



Day 1

CWS4026W
Title IV-E New Worker Policy, Phase II




VIRGINIA DEPARTMENT OF
SOCIAL SERVICES



Housekeeping

- ✓ Please keep your lines MUTED (both computer and phone)
- ✓ Use the CHAT/emoji to interact with everyone
- ✓ Class is held for 4 days from 9:00 am – 12:30 pm



Handouts

**CWS4026W:
Title IV-E New Worker**


Learner Handouts- For use with Instructor-led Virtual Course


**CWS4026W:
Title IV-E New Worker**

Case Scenario Handouts- For use with Instructor-led Virtual Course

Learner PowerPoint

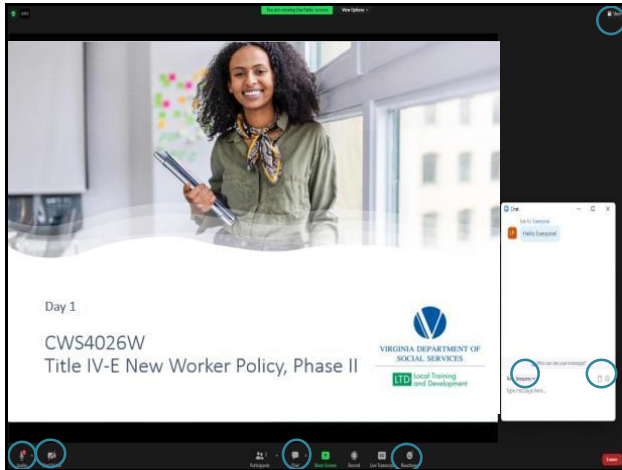
Day 1-3 TOLs

 Title_IV-E_Foster_Care_and_IV-E_Medicaid_Application

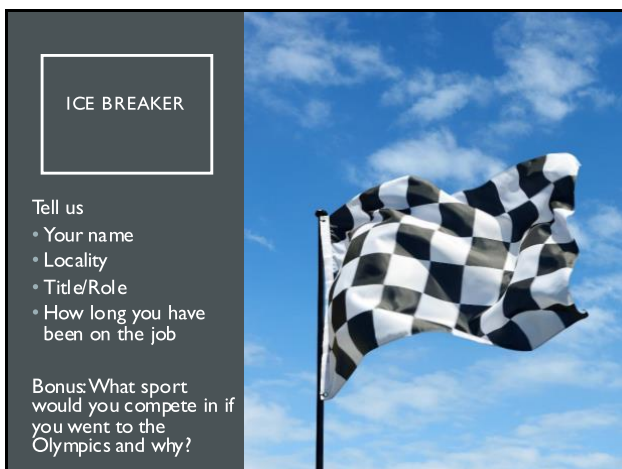
 Title_IV-E_Foster_Care_and_IV-E_Medicaid_Evaluation

Bookmarks

- A-1 Course Agenda
- A-2 Learning Objectives and Course Competencies
- B-1 IV-E Phase 1 Review
- B-2 Definitions and Acronyms
- B-3 Handout and Resource List
- B-4 Consultant Handout










AGENDA DAY I

- Available IV-E Resources
- Collaboration
- Quality Assurance (QAA)
- Title IV-E Foster Care and Title IV-E Medicaid Application

See Handout A-1

Learning Objectives

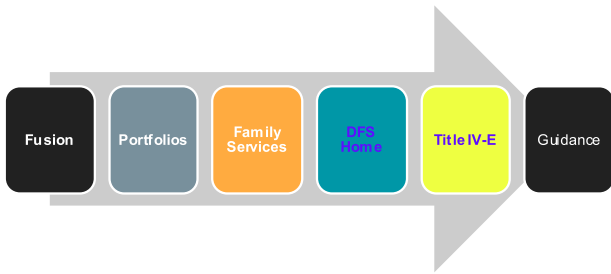


See Handout A-2



Title IV-E Supports the Values of VDSS

Accessing the Manual



Phase I Review & Definitions



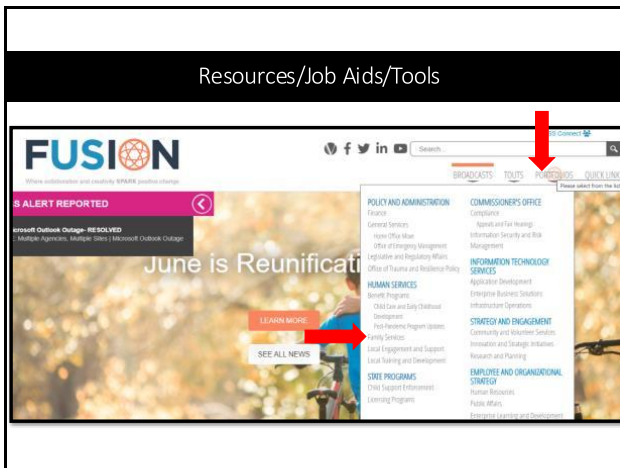
- Phase I review/refresher Handout B-1
- Commonly used terms & definitions Handout B-2

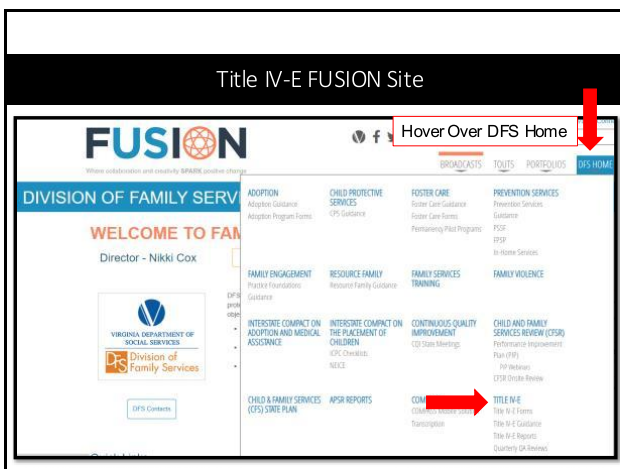
Forms

- Let's review together
- See HOB-3









Resources and Job Aids

TITLE IV-E

This is a federal program designed to provide funding to states to ensure proper care for all ongoing assistance to eligible children with special needs receiving adoption subsidies. The Title IV-E program is funded by federal and state matching funