisor. Here are two recommended titles:

- "(Beneficiary's name) by (custodial agency name), representative payee," or
- "(Custodial agency name), representative payee for (beneficiary's name)."

If the custodial agency serves as an organizational representative payee for a large number of beneficiaries, Social Security Administration may allow them to establish a collective account. Payments may be deposited into a master checking or savings account with individual sub-accounts for each beneficiary. This kind of account is called a collective account. The Social Security Administration must approve a collective account before it is set up to ensure the collective account is established in accordance with SSA rules.

Beneficiaries or representative payees receiving benefits on behalf of a beneficiary with an established bank or credit union account can sign up for direct deposit by calling 1-800-333-1795. To apply for direct deposit, the recipient will be required to have an existing financial institution account and provide the following:

- Account type: checking or savings
- Account number
- Financial institution's routing number
- Social Security number of the beneficiary

Excess Social Security and SSI Funds

As organizational representative payee (ORP), the custodial agency must deposit any amount not expended for such care or personal needs in an account for the child. Upon the child's discharge from foster care, the ORP must turn over any conserved benefits, savings, or other investments as well as any interest earned on the benefits to Social Security Administration. Social Security Administration will reissue the returned benefits to either a new representative payee or to a beneficiary currently receiving direct payment. The Social Security Administration requires periodic reports of such Representative Payee stewardship.

Foster Care Funding Source

When a child is eligible for both SSI/SSDI and foster care funding (Title IV-E or EA), the custodial agency must work with the CFS FCSA Eligibility Unit to determine which federal funding source to elect for the foster care maintenance daily living costs. Federal guidelines prohibit claiming reimbursement from two federally funded programs for the same eligible case.

If the child is placed in an unlicensed kinship caregiver home, maintaining Social Security is in the child's best interest as the benefits provide consistent financial resources for the care of the child. If the child is placed in a licensed foster care setting, consideration of the rates should be reviewed. The custodial agency is responsible for notifying Social Security Administration of the child's placement, the amount expended for the child's care and which funding source will be used. If the child's living arrangement should change, consideration must again be given to the federal funding source and Social Security Administration must be notified so adjustments can be made. If the child returns home or to a non-paid foster care placement, Social Security Administration must be notified immediately so benefits can be redetermined and/or reinstated to the allowable amount as soon as possible.

Children in foster care who are eligible for Title IV-E or EA and eligible to receive disability benefits (SSI) are not able to receive both funding sources at the same time. In any month a child is in receipt of SSI dollars, foster care maintenance costs are only payable through state general foster care funds, not a federal funding source. The agency case worker will need to determine if the SSI will continue or be suspended and must notify the CFS FCSA Eligibility Unit of the decision. CFS FCSA Eligibility Unit will only authorize state general foster care funds as a temporary bridge for up to ninety (90) days, unless otherwise approved by Children and Family Services. SSI should not be suspended if the:

1. SSI payments are significantly greater than the cost of the child's foster care;
2. Foster care placement is expected to be very short term and reinstating SSI payments would disrupt the child's support; or
3. Suspension of SSI payments would jeopardize future eligibility for such benefits by the child.

If SSI payments are interrupted beyond the annual review or renewal date, restarting benefits may require a new eligibility determination or review. Any SSI payments that were offset during that time are not recoverable; they are permanently lost to the child or custodial agency and are not simply delayed or held for later payment.

Social Security – Foster Care Match Symbol FM/FN or EA/RM

The payment authorization match symbol identifies the funding source of payments for Title IV-E and Emergency Assistance (EA) eligible children. Title IV-E and EA are both federally funded programs. Based on the child's eligibility determination, all payments in the month in which a child does not receive SSI benefits, such as benefits are suspended or child becomes ineligible, are coded with a match symbol of FM (Title IV-E) or EA (Emergency Assistance).

Social Security – Foster Care Match Symbol NA

A match symbol of NA is used in the foster care payment authorization to identify funds expended for a child under Tribal custody that is Title IV-E eligible and reimbursable. A child that meets the foster care eligibility requirements and is not in receipt of SSI benefits may be reimbursed using the NA match symbol.

A child that is determined to be eligible under Title IV-E but is in receipt of SSI benefits is not eligible for reimbursement through the payment system. The case will remain Title IV-E eligible but is not reimbursable until the SSI benefit has been suspended. The Tribal Nation is responsible to reimburse the foster care expenditures for any month in which the child is in receipt of SSI benefits.

18+ Cases - Social Security Benefits

An 18+ child in receipt of social security must meet formally with the social security office when they turn 18 to get a full understanding of their entitlement and representative payee information. Typically, social security benefits for children over the age of 18 are sent directly to the child. Social security must be notified immediately when a child is no longer under the custody of the agency and when the child exits foster care. For a child that continues in 18+ Continued Care and if deemed necessary, a representative payee may be assigned if the beneficiary is determined by SSA to be incapable of handling their money or determined legally incompetent.

Social Security Resources

- Social Security Website
- Training Organizational Rep Payees
- Guide for Organizational Payees

Payment Requirements 615-1215

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Foster care payments are available to any child in foster care under 21 years of age who:

1. Is determined eligible based on the AFDC eligibility criteria,
2. Is under the care, custody and control of a public agency with placement authorization,
3. Is placed with a licensed foster care provider,
4. Is removed from the home as a result of contrary to the welfare and the court made a judicial determination in the initial order, and
5. The court made a judicial determination of reasonable efforts to prevent removal from the home or the reasonable efforts were not required.

Foster care reimbursement cannot be made until all of the above requirements are met. Federal regulations allow sixty days to obtain the reasonable efforts judicial determination for eligibility purposes. However, reimbursement cannot begin until the first day of the month in which the reasonable efforts to prevent removal judicial determination is obtained. If the removal judicial determination requirements are not met within the designated timeframes, the foster care case becomes ineligible and non-reimbursable for the entire episode.

Overlapping Payments

In general, when a child transitions from one foster care placement to another during a month, payment can be made to each provider for the day of the move. The overlapping date can be paid when a child's placement changes from:

1. Facility to another facility not under the same umbrella agency.
2. Facility to a family foster home or to a treatment provider home.
3. Treatment provider home to a family foster home or facility.
4. Family foster home to another family foster home, facility or treatment provider home.
5. Family Foster home, facility, or treatment provider home to a Supervised Independent Living (SIL) setting

Overlapping dates are not allowed when:

1. Child moves from a foster care placement to pre-adopt placement with the same provider
2. A family foster home or approved affidavit provider receives a new provider number, the child has not moved/changed placement, but the Child Welfare Information System requires a new placement entry.
3. A placement status change from a secondary placement to a primary placement for the same provider. The secondary placement must end the day before the primary placement start date.
4. A placement change occurs between two providers licensed by the same umbrella agency with the exception of SIL settings (ex: Nexus PATH). This does not apply to a state family foster home, approved tribal affidavit, SIL or out of state licensed provider.

Retroactive Payments

Retroactive payments in excess of 90 days from the child's initial eligibility determination are not allowed, unless otherwise determined by the department. When payments cannot be made due to the custodial agency failing to provide the necessary eligibility documents timely, the custodial agency is responsible for the foster care expenditures in excess of the 90 days.

Remitting Overpayments/Receivables

Overpayments occur when a foster care reimbursement is issued to a licensed provider in error. Receivables occur when a child in foster care is in receipt of unearned income or insurance benefits that may be applied toward the costs of foster care expenditures. The custodial case worker is responsible to identify the type of payment and determine how to apply the funds for each child's case. The CFS FCSA Eligibility Unit is responsible to update the payment system and process reimbursements received to HHS Fiscal Administration.

Overpayments occur when a payment is issued and later it is identified there is a:

1. Change in placement dates,
2. Court order lacks necessary findings,
3. Change to a provider license,
4. Billing error,
5. Incorrect data entry erroring the Child Welfare Information System.

When an overpayment is the result of a custodial case worker's delay in notification of a placement change, the omission of necessary court order findings or other issue otherwise corrected by the custodial agency, the department will grant 90 days for the custodial agency to assist in the collection of the overpayment directly from the foster care provider. After the 90 days, the child's custodial agency will be responsible to reimburse the overpayment to the department in efforts to satisfy the payment system and return necessary funding to the federal government.

Overpayments must be recouped as soon as they are identified. The CFS FCSA Eligibility Unit will provide written notification of the error to the foster care provider and the custodial agency. The notification will provide details of how the overpayment occurred and options and instructions for repayment (auto-recoupment or direct recoupment). The custodial agency is responsible to assist the CFS FCSA Eligibility Unit by ensuring the foster care provider understands how the overpayment occurred and that repayment is required.

The department's payment system can automatically recoup overpayments from foster care providers if they have a current reimbursable placement. A scheduled recoupment amount must be set up under the foster care provider's license. The scheduled reduction will automatically be reduced from the monthly standard maintenance payment or supplemental payment depending on the provider type, until the overpayment is satisfied. The payment system has restrictions regarding when an auto recoupment can occur specific to a provider type:

1. Family Foster Home (FA, AF)- Auto recoupment only allowed during the standard check write (end of the month).
2. Nexus PATH providers (PR) - Auto recoupment allowed during all check writes (weekly).
3. QRTP Facility - Auto recoupment allowed during all check writes (weekly).
4. SIL Agency - Auto recoupment allowed during all check writes (weekly).

Account receivables occur when a child is in receipt of unearned income such as:

1. Child Support,
2. Social Security benefits,
3. Insurance,
4. Trust disbursements,
5. Indian Monies,
6. Savings Accounts.

Receivables require the CFS FCSA Eligibility Unit to generate SFN 827 and create a "receivable" in the payment system prior to submission of any funds to HHS Fiscal Administration. The custodial case worker must provide details of the required receivable. Any money in excess of the costs for foster care must be maintained and managed by the custodial agency.

18+ Continued Care Payment Requirements

18+ Continued Care participants remain eligible for foster care maintenance payments. The process and items covered are consistent with policy for children under the age of 18. Foster care

maintenance payments are authorized to the foster care provider in efforts to meet the needs of the child, even if the 18+ child is going to college and living on campus.

An 18+ Continued Care child is eligible for foster care payments:

1. Upon signing an 18+ Continued Foster Care Agreement,
2. When the case has been determined eligible based on the AFDC eligibility criteria,
3. When the case maintains reimbursability (court order or graduates before age 19) ,
4. When the child is under the placement and care of a public agency and permanency findings are obtained in the court order timely, and
5. When placed with a licensed foster care provider

If the 18+ child requires minimal supervision or is not living in the home, the purpose of the maintenance payment is to support their monthly living and help provide supervision regarding budgeting and their transition to independence. The agency case worker in cooperation with the foster care provider must determine what portion of the maintenance payment the provider will distribute to the 18+ child to assist in meeting the child's needs. (Ex: If reimbursement is $1,100, determine how much of the funding is given to or set aside for the young person in a savings account.)

Interstate Compact Payment Requirements

Interstate compact on the placement for children (ICPC) approval is required for any child placed out of state. The eligibility worker must manually enter the standard maintenance payment into the payment system. Foster care funds cannot be used to reimburse an unlicensed provider or a placement that does not meet ICPC approval from Children and Family Services. When a child is placed in another state the child does not lose legal residence in North Dakota. If the child's parents move from North Dakota out of state, eligibility for foster care with respect to residence continues in North Dakota until case closure.

Provider payment requirements, when North Dakota is the:

1. Receiving state of ICPC and the child is placed with a licensed provider in North Dakota, the sending state must reimburse the provider at the North Dakota foster care daily rate.
2. Sending state placing a child in another state through Interstate Compact, North Dakota will reimburse the provider in the receiving state at the receiving state's daily rate, not the North Dakota rate.

Child Support and Parental Responsibility 615-1220

Implementation Date: July 1, 2026
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Child welfare agencies often seek child support from parents when a child is placed in foster care. North Dakota adjusted the criteria for parental responsibility in efforts to increase engagement with parents, reduce barriers to case movement and minimize financial impacts. NDCC 50-09-06.1 is child

support law and it applies to children in foster care. An application is deemed to create and affect an assignment of all rights to support, which a family member or child in foster care may have or come to have, to the state agency.

The parental responsibility assignment:

1. Is effective as to all current and accrued support obligation and periods of eligibility;
2. Is limited to the total cost of benefits provided to the family or child in foster care; and
3. Terminates when eligibility ceases, except with respect to any support obligation unpaid at that time.
4. Is not effective as to any child subject to a benefit cap imposed under section 50-09-29.

Federal law requires states take all necessary steps to enforce the assignment of support rights and, if necessary, establish support orders on behalf of children receiving foster care. NDCC 50-09-06.1 provides that all support obligations are automatically assigned to the state when it is determined that a child is eligible for foster care. The assignment is not conditioned upon the consent of the parents.

Child Support Referrals

Custodial case workers must enter relationship data into the Child Welfare Information System to trigger an automatic child support referral. There are three exceptions to making a child support referral. A referral will not be made against a parent when;

1. The foster care permanency goal is reunification with a parent, or
2. The child's placement was "short-term" defined as:
    a. The child exited the placement by the time the referral would be sent, and
    b. The child was in the placement for 60 days or less.
    c. Both criteria a and b must be met for the referral to be eliminated (i.e., not made). If the child is in placement at the time of referral, a referral is made regardless of the amount of time the child has been in placement if reunification is not the foster care permanency goal with the parent.
3. One or both parents receive a subsidized adoption payment on behalf of a child.

Special circumstances may also apply when submitting the referral; those include:

- DA = Donor Assisted Conception
- OT = Other special circumstances reason
- SP = Single parent adoption
- TR = Terminated Parental Rights

The Department of Health and Human Services (HHS) uses automated systems to transmit and receive referrals. Child support referrals must be completed and transmitted in the payment system. The referral information sent to HHS Child Support is used to establish paternity, locate the absent parent(s), and establish and enforce a support order. The referral may be transmitted to Child Support at any time following foster care placement but is required to be transmitted at the time of initial payment authorization.

Once a child support referral is in an open status, child support collected on behalf of the child will automatically be allocated via the system interface to the North Dakota Department of Health and Human Services to offset the amount expended for foster care while the child is in a paid placement. When a child's placement is closed/ended, the child support referral will revert to "close pending" and remain in a monitor status until the child's foster care program is closed or a new placement is entered.

Excess Child Support Payments
The custodial agency will be sent collected child support funds in excess of the foster care expenditures for any month in which the child was in a paid placement. In months in which a child transitions between paid and non-paid placements, the collected amount in excess of the foster care expenditures for that month will be sent to the custodial agency. The custodial agency must verify with the Child Support the reason for the direct payment to the agency, arrearages collected for the time a child was in a paid foster care or medical placement will impact how the money is allocated.

Notice to Child Support
Child Support is notified when a placement change is made in the Child Welfare Information System from a paid to unpaid placement. Child support referrals will be set to a close pending status until a new placement setting is entered or the foster care program is closed. Changes in placement require an SFN 45 Notice of Change. Upon receipt from the case worker, the CFS FCSA Eligibility Unit will submit a copy of the SFN 45, Notice of Change to Child Support.

The notice of a foster care program closing is transmitted through the automated system used by North Dakota Health and Human Services. Placement information must be entered timely into the Child Welfare Information System to ensure adverse action is not taken on a closed foster care case and any payments received by Child Support are disbursed to the appropriate payee.

Foster Care Match Symbols 615-1225

Implementation Date: July 1, 2026
Last Revision Date:

Foster care eligibility determines which funding source will pay for the child's care and how the foster care expenses are reimbursed. A match symbol is required in the payment system in order to authorize payment.

1. Federal Match Symbols
    a. FM: Title IV-E federal participation with 100% state sharing of non-federal funds
    b. NA: Tribal IV-E federal participation with 100% state sharing of non-federal funds
    c. EA: Emergency Assistance 75% federal and 25% state

2. State Match Symbols
    a. FN: Title IV-E non reimbursable 100% state funded
    b. NR: Regular Match (Tribal) 100% state general fund
    c. RM: Regular Match 100% state general fund

FM/FN Match Symbol

A Title IV-E eligible children under the custody of a Human Service Zone or the Division of Juvenile Services (DJS) are reimbursed using FM (Title IV-E reimbursable) or FN (Title IV-E non-reimbursable). These match symbols are not used for children under the custody of a Tribal Nation. The match symbol of "FM" (Title IV-E) must be used for payment authorization for a child determined IV-E eligible who meets the following criteria:

1. Is placed in a licensed primary placement, and
2. Is not in receipt of SSI, and
3. Is within the income and asset limitations, and
4. Meets the Title IV-E judicial determination requirements. Title IV-E cannot be claimed until the first of the month in which both judicial findings of contrary to the welfare and reasonable efforts have been obtained from court.

The match symbol of "FN" (state general funds) must be used for payment authorization for months in which:

1. SSI is received. Children Title IV-E eligible in receipt of SSI will remain Title IV-E eligible but are non-reimbursable with federal Title IV-E funds. Title IV-E and SSI are both federally funded programs and policy prohibits claiming reimbursement from two separate federally funded programs for the same expenditures. CFS will allow for 90 days of state general funds to be used until the custodial agency can make a decision on suspending or maintaining social security for a child in a paid foster care placement.
2. Title IV-E removal judicial determination requirements have not been met; Title IV-E cannot be claimed until the first of the month in which both judicial findings of contrary to the welfare and reasonable efforts have been obtained from court.
3. The foster care placement is secondary.

NA/NR Match Symbol

A Title IV-E eligible child under the custody of a Tribal Nation are reimbursed using NA (Tribal Title IV-E reimbursable) or NR (Tribal Title IV-E non-reimbursable). The match symbol of "NA" must be used for payment authorization for an eligible Title IV-E child that meets the following criteria:

1. Is placed in a licensed primary placement, and
2. Is not in receipt of SSI, and
3. Is within the income and asset limitations, and
4. Meets the Title IV-E judicial determination requirements. Title IV-E cannot be claimed until the first of the month in which both judicial findings of contrary to the welfare and reasonable efforts have been obtained from court.

The "NR" code is only used when:

1. A child has a secondary placement or
2. When the removal occurs in the month prior to the agency obtaining both the judicial determinations of contrary to the welfare and reasonable efforts.

A Title IV-E eligible child under Tribal Nation custody will lose reimbursement in any month the child is in receipt of Social Security Disability (SSI). A child that is no longer Title IV-E reimbursable will become the financial responsibility of the Tribal Nation. If at any point the child is no longer SSI eligible or the SSI payment is suspended, the placement will become reimbursable starting the first day of the following month.

Payment Rates 615-1230

Implementation Date: July 1, 2026
Last Revision Date:

Daily rates are paid to licensed providers based on the setting and level of service provided. Reimbursement is determined in accordance with applicable licensing requirements, program standards, and established payment guidelines to ensure consistency, accountability, and quality of care across all service settings. Payment Rates Include:

A. Family Foster Care
B. Treatment Foster Care
C. Qualified Residential Treatment Program
D. Supervised Independent Living

A. Family Foster Care – State and Tribal

Family foster care daily rates are reviewed and updated by the department as determined by legislative action. The standard family foster care maintenance rate includes the cost of (and the cost of providing) food, standard clothing items, shelter, daily supervision, school supplies, personal incidentals, and liability insurance with respect to a child being added to the home.

The child's foster care reimbursement is paid at a daily rate, specific to the actual number of days in the month in which the child was in placement. The family foster care maintenance rate includes ongoing clothing and incidentals. Additional irregular payments are allowable with pre-approval and subject to annual maximums. Provider reimbursement amounts for a licensed, certified, approved Tribal affidavit, or relative license are based on the same standards and policy.

Family Foster Care Rates – Effective July 1, 2026

1. Ages 0-4 = $30 per day ($60 embedded clothing and incidentals)
2. Ages 5-12 = $34 per day ($70 embedded clothing and incidentals)
3. Ages 13+ = $38 per day ($80 embedded clothing and incidentals)

B. Treatment Foster Care - Nexus PATH Family Healing

Nexus PATH Family Healing provides services and supports to children and families as a licensed child placing agency. Children eligible for reimbursement meet the terms of the agreement signed between the agency and North Dakota Health and Human Services (HHS).

Contact information includes:
Nexus PATH Family Healing
1202 28th St S
Fargo, ND 58103
701-280-9545
NPH-FCPayments@nexuspath.org

The child's foster care reimbursement is paid as a daily fee for service, specific to the actual number of days the child is in the Nexus PATH provider placement during the service month. The rate includes $70 embedded per month for ongoing clothing and incidentals. Foster care reimbursement is made to a licensed child placing agency (LCPA), the fee for service is inclusive of the administrative, training, case management and maintenance costs of care for the child. Foster care providers are reimbursed an established daily rate directly from the agency.

Nexus PATH Family Healing Rates – Effective July 1, 2026

1. Treatment Foster Care (TFC) or TFC Emergency placement = $319 per day
2. Base - Sibling, Permanency, 18+, TPA placement = $92 per day
3. Base - Non = $ ND daily rate based on age of the child

Nexus PATH Family Healing will reimburse the foster care provider. Reimbursement to Nexus PATH Family Healing will not be authorized by the CFS FCSA Eligibility Unit until a bill or invoice has been received for the service month. The amount billed is based on the approved Children's Treatment Service - Level of Care (CTS-LOC) and number of days in placement, not to exceed the number of days in the month. There are two categories of base rate:

1. Base-Sibling, Permanency, 18+, Transition Plan Agreements:
    a. Child placed into the foster care provider home with their sibling who has an approved CTS-LOC for TFC;
    b. Previous TFC eligible child who remains in their identified permanent home (adoption, guardianship, etc.);
    c. Child receiving treatment in a QRTP or PRTF with a Transition Plan Agreement to discharge to a Nexus PATH Family Healing TFC home; or
    d. Child who entered the 18+ Continued Care program and was approved by the Nexus PATH Executive Director to remain in the home. 18+ cases remain eligible at the base rate until the last day of the month in which the child graduates high school
2. Base-Non-Sibling: A child placed into the TFC foster care provider home without a connection to a sibling and who is not eligible for TFC through the CTS-LOC. These cases must be approved by the Nexus PATH Family Healing Executive Director to remain in placement. The provider is eligible for the age appropriate state daily rate with no

administrative overhead to Nexus PATH.

The Nexus PATH Family Healing billing office will send an individual child specific bill to the CFS FCSA Eligibility Unit monthly. Nexus PATH Family Healing payments are not automatically calculated by the payment system and require manual data entry by the assigned eligibility worker.
The bill must be kept in the foster care eligibility file. The itemized bill must specifically note:

1. Name of the Child - one bill per child
2. Name of the Provider - for bills containing multiple providers, each provider must have an approved placement in the Child Welfare Information System. Payment authorization will be made to the agency on behalf of each provider based on the billed dates and amount specific to that provider.
3. Placement dates - Reimbursement of overlapping days of placement from one Nexus PATH Family Healing provider to another is prohibited, with the exception of transition of a child from a TFC home to a Supervised Independent Living setting or eligible secondary placement in a treatment foster home.
4. Irregular payments pre-approved by the custodial agency worker.
5. Secondary placements when a child is visiting or transitioning to a treatment foster home from a non-Nexus PATH provider (State home, residential, etc.). These placement dates can be added to the bill if the child returns to their primary placement before a formal placement change occurs.

Nexus PATH Irregular Payments

Nexus PATH Family Healing treatment foster homes are eligible to receive select irregular payment reimbursements. Guidelines for irregular payments in a TFC home include:

1. All irregular payments must be eligible and approved as set forth in policy. The custodial agency worker is responsible to monitor the child's irregular payment annual maximums allowed per category to ensure adequate funds are available prior to approval. Review of eligible expenditures can occur at any time by asking the assigned eligibility worker.

2. Receipts must be sent to the Nexus PATH Family Healing case worker for submission to the Nexus PATH billing office. All irregular payments require a receipt and a SFN 903 Foster Care Provider Reimbursement Request for reimbursement .

3. Nexus PATH Family Healing will add any irregular payments eligible for reimbursement to the itemized bill submitted monthly.

Nexus PATH Overpayments

If there is an overpayment made to a Nexus PATH Family Healing provider, the CFS FCSA Eligibility Unit can auto-recoup the overpayment during either the supplemental or standard check write so long as the provider has a current placement. An SFN 839 Foster Care Overpayment Notification will be sent to the Nexus PATH Family Healing billing office to notify of the overpayment and provide instructions for repayment.

C. Residential Facility Rates

A qualified residential treatment program (QRTP) is an approved foster care facility setting specified in Family First Prevention Services Act (PL 115-123) federal legislation, NDCC 50-11 and NDAC 75-03-40. The department establishes a daily rate "fee for service" per NDAC 75-03-15, for all licensed/approved North Dakota QRTP's.

Licensed North Dakota QRTP's

1. Dakota Boys and Girls Ranch – Minot
   Provider # 7357
   Box 5007
   6301 19th Ave NW
   Minot, ND 58702-5007

2. Home on the Range
   Provider # 7359
   16351 I-94
   Sentinel Butte, ND 58654-9500

QRTP fee for service rates are determined by the department and authorized by the CFS FCSA Eligibility Unit in the ND payment system. The child's foster care reimbursement is paid as a daily fee for service, specific to the actual number of days the child is in the facility placement during the service month. The daily fee for service include resident room and board, food, care, standard clothing, personal supplies, education, recreation, child service-related transportation, difficulty of care costs, liability insurance coverage, utilities, etc. The child's difficulty of care (DOC) rate is determined by the third-party assessment and is billed as an addition to the base rate through irregular payment, code 64. Select irregular payments are allowable and require an invoice and receipt(s) for reimbursement.

If a child is placed as a QRTP emergency placement, the child must have the required Children's Treatment Service - Level of Care (CTS-LOC) assessment completed. If the CTS-LOC denies QRTP, the emergency rate below will apply. If the child does not receive a completed CTS-LOC assessment within 30 days of placement, the entire QRTP stay is non-reimbursable.

QRTP Payment Rates – Effective July 1, 2026

1. Base Level = $366 per day
2. Level 2 with code 64 adding $185/day = $551 per day
3. Level 3 with code 64 adding $405/day = $771 per day
4. Emergency with code 64 adding $75/day = $441 per day

The department will facilitate reimbursement to the facility based on data entry in the Child Welfare Information System and review of the Children's Treatment Service Level of Care data report.

D. Supervised Independent Living Rate

A supervised independent living (SIL) setting is an approved foster care setting detailed in Family First Prevention Services Act (PL 115-123) federal legislation, NDCC 50- 11 and NDAC 75-03-41. The department establishes a daily rate or fee for service for each North Dakota SIL. The fee for service rates include resident room and board, food, care, standard clothing, personal supplies, education, recreation, child service-related transportation, liability insurance coverage, utilities, etc. Irregular payments are available for a child in foster care living in a supervised independent living setting. The SIL will send an invoice with monthly expenditures to the CFS FCSA Eligibility Unit. The custodial case worker will be contacted if there are any questions or inconsistencies on the invoice prior to payment by the CFS FCSA Eligibility Unit.

The child's foster care reimbursement is paid as a daily fee for service, specific to the actual number of days the child is in the SIL placement during the service month.

Licensed North Dakota Supervised Independent Living Agencies

1. Nexus PATH Family Healing
   Accommodated = Provider # 7384
   1202 28th St S
   Fargo, ND 58103

2. Nexus PATH Family Healing
   Supported = Provider # 7385
   1202 28th St S
   Fargo, ND 58103

SIL Payment Rates – Effective July 1, 2026

1. Nexus PATH Accommodated = $141 per day
2. Nexus PATH Supported = $72 per day

Irregular Payments 615-1235

Implementation Date: July 1, 2026
Last Revision Date:

Irregular payments are available for a child in foster care when expenditures incurred during the dates the child is placed with the licensed provider. The CFS FCSA Eligibility Unit will reimburse eligible irregular payments, subject to category maximums. Receipts for foster care expenditures that are not subject to special instructions or limitations identified on a SFN 1042, Irregular Foster Care Payments form, will be authorized without prior approval.

Irregular payments are separated into categories and assigned various codes to ensure proper authorization of payment and expenditure limits may vary by category.

Each child's expenditure limits will reset:

1. Every twelve months from the initial date of foster care entry or
2. When a child has been discharged from foster care for more than 12 months.

The foster care provider must complete an SFN 903, Foster Care Provider Reimbursement Request. The form is required to be submitted with receipts and invoices. Each form must be child specific and only include one month of expenditures. Each receipt must be listed, the payment type identified and the description of the item must include the amount per item. Receipts and invoices must be attached to the SFN 903 and submitted to the case worker for review and approval before submitting to the CFS FCSA Eligibility Unit for payment authorization.

It is the responsibility of the custodial case worker to:

1. Determine which irregular payment expenditures are necessary and appropriate,
2. Budget the age-appropriate expenditure limit to ensure irregular payments are available throughout the year to meet the child's needs.
3. Track irregular payment totals to ensure limits are not exceeded. The custodial agency will be responsible for any reimbursement exceeding the child's annual maximums allowed per policy.
4. Submit receipts or required documentation for all irregular payments to cfsfcsaunit@nd.gov.
5. Submit the SFN 1042, Irregular Foster Care Payments, only when the irregular payment requires special instructions, payment limitations or the irregular payment category does not require a receipt.

It is the responsibility of the CFS FCSA Eligibility Unit eligibility worker to:

1. Review received documentation and authorize eligible payments,
2. Track irregular payment totals,
3. Maintain receipts and documentation in the child's eligibility file, and
4. Notify the foster care case worker if there are any reimbursements submitted to the unit which cannot be authorized due to category limits, etc.

Irregular Payment Categories

1. Category 10 Clothing, Activities and Incidentals
    a. Documentation needed for payment authorization includes receipts and SFN 903.
    b. Submit the SFN 1042 only if there are special instructions or payment limits.
2. Category 40 Child Care
    a. Documentation needed for payment authorization include the SFN 920.
3. Category 50 Transportation
    a. Documentation needed for payment authorization include receipts and mileage calculation details.
    b. Submit the SFN 1042 to provide clarification or if there are special instructions or payment limits.

4. Category 60 Excess Maintenance Payment
    a. Documentation needed for payment authorization include a SFN 1865.
5. Category 70 Parent Infant Payment
    a. Documentation needed for payment authorization is notification on the SFN 1042.
6. Category 80 Extra QRTP Supervision
    a. Documentation needed for payment authorization is notification on the SFN 1042 and the email approval from CFS leadership indicating the funding limits.

Irregular Payments for a Non-Foster Care Placement
Children in public custody placed in a non-foster care setting with an unlicensed caregiver, in DD group home, hospital, certified shelter or detention do not qualify for foster care irregular payments. The child must be in a paid foster care placement to receive irregular payments.

Irregular Payments for Family Foster Care
Children in foster care placed in a licensed family foster home, including children in the 18+ Continued Care program, are eligible for irregular maintenance payments.

1. Category 10 Clothing, Activities and Incidentals
2. Category 40 Childcare
3. Category 50 Transportation
4. Category 60 Excess Maintenance
5. Category 70 Minor Parent/Infant Care

Irregular Payments for Nexus PATH Treatment Foster Care
Children placed in a TFC foster home are eligible for:

1. Category 10 Clothing, Activities and Incidentals
2. Category 40 Childcare
3. Category 70 Minor Parent/Infant Care

Transportation costs when a child is placed in a Nexus PATH treatment foster care home are covered by Nexus PATH Family Healing only when the provider or agency is completing the transportation for the child. Transportation costs associated with reunification or visitation with the child's family must be managed by the custodial agency.

Irregular Payments for Supervised Independent Living (SIL)
18+ youth placed in a supervised independent living placement are eligible for irregular payments:

1. Category 10 Clothing, Activities and Incidentals
2. Category 60 Excess Maintenance limited to special circumstance only when the cost of caring for the child exceeds the standard maintenance rate and requires prior approval by CFS Field Service Specialist. Code 64 is allowable on rare occasion.
3. Category 70 Minor Parent/Infant Care

Irregular Payments for Qualified Residential Treatment Program (QRTP)
ND QRTP's have an established fee for service defined in N.D.A.C. 75-03-15. Children placed in residential treatment have limited irregular payment options:

1. Category 10 Clothing, Activities and Incidentals
2. Category 50 Transportation
3. Category 80 Extra Supervision

Irregular Payments for Psychiatric Residential Treatment Facility (PRTF's)
Children placed in a PRTF are not eligible for foster care irregular payments as the placement is a medical placement. Foster care funds cannot be used to reimburse any portion of a child's cost of care in a PRTF. PRTF's are licensed by Behavioral Health under NDAC 75-03-17 and are reimbursed by ND Medical Services under NDAC 75-02-09-06.

Irregular Payments for Out of State Providers
Irregular payments for children placed out-of-state will be determined based on the rate of the receiving state. The rates are set by the receiving state and irregular payments may or may not be included in the out of state rate. If an irregular payment is not included in the out of state rate, the ND irregular payment may be utilized.

Category 10 – Clothing, Activities & Incidentals 615-1236

Implementation Date: July 1, 2026
Last Revision Date:

Children in foster care placed with a licensed foster care provider are eligible for irregular payments to support the cost of initial and ongoing clothing, limited school supplies, extra-curricular activities and personal incidentals. The case worker is responsible to identify the needs of the child and discuss appropriate expenditure limits with the foster care provider.

The standard maintenance payment provided to foster care providers includes general household items such as beds, bedding, towels, toiletries, dishes, sippy cups, water bottles, toys, books, laundry supplies, etc. These items are expected to be furnished by the foster care provider without the need for additional reimbursement. In addition, general school supplies (paper notebooks, folders, binders, markers, crayons, pens, pencils, etc.) are included in the standard maintenance payment offered monthly to the provider. At times there are school fees above and beyond the routine school supply requirement.

Category 10 expenditures require receipts and are subject to an annual maximum of $1200 per child per year. The annual maximum is computed from the first date of entry into a paid foster care setting. If a child enters foster care, is discharged and later re-enters within 12 months, the child's annual limit does not start over. The maximum amount per child applies to the full calendar year, regardless of multiple entries to foster care a child has during that twelve month period of time. There are no exceptions to the maximum limit.

Code 16 clothing, activities and incidentals include, but are not limited to:

Clothing – In addition to the ongoing clothing and incidentals built into the daily rate.

- Necessary and properly fitting clothing,
- Seasonally appropriate clothing and outerwear,
- Replacement clothing due to growth, wear, or damage,
- Children placed in a North Dakota QRTP facility have some clothing costs built into the QRTP fee for service/daily rate. Before approving clothing purchases, the case workers must verify if the facility daily rate includes any clothing allowance for the resident.
- Clothing purchased for the child becomes the property of the child and must accompany the child upon leaving the placement. An inventory must be conducted of a child's clothing and belongings prior to any placement or change in foster care placement.

Activities

- Camp registration and fees
- Extra-curricular activity Fees (school activity pass, swimming lessons, karate, bowling club, gymnastics, dance, girl scouts, boy scouts, 4H, etc.)
- Field trips,
- Athletic equipment including sport shoes
- Gym class required attire (shirt and shorts)
- Sports related personal incidentals
- Specialized school supplies; shop/art/lab fees, scientific calculator,
- School pictures, yearbook
- Senior pictures, announcements, cap/gown
- Prom dress, Tux rental
- After school programming provided by the school district; when the program is not licensed by HHS Early Childcare Licensing.
- Driver's education considered a non-school curriculum expenditure.
- Music lessons
- Instrument lease, rental, or purchase

Personal Incidentals

- School backpack,
- Specialized hygiene items,
- Cosmetics,
- Over the counter medications,
- Special dietary foods (limited due to medical necessity, requires medical documentation),
- Limited infant and toddler supplies, or
- Other reasonable personal care or incidental items that support the child's well-being.

Category 40 - Child Care for Foster Children 615-1237

Implementation Date: July 1, 2026
Last Revision Date:

Children in foster care placed with a licensed foster care provider are eligible for child care reimbursement if there is a need. Informal, episodic child care (an evening out, volunteering, babysitting, etc.) is not reimbursable as these costs are included in the foster care standard maintenance rate.

The case worker is responsible to identify the child care needs and assist the foster care provider in securing reimbursable child care when a child in foster care has a change in:

1. Placement to a new licensed foster home or
2. Child care provider.

Eligible Child Care Providers

Children in a paid foster care placement are eligible for child care reimbursement if the provider of the child care service is:

1. Licensed per ND Early Child Care regulations as a center, group, family, or is self-declared, certified, or holds some other formal status approved by the state.
2. Licensed per CFS Licensing Unit regulations as a family foster care provider. A foster care provider may provide child care if they are meeting a community need (older children in need of supervision, rural communities with less child care options). Foster care providers cannot provide child care to more than two children in foster care, unless otherwise approved by the department.

Before approving a child care location, the case workers must verify if the provider is in good standing and meets the:

1. State Early Child Care licensing regulations by visiting http://www.nd.gov/dhs/services/childcare/info or
2. Foster care provider licensing regulations set forth by the CFS Licensing Unit. This can be verified by looking at the ND Provider List for state homes or contacting cfslicensing@nd.gov.

Code 41 includes reimbursement when a foster care provider is:

1. Employed and child care is required during their working hours when a child in foster care is not in school,
2. Enrolled in and attending post-secondary education to obtain a degree or meet educational requirements for their current employment, or
3. Actively seeking employment. Reimbursement for child care can be approved for a reasonable amount of time (Ex: Up to eight weeks) to allow for employment search.
4. Required to attend activities which are beyond the scope of “ordinary parental duties” that may include the following:

   a. Child & Family Team meetings without the child
   b. Court hearings without the child
   c. Training required by the licensing or custodial agency
5. Medically Fragile (Illness): Child care for provider illness is not allowed under federal Title IV-E. However, in pre-approved circumstances, state general funds may be used to accommodate child care costs for time-limited duration if approved by the department.

Reimbursement Rates

Child care costs are reimbursable, meaning the service has to have been provided (completed). Foster care cannot:

1. Pre-pay or payment to hold a placement for child care service; and
2. Pay for charges incurred outside of the licensed foster care placement dates. Child care dates must match dates the child was placed in a licensed foster home.

Licensed child care providers set their community rate. The foster care provider will be reimbursed by the Department at 100% of the allowable costs. If available, case workers and/or foster care providers should request a copy of the child care provider's policy and payment agreement. If an agreement is not available, the case worker and/or the foster care provider should discuss the expectations of reimbursement with the child care provider and document the conversation. ND child welfare will not reimburse if the child care enhances the rate for a child in foster care. It is prohibited to charge a higher rate for a child in foster care compared to the charge/cost of any other child enrolled in the child care setting. (Ex: Every fulltime 4 year old is charged the same rate, regardless of if they are in foster care). A bill for a child in foster care cannot exceed the standard community rate identified in the child care agreement or annual child care contract. If the CFS FCSA Eligibility Unit eligibility worker identifies discrepancy of any kind, the custodial case worker is responsible to remedy the concern.

A licensed foster care provider providing child care (no overnights) to assist another foster care provider during working hours will be reimbursed at the rate determined by the Department. August 1, 2022, the rate is $5/hour.

Fees (Deposits, Transportation, etc.)

Child care fees such as a deposit, supplies, transportation to/from school, as well as the standard daily, weekly, or monthly rates are allowed to be itemized for foster care reimbursement.

Claiming Child Care Expenses

The SFN 920 Foster Care - Child Care Invoice, is required to claim reimbursement for child care. The form must be signed by both the foster care provider and child care provider and submitted to the case worker for review. The case worker must approve and submit the invoice to the CFS FCSA Eligibility Unit at cfsfcsaunit@nd.gov.

The Economic Assistance Child Care Assistance Program percentage reductions do not apply to children in a paid foster care placement. The SFN 616 Child Care Request For Payment billing form is

specific to the Child Care Assistance Program (CCAP) and is not acceptable for foster care reimbursement; the CCAP form will not be processed by the CFS FCSA Eligibility Unit.

Child Care Billing Criteria to consider:

1. When a child transitions from one foster care placement to another, but remains with the same child care provider, an invoice must be completed for each foster care provider for the specific timeframe the child was in care.
2. Child care billed at a monthly or weekly rate must be prorated for each foster care provider, not to exceed the child care provider's total monthly or weekly rate.
3. Child care providers that bill a weekly rate, can only bill for one week of child care that spans from the last week of one month into the first week of another month.
4. When a child is no longer in need of child care or is moved to a different child care provider reimbursement must be made based on the child care provider's discharge policy.

Child Care Expenses Not Allowed

1. Professional Salary: The federal regulations (P.L. 96-272) state reimbursement for the costs of providing child care to children in foster care are not intended to include reimbursement in the nature of a salary. Accordingly, child care provided to a child by a foster care provider that is within the realm of "ordinary parental duties" are not reimbursable.

2. Required Training: The cost of child care for the foster care provider's attendance at mandatory foster care provider training is an allowable expenditure, but is not an irregular payment option. The CFS FCSA Eligibility Unit is not responsible for the reimbursement to providers during foster care provider required training. Children and Family Services Training Center (CFSTC) at the University of North Dakota facilitates child care reimbursement for approved foster care provider training. Reimbursement is capped by CFSTC at an hourly rate per child/ per day.

Dual Licensure Foster Care and Child Care

Licensed foster care providers who are dually licensed and also hold a child care provider license are not eligible to receive both a foster care maintenance payment and child care irregular payment on behalf of the same child for the same time. The only exception is when a foster care provider owns or is employed at a child care facility outside of their home and the foster care provider is not the caregiver at the childcare facility (Ex: Own the facility and do not provide care and supervision to any children in the facility, this is acceptable and can be billed.)

Dependent Child

A minor parent in foster care with a dependent child who is not in public custody but living with the minor parent in the foster home, must apply for child care assistance to determine eligibility to cover the costs for the dependent child. If the minor parent does not work, attend school, has not yet applied, or does not qualify for child care assistance, code 41 could be applied for the dependent child's cost of child care.

Category 50 - Transportation Costs 615-1238

Implementation Date: July 1, 2026
Last Revision Date:

Transportation for a child in foster care is necessary to maintain family connections and assist with reunification efforts. The custodial case worker is responsible to identify transportation needs that support the case plan. Transportation reimbursement cannot be authorized to accommodate day-to-day transportation needs of the foster care provider. The foster care maintenance daily rate includes the costs of transporting to and from sporting events, extra-curricular activities, school functions, etc. In addition, arranging for and paying costs of transportation when a child is placed into or transitioned out of a placement is the responsibility of the custodial agency.

Code 51 - Travel for Child in Foster Care

1. The child in foster care travels to a home visit,
2. The child in foster care travels to another location to visit their parents, siblings, relatives, or other caretakers for reasons of reunification or maintaining family connections. CFS will pay for the cost of the child in foster care, not the parent, siblings or relative those costs are required of the custodial agency to support reunification and family connections.
3. A licensed foster care provider may be reimbursed for transportation costs when a child placed in their home requires transportation to a school of origin that is located outside of their home's established school boundaries. This could include mileage reimbursement to the provider or other arranged transportation offered by a neighbor, friend, taxi or bus service.

Code 52- Travel for Parent/Guardian to a QRTP only

Parents, if able, have a responsibility to be involved in their child's case plan and pay their own travel expenses related to visitation of their child placed in Qualified Residential Treatment Program (QRTP). The case workers must work with the parent(s) to review the need for financial assistance.

The parent/guardian/other designee may be eligible for financial assistance for transportation costs to visit a child in foster care placed in a Qualified Residential Treatment Program (QRTP) or approved out of state foster care facility. Visits should be planned and approved by the case worker with agreement by the facility to reimburse the party at the time of the visit for the approved reimbursement amount. The facility must bill the travel expenses on their monthly invoice for reimbursement. The costs for additional family members to participate in the onsite facility visit with the child in foster care is not reimbursable.

Category 50 Documentation

Transportation costs must be evaluated based on need. When transportation is approved; the custodial case workers must:

1. Calculate and determine transportation costs for the child with help from the foster care provider or parent (if attending visits at a QRTP).
2. Submit receipts (tickets and lodging) and other documentation (mileage calculations, travel

log, and per diem) must be provided to the CFS FCSA Eligibility Unit for payment authorization.
3. Follow meal and mileage reimbursement set forth by North Dakota guidelines and costs cannot exceed the established in-state per diem rates, even if the travel is to another state.
4. Seek the lowest possible rate when public or commercial transportation (flight, bus, etc.).

The SFN 1042, Irregular Foster Care Payment form, can be used to highlight any reimbursement limitations determined by the worker such as maximum number of miles or maximum number of times per week transportation can be claimed, etc. The SFN 1042 may also be requested from the CFS FCSA Unit Eligibility Worker to assist with describing complex travel expenses.

Medical Travel for Child in Foster Care
Transportation costs for medical services and appointments are not allowable expenditures with foster care funds. Medical travel may be covered by ND Medical Services if the foster care provider or other individual identified (neighbor, friend, relative) is enrolled as a Non-Emergent Medical Transportation (NEMT) provider. Medical Services information and applications for enrollment can be obtained by:

1. Overview = Non-emergency Medical Transportation Manual
2. Application Requirements
3. Medical Services form = SFN 620
4. Help Center/Customer Support Line = 866-614-6005
5. Email = dhsmed@nd.gov

Category 60 - Excess Maintenance Payments (EMP) 615-1239

Implementation Date: April 1, 2026
Last Revision Date: July 1, 2026

A licensed family foster care provider may be approved for an Excess Maintenance Payment (EMP) which is additional funding allocated for the 24-hour care and supervision of a child in foster care who presents with special medical, behavioral or emotional issues, requiring above and beyond care, skills, time and resources to meet the child's needs. The time and resources are greater than what is expected in fostering a child of the same chronological and development stage. An EMP can be re-evaluated at any time throughout the life of the case and cannot be applied to Nexus Family Healing treatment foster care providers.

A case worker must work with the Children and Family Services Field Service Specialist to determine if the child qualifies for the EMP. A SFN 1865, Child Needs Assessment must be completed and the level of need is rated to determine the payment amount. An EMP cannot supplement or replace a foster care provider's employment income in the event a provider chooses to stay home to care for the child.

Excess Maintenance Payment Highlights:

1. When a level IV EMP is provided, the case worker must ensure the needs of the child are met and remain above and beyond that of a typical placement, the worker must also provide additional support to the foster care provider to ensure placement stability of the child.
2. If a child is approved for TFC level of care, and a TFC provider is not identified, a state home may be reimbursed at the TFC rate with an EMP Level IV B approval. The case worker may submit the TFC Level of Care approval (LOC) with only the first page of the SFN 1865 completed. The LOC assessment and approval will justify the needs of the child without completing the full SFN 1865. The EMP Level IV B approval is only good for a period of six (6) months. After six (6) months the EMP should be completed to its entirety to determine the needs of the child. A new LOC assessment should not be resubmitted when there are no intentions to move the child.
3. Responsibilities when a Level IV B EMP is approved require the case worker to engage in:
    a. Ongoing phone calls with the foster care provider at a minimum weekly.
    b. Two face-to-face visits with the child and provider each month. One of these visits must be in the provider home.
    c. Monthly meetings with the CM FSS, foster care provider, family and custodian to ensure needs of the child are being met.
    d. In the event the agency of case worker does not comply with the above requirements the Level IV B EMP may be discontinued.

The SFN 1865 Foster Care Child Needs Assessment and Agreement must be:

1. Signed by the case worker and the Children and Family Services Field Service Specialist.
2. Specific to a six month maximum timeframe;
3. Effective within the placement dates of the foster care provider, not to exceed the last day of the placement. An agreement automatically ends with a change in placement. A new agreement is required for the new provider if applicable.

Excess Maintenance Payment Level's

- Level I = Code 61 at $3.33/day
- Level II = Code 62 at $5.00/day
- Level III = Code 63 at $6.66/day
- Level IV = Code 64 at manually entered rate

The foster care provider is eligible to receive reimbursement for each full day within the approved duration of time for which they provide care. The payment system automatically calculates the payment based on the EMP daily rate for levels I, II, III. Level IV rates must be manually entered in the payment system. A level IV EMP placement that is only for a partial month must be prorated. . For Qualified Residential Treatment Program's (QRTP) the Department has a contract with a third-party vendor who determines the approvals and difficulty of care levels for children placed in a QRTP. The difficulty of care level is entered as the level IV EMP.

Out of State Providers
Case workers seeking out of state placement must complete the ICPC process. Out-of-state placements are reimbursed at the rate of the receiving state. The receiving state may have a rating scale to determine if an excess maintenance payment is needed to accommodate the child in placement, if not the case worker can use the SFN 1865 to determine need.

When seeking residential or treatment foster care, the case worker must receive approval from the ND Children's Treatment Service Level of Care determination assessment before placement into a licensed Qualified Residential Treatment Program (QRTP) or treatment foster care setting. North Dakota will not reimburse f residential facility placements unless the facility is licensed as a QRTP.

Category 70 - Minor Parent/Infant 615-1240

Implementation Date: July 1, 2026
Last Revision Date:

Category 70 irregular payments are specific to and may only be applied when a child in foster care is placed in a family foster home with their dependent child. The minor parent has a dependent child who has not been adjudicated deprived and remains living with the minor parent in his/her placement. The intent of the irregular payment is to provide financial reimbursement to the minor parent in foster care and/or the foster care provider in an effort to support the costs of caring for the dependent child. The foster care case worker must submit SFN 1042 to the CFS FCSA Eligibility Unit.

Code 71 Includes:
1. Maintenance costs for the dependent child, living with the minor parent in foster care, at the age specific ND standard maintenance rate.
2. If the minor parent and their dependent child are later separated, category 70 irregular payments must discontinue.

Economic Assistance Supports
1. TANF: If the minor parent is in a unlicensed caregiver home or no longer in foster care, the minor parent can apply for TANF. However, the state is prohibited from including the dependent child of a minor parent in a TANF assistance unit, if the minor parent in foster care is receiving maintenance payments under category 70.
2. Medical Assistance: The minor parent in foster care must apply for Medical Assistance for their dependent child.
3. Child Care Assistance: A minor parent in foster care may be eligible for Child Care Assistance for their dependent child. If not eligible for child care assistance, foster care irregular payment may be utilized if appropriate.

Category 80 - Extra QRTP Supervision 615-1241

Implementation Date: July 1, 2026
Last Revision Date:

A Category 80, Code 80 may be considered if a child requires extra one-on-one supervision in a Qualified Residential Treatment Program (QRTP) for a set number of hours per day at a specified rate for a limited period of time.

Category 80 irregular payment requires pre-approval from the department. The case worker must submit the email approval from CFS detailing the facility costs to the CFS FCSA Eligibility Unit for payment authorization.

Secondary Placements and Bed Holds 615-1245

Implementation Date: July 1, 2026
Last Revision Date:

When a child is temporarily absent from their primary foster care placement and the plan is for the child to return to the same placement, the custodial agency case worker may approve a temporary bed hold for a specified period of time. A bed hold indicates the primary placement provider remains responsible for maintaining the placement and is available to accept the child's return. Secondary placements document the child's temporary location while the primary placement remains approved to receive payment.

For purposes of the Child Welfare Information System data entry needs, the case worker is responsible for ensuring the bed hold is documented as a secondary placement when a child is temporarily residing outside the primary placement. Data entry highlights:

1. The first day of a bed hold begins on the day the child leaves the primary provider setting (home or facility), regardless of the time of day the absence occurs.
2. Placement ends on the date it is determined the child will not or is unable to return to the primary provider.
3. Foster care payments cannot be made to the primary provider for any days exceeding the bed hold maximum timeframes.
4. An absence that extends past the allowable bed hold timeframe requires a Child Welfare Information System data change to the primary placement. For example, a child has a primary placement in a foster home and they become hospitalized. The case worker must enter a secondary placement of hospitalization into the system. On the 15th day the "Non-foster care" hospitalization will become the primary placement.

Allowable Timeframes:

1. Hospitalization = 14 calendar days,
2. Runaway = 14 calendar days,

3. Extended home visit = 14 calendar days,
4. Detention = 4 calendar days,
5. Certified shelter care = 4 calendar days,
6. Overnight visitation (provider to provider)= 4 calendar days, or
7. Transition plan agreement as approved by the Department.

Match Symbol for Secondary Placements

- Title IV-E eligible "FM" case placed into a secondary placement must be coded "FN".
- Title IV-E eligible "NA" case placed into a secondary placement must be "NR".

Secondary placements are prohibited and do not apply to

1. Respite or emergency shelter care placements,
2. 18+ Continued Care, with the exception of a hospitalization bed hold. If an 18+ Continued Care youth requires a bed hold due to hospitalization and the primary foster care provider agrees to remain engaged to offer support during that time, the primary foster care provider may receive reimbursement for up to 14 days. The Child Welfare Information System does not allow for a secondary placement to be entered; the case must be staffed with Children and Family Services for further instruction and approval.

Education Costs 615-1250

Implementation Date: July 1, 2026
Last Revision Date:

Foster care funds are not used for educational cost to attend school or services, including correspondence courses. The education needs of the child either in North Dakota or out-of-state are the responsibility of the local school district and/or the Department of Public Instruction (DPI). Education placements (aka: boarding care) are the total responsibility of the local school district and/or DPI. Case workers must discuss funding for any educational needs with the local school district.

Funds for children who require room and board to attend special education programming may be available through the local school district in cooperation with the Department of Public Instruction. This service is considered boarding care and is not foster care. Foster care payments are not available to children who need boarding care to meet their educational needs and who otherwise would be living at home. Questions regarding boarding care should be referred to the local special education director at the school.

School Lunch Program

The School Lunch Program is administered by the ND Department of Public Instruction and supervised by the local school administrator. The Healthy Hunger-Free Kids Act of 2010 provides categorical eligibility for free meals to children in foster care. The school must be notified that the

child is in foster care through the school notification process. Once notified, the school must serve meals to the eligible children free of charge. Proof that the child is in foster care may be requested.

Guardianship Assistance Program 615-1400

Implementation Date: April 1, 2026
Last Revision Date:

The North Dakota Department of Human Services, Children and Family Services Division is committed to permanency for all children. Guardianship is a permanency option for children for whom the child and family team has made the determination that guardianship is the most appropriate permanent placement option.

North Dakota has two guardianship assistance programs: State Funded Guardianship Assistance Program and the Federal IV-E Guardianship Assistance Program. There are different eligibility requirements for each program that are detailed throughout this policy section.

Eligibility Requirements for Children 615-1410

Implementation Date: April 1, 2026
Last Revision Date:

Children and Family Services monitors statewide guardianship permanency goals in efforts to make available a select number of subsidies to those in need. The case worker is responsible to justify why Guardianship is in the best interest of the child in the PCPA and updating the Child Welfare Information System.

State Funded GAP
The State Funded GAP may be available to children who meet the following criteria. The child shall:

1. Have been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child
2. Be under the custody of a North Dakota Human Service Zone, North Dakota Tribe or North Dakota Division of Juvenile Services with an open foster care program
3. The Team has determined that guardianship is in the best interest of the child
4. Be 12 years of age and older. Children under the age of 12 will be considered if a sibling in the sibling group is age 12 or older

Federal IV-E GAP
The federally funded GAP may be available to children who meet the following criteria. The child shall:

1. Have been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child

2. Be currently in the custody of a North Dakota Human Service Zone, North Dakota Tribe or North Dakota Division of Juvenile Services immediately prior to the guardianship being finalized unless the child is a sibling of an eligible child who is already placed in Federal IV-E Guardianship with the same relative guardian
3. Must be consulted regarding the guardianship, if the child is 14 years and older
4. Must be under 18 years of age
5. Have resided with the licensed relative foster care provider for a minimum of six consecutive months and the prospective guardian(s) must meet the definition of an identified relative as defined in the NDCC 50-11;
6. Be eligible to receive IV-E foster care maintenance payments
7. Demonstrate a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child
8. The Child and Family Team determined the guardianship was in the best interest of the child. The prospective guardians verify that the guardianship cannot occur without a Guardianship Assistance Agreement because the child's present and anticipated future needs have been determined to exceed the family's ability to meet those needs without assistance.

Sibling Eligibility

Placement of siblings together is required unless there are documented reasons in the CFTM notes or PCPA why placement together would be contrary to the safety or wellbeing of any of the siblings. Federal IV-E GAP allows non-IV-E eligible siblings of a Title IV-E eligible child, who are placed in the same prospective guardian's home, to receive Federal IV-E Guardianship subsidy based on the "primary" child's eligibility. If the CFS Guardianship Administrator and relative agree on the appropriateness of the arrangement for the siblings, Federal IV-E GAP payments may be paid on behalf of each sibling placed in the relative home. This is allowed based on the primary child, eligible for Federal IV-E GAP, eligibility status.

Children under Tribal Custody

North Dakota Department of Human Services has a Title IV-E Intergovernmental Agreement with four ND federally recognized tribes. Children under the custody of Spirit Lake Nation, Standing Rock Sioux Tribe, Turtle Mountain Band of Chippewa and MHA Nation are eligible to apply for both Federal IV-E GAP and State Funded GAP programs, regardless of the child's eligibility determination. In order to be awarded guardianship subsidy the child and guardian must meet the standards set forth in this policy.

Child's Financial Assistance and Needs

North Dakota Guardianship Assistance Programs (GAP) does not have a means test for the guardian. The guardianship assistance payment is specific to the child's income and maintenance needs.

Child's Income

Any resources available to the child, such as SSI, SSDI, SSA, adoption subsidy or other resources, must be used first. The child's income from various sources will be used to compute whether a subsidy is available to that child, and at what level.

Child's Assets
The Foster Care Independence Act of 1999 amended Section 472(a) of the Social Security Act (42 USC 672(a) related to the foster child's assets, raising that level to $10,000. Guardianship Assistance Program payments received to support the child and placed into a savings account for the child are not considered income or assets.

Excluded from Consideration of Subsidized Guardianship
After reviewing income and assets of a child, Children and Family Services has the authority to discontinue or deny GAP subsidy payments if the reimbursement to the guardian would be less than $3.00 per day.

Medical Eligibility Determination
Medical assistance eligibility for a child in a guardianship is determined by Human Service Zone eligibility staff. These children will likely be poverty level eligible for Medicaid. The child is set up in their own case, and Medicaid will not look at parental income and assets unless the guardianship court order specifies that the parents are responsible for the child's needs. The guardian's income and assets are also not considered in determining the child's Medicaid eligibility. The guardian must be shown as an ineligible caretaker (custodian) for notice and child support purposes.
An exception is in cases in which the guardian is a relative and the relative becomes eligible for Medicaid because of the child. In such cases the relative chooses to be an eligible caretaker.

Children who receive Title IV-E guardianship assistance payments are categorically eligible for Social Security Act §473(b)(3)(C) in the State in where such child resides.

Eligibility Requirements for Guardians 615-1430

Implementation Date: April 1, 2026
Last Revision Date:

The requirements for guardianship assistance subsidy vary depending on the program the child is eligible to receive subsidy from. The state of North Dakota utilizes state general funds for a limited number of subsidies, while Children and Family Services, on behalf of the department, accesses federal funding for children who qualify under the Title IV-E federal requirements.

Eligible Guardians
In order to receive a guardianship subsidy payment, the guardian must:

1. Have received contingent approval for a subsidy for the child's needs prior to the guardianship appointment.
2. Be an adult with preference given to those who are at least 21 years of age; and
3. Guardians are required to have a home study and background check specific to guardianship completed prior to the guardianship appointment

Guardianship Home Assessment
The custodial case worker must assess the details of the case to determine if the prospective guardian(s) will need to obtain a foster care license prior to an established guardianship.

Federal IV-E GAP
The prospective guardian(s) must meet the North Dakota Century Code (50-11) definition of an identified relative and must also be a licensed foster care provider. The custodial case worker is responsible to define the relation of the child to the prospective guardian(s) on the SFN 1830 case plan checklist. If not licensed and the child is Title IV-E eligible, the custodial case worker shall make a referral to the local licensing worker.

State Funded GAP
If the guardian is not a licensed foster care provider the SFN 399, Unlicensed Caregiver Home Study must be used when completing the home assessment of the prospective guardian. It involves a written assessment of the guardian's home environment in regard to the needs of the specific child for which they wish to provide a permanent home.

In order to complete the written assessment, a home visit is required with the prospective guardian(s) focusing on his/her understanding of the rights and responsibilities of a guardian, the child's needs, the prospective guardian's ability to meet those needs and their willingness to make a permanent commitment.

Residency in North Dakota Not Required for Guardian
The guardianship assistance programs are designed to serve North Dakota children who are under the custody of a North Dakota Human Service Zone, North Dakota Tribe or North Dakota Division of Juvenile Services in foster care. There are no North Dakota residency requirements for the prospective guardian(s) allowing for a guardianship to be established on behalf of a child with a guardian living in another state. If the child fits the eligibility guidelines for either the State Funded or Federal IV-E GAP, the determination for subsidy may be awarded.

Background Checks Requirements
All prospective guardian(s) and any individual 18 years of age or older residing in the household must submit a fingerprint based criminal background check to the HHS Criminal Background Check Unit and meet the approval requirements to enter into a GAP agreement.

If the prospective guardian(s) are becoming licensed foster care providers, at initial foster care licensure, the identified relative may request to complete both "foster care" and "guardianship" background checks simultaneously only if they intend to pursue guardianship.

If it is not known at the initial licensure if they intend to pursue guardianship, a new fingerprint based criminal background check specific to guardianship will be required for each prospective guardian(s) and all individuals over the age of 18 living in the household in order to enter into a GAP agreement.

If the foster care providers do not complete initial background checks for guardianship and complete them during the guardianship process, those background checks are good for a period of twelve months. If the guardianship is not established within twelve months new background checks will be required.

Federal IV-E GAP

If the Guardianship Assistance Agreement is not signed by all parties within twelve months of completion of the fingerprint based criminal background check, new fingerprint based criminal background checks will be required. Information for background checks can be found: NDHHS Criminal Background Checks

Training Requirements for Guardians

The prospective guardian(s) prior to the establishment of all minor guardianships shall also complete the North Dakota Minor Guardianship Training.

Education Requirements for Children

As a condition of receiving a Federal IV-E guardianship subsidy, the guardian(s) must have the child enrolled in school or in an authorized independent study or General Educational Development (GED) program, or the child must be home schooled consistent with the law of the State or other jurisdiction in which the school, program, or home is located during the entire time the legal guardianship is in place. If the child does not remain enrolled in school or in an authorized independent living study program or General Educational Development (GED), or the child is not home schooled consistent with the law of the State or other jurisdictions, the guardian(s) will not be eligible to continue to receive the subsidy; however, the guardianship will remain in place.

Successor Guardian

Federal law specific to the Federal IV-E GAP requires a successor legal guardian must be identified in the Federal IV-E GAP Agreement. Children and Family Services understands the importance of identification of a successor guardian for State funded guardianships; this is an allowable option for state funded guardianship. If the said guardian dies or becomes incapacitated and is unable to care for the child, a successor legal guardian is to be named on the guardianship assistance agreement. The successor guardian will assume responsibility for caring for the child and will receive the monthly guardianship subsidy noted on the agreement when the following criteria are met:

1. The guardian and/or successor guardian will notify Children and Family Services of any changes made to the guardianship of the said child(ren) within 30 calendar days of occurrence;
2. A court order naming the successor guardian of said child will be provided to Children and Family Services Guardianship Administrator.
3. The successor legal guardian is named in the GAP agreement.
4. The successor legal guardian and anyone 18 years of age and older living in the home of the legal guardian obtains the results of a fingerprint based criminal background check.

NOTE: In the event the successor guardian is the child's birth parent, the guardianship assistance payment will not continue. The guardianship assistance Medicaid will also be terminated.

Additional Services
There are other services and supports that may be available to assist guardians and youth following the finalization of the guardianship. The case worker is responsible to inform the guardian of these services and how they may be accessed.

Guardians may access and support through the North Dakota Post Adopt-Post Guardianship Network. At the guardian(s) request, contact information and/or formal referrals may be made to local support groups, community outreach, mental health and available community-based services that can assist and provide support for this relationship upon the finalization of the guardianship. The case worker must invite the North Dakota Post Adopt- Post Guardianship worker to the Child and Family Team Meeting prior to finalization of a State and Federal IV-E GAP.

Youth who exit foster care to guardianship at 14 years or older are eligible for services through the Chafee Program. Youth who enter guardianship at age 16 or older may also be eligible for the Education and Training Voucher (ETV) through the Chafee Program.

Guardianship Assistance Agreement and Payment 615-1440

Implementation Date: April 1, 2026
Last Revision Date:

The ND Department of Health and Human Services, Children and Family Services section may grant guardianship assistance to a prospective guardian. The state of ND has two guardianship subsidy options, and the requirements vary depending on the eligibility of the child.

State Funded GAP
A guardianship assistance agreement shall include the following:

1. A flat rate that is based on legislative approval. This payment is non-negotiable.
2. The payment is subject to annual review; and
3. The payment can only be made until the child turns 18 years of age, unless the child is a full-time student in high school or completing their General Educational Development (GED) and has not turned 19. Documentation that the child is a full-time student or receiving their GED must be provided to the Children and Family Services Guardianship Administrator in order for subsidy to continue. If the child is a full-time student in high school or receiving the GED, subsidy will terminate the last day of the month in which the child completes their educational requirements or turns age 19.
4. The subsidy rate is computed on a monthly basis. The subsidy is based on a daily rate established by the State based on legislative intent. Partial months at the beginning and end of the subsidized guardianship are prorated.

Federal IV-E GAP
A guardianship assistance agreement shall include:

1. A payment negotiated between Children and Family Services and the guardians in accordance with the established guardianship rate(s). In no case may the amount of the guardianship assistance payment exceed the basic foster care maintenance payment;
2. Detail surrounding continued payment regardless of the state residence of the relative guardian
3. Detail specifying information on additional services
4. Children and Family Services will pay the total amount of non-recurring expenses associated with obtaining legal guardianship of the child, up to $2000 if applicable;
5. The payment can only be made until the child turns 18 years of age unless the child is a full-time student in high school or completing their General Educational Development (GED), completing post-secondary **or** vocational school, or the child is incapable of doing any of the above due to a documented medical condition or disability. If eligible, subsidy payments may be made until 21 years of age. Documentation of school attendance or from a medical provider due to a disability are required.
6. Indication GAP funds are used for the benefit of the child; and
7. Details the payment is subject to annual review.
8. The subsidy rate is computed on a monthly basis. The subsidy is paid based on a daily rate established by the State based on legislative intent. of $27 for Federal IV-E Guardianships. Partial months at the beginning and end of the subsidized guardianship are prorated.

Non-recurring Expenses

Non-recurring guardianship expenses are only allowed for the Federal IV-E Guardianship Assistance Program. Non-recurring costs may occur on rare occasions. They are defined as those costs that may be reimbursed for non-recurring guardianship expenses for the actual costs incurred by the guardian associated with obtaining legal guardianship. These expenses are reasonable and necessary guardianship fees, attorney fees and other expenses directly related to the legal guardianship of the child. These expenses must not have been incurred in violation of state and federal law or have been reimbursed from other sources of funds.

Non-recurring guardianship expenses may not exceed $2,000 per child. The request for payment of non-recurring expenses is negotiated and approved initially on the SFN 1833, "Federal IV-E Guardianship Assistance Program Agreement". The agreement must indicate the nature and amount of the non-recurring expenses to be paid. The family should be advised that they will need to submit receipts of the actual cost of the reimbursement. The request for payment and receipts are submitted to the Children and Family Services Guardianship Administrator.

Annual Review and Payments

The SFN 1831, "Guardianship Assistance Program-Annual Review" will be reviewed every twelve months to determine that the:

1. Child continues to be a legal dependent of the guardian(s) under a valid court order establishing guardianship;
2. Guardian continues to use the guardianship assistance payments for the benefit of the child;
3. Child continues to need the provisions of the Guardianship Assistance Agreement.
4. Child remains in the home of the guardian(s)

The Children and Family Services Guardianship Administrator will send written notice of the annual review to the guardian. The completed review form must be returned within thirty (30) calendar days of the notice date or guardianship assistance payments may be suspended or terminated.

In order to continue to provide a subsidy to the guardian(s), an annual review must occur for each child. Guardians are to disclose to the Children and Family Services Guardianship Administrator any other payments received for the child, such as Social Security Disability Insurance benefits or survivor benefits, Supplemental Security Income, Veteran's Administration benefits or Aid to Dependent Children benefits.

Income received on behalf of the child will be deducted from the Guardianship Assistance Program (GAP) payment. In addition, any child support amount paid to the guardians for support of the child that is the subject of the Guardianship Assistance Agreement will be deducted from the guardianship assistance payment. If Children and Family Services is unable to verify whether the guardian is legally responsible for the child or in absence of receiving the required annual review paperwork (SFN 1831), Children and Family Services may suspend issuance of the guardianship assistance payment until verification is received.

When a GAP payment has been suspended or reduced, the full GAP payment may be reinstated when the Children and Family Services determines the basis for suspension or reduction in payment has been resolved. A GAP payment cannot be reinstated if the guardians who entered into the current GAP Agreement are no longer the guardians of the child.

Transfer of a GAP Agreement

A GAP Agreement may not be transferred to new guardian(s), except as authorized in the Designation of Successor Guardian section of this chapter.

Relocation to Another State

North Dakota continues the financial responsibility for payment (with the same match), if the guardian and child(ren) moves from North Dakota to another state. It is the responsibility of the guardian to keep CFS informed of address changes.

Medical coverage for the child must be worked out between the two states prior to the move. It is not possible for North Dakota to guarantee medical coverage if the child moves to another state, except in Federal IV-E GAP in which ICAMA will need to be notified to continue medical coverage.

Federal IV-E GAP to IV-E Adoption

A child who is eligible for Title IV-E adoption assistance when he or she receives Federal IV-E GAP will be eligible for IV-E adoption assistance if the child is later adopted by the guardian(s) as if he or she had never been in guardianship.

Child Support - Parental Responsibility

Child support is a parental responsibility. That responsibility continues when a legal guardian has been appointed for the child. A legal guardian is entitled to receive services from Child Support Enforcement on behalf of the child. The child support services provided to a legal guardian will depend on case specifics. For example, if the child is covered by an existing support order, Child Support Enforcement is authorized to re-direct the child support collections to the legal guardian. A legal guardian should be referred to Child Support Enforcement for information about any child support issues that may arise as a result of the guardianship.

Parental child support responsibility continues with respect to a minor child who is subject to a guardianship order. The North Dakota Supreme Court has stated that a parent's obligations toward the child are not extinguished by the appointment of a legal guardian. (Hobus v. Hobus, 540 N.W.2d 158 (N.D. 1995)).

If a child support order does not exist at the time the guardianship is granted, an order may subsequently be established to ensure that parents fulfill their parental obligations related to support for the child. The child support obligation does not always end with termination of parental rights. Legal guardians, wards, and parents will need to refer to the order establishing the guardianship and to the order terminating parental rights, if any, to determine the status of a particular right or responsibility.

Termination of Guardianship 615-1450

Implementation Date: April 1, 2026
Last Revision Date:

It is the responsibility of the guardian to notify Children and Family Services within thirty (30) calendar days and to return any guardianship subsidy payment received for any days after a guardianship has terminated. A Guardianship Assistance Program (GAP) Agreement may terminate when the:

1. Guardian(s) who entered into the GAP Agreement request termination,
2. Guardian(s) are deceased and GAP agreement does not include a designation of a successor guardian as allowed by law,
3. Child is deceased,
4. Child is no longer a full-time student, completing their GED, secondary, post-secondary or vocational school or no further documentation is provided that the child is incapable of doing any of the above due to a documented medical condition or physical disability,
5. Child marries or enlists in the military,
6. Guardian(s) who entered into the GAP Agreement are no longer appointed by the court to be guardians of the child, meaning there is no longer a valid guardianship court order,
7. Child is no longer residing with a guardian who entered into the GAP Agreement,
8. Child has re-entered foster care and is under the custody of a public agency,
9. Child is in an out-of-home placement for a period of time greater than 9 months unless otherwise approved by the Children and Family Services Guardianship Administrator,
10. Child is no longer receiving any support from the guardian(s), or

11. Guardian(s) and child move to a country outside of the United States.

The guardian(s) may appeal Children and Family Services' decision to reduce, change, or terminate a guardianship subsidy. Appeal may also occur if the guardians feel they have been wrongly denied a subsidy or subsidy decisions are not made timely in accordance with rules and procedures of the North Dakota Department of Health and Human Services fair hearing and appeal process. All appeal requests must be made in writing and must be postmarked or received by the North Dakota Department of Health and Human Services, Appeals Supervisor, State Capitol – Judicial Wing, 600 E. Boulevard Ave, Bismarck, North Dakota, 58505, within thirty (30) calendar days from the date of the notice of the agency's decision.

Supporting Documents 615-3000

Implementation Date: January 1, 2026
Last Revision Date: July 1, 2026

ND Child Welfare agencies have access to many resources to assist in case movement and policy understanding. In addition to the supporting documents listed below, these web-based links contain valuable information:

- HHS Website -Child and Family Services
- CFS Publications
- Children and Family Services Policy and Resources
- Case Management Redesign Resources and Tools

Safety Framework Tools and Resources

1. ND Child Welfare Roadmap
2. North Dakota Safety Framework Practice Model Hardcards Booklet
3. SFPM Competency Matrix
4. SFPM Overview One Pager
5. SFPM Infographic
6. SFPM Brochure

Safety Framework Tools and Field Guide are located at CFSTC - Safety Framework Practice Model

Court & ICWA Resources

1. Active vs. Reasonable Efforts
2. Court Order Technical Assistance Guide (2021)
3. Court Order Hard Card: Foster Care DN 751 (Red)
4. Court Order 18+ Hard Card: 18 Plus Foster Care DN 752 (Yellow)
5. ND Court Hard Card
6. ND Court Desk Reference
7. ICWA – ND Resources

8. ICWA Inquiry Form
9. ICWA Inquiry Form Instructions
10. Casey Family ICWA Resources
11. Federal Register of Tribes
12. JCO Guide for Release of Youth from Detention or Nonsecure Care

Prevention Resources

1. Family Centered Engagement (FCE) Referral Form
2. Kinship ND Brochure
3. Kinship Caregiver Services Chart-HHS
4. Kinship ND Allowance Assistance - Oct 2025
5. Kinship ND Reimbursement vs. Allowance Assistance
6. Kinship ND Unlicensed Caregiver vs Licensed Provider
7. Respite vs Shelter Care vs Substitute Care Reference Chart
8. Parent Aide Practice Guide

Case Management Resources

1. Blue Light vs. Protected Time
2. Certified Shelter Workflow - Behavioral Health Clinic
3. Certified Shelter Workflow - CHINS
4. Certified Shelter Workflow - Human Service Zones
5. Children's Treatment Services Assessment - ND Screening
6. CFTM Outline
7. 18+ CFTM Outline
8. TPR CFTM Outline
9. Dual Status Youth Liaison Hardcard
10. DN 402, Foster Youth Rights
11. Foster Care Monthly Face-to-Face Outline
12. Family Interaction Observation Tool
13. Family Interaction Planning Guide
14. Family Interaction - Parents' Guide to Family Interaction
15. Medical Services for Children in Foster Care, DN 1475
16. Medical Services for Former Foster Youth Age 26, DN 1476
17. Medical Health Care Directive, DN 35
18. Placement: Difficult to Place Workflow August 2024
19. Placement: Nexus Family Healing SFN 45 Workflow
20. Placement: ND Provider List Workflow December 2023
21. ND Levels of Foster Care
22. NYTD Handbook
23. New Worker Orientation Roadmap
24. Relative Connection Resource
25. Relative Letter Template
26. School District Notification FAQ

27. Social Security Benefits for Children in Foster Care
28. Social Security Administration
29. Social Security Organizational Rep Payee Training
30. Scaling Engagement
31. Transition Plan Agreement Procedure
32. Youth Rights, DN 402

Supervisor Resources

1. Supervisor Playbook
2. Supervisor Blue Light
3. Supervisor Competencies
4. Case tracking document
5. Staffing Form

Licensing Resources -- Facility and Shelter Care Sites

1. Certified Shelter Care Programs
2. Psychiatric Residential Treatment Facilities (PRTF)
3. Out of State Facility – Approved List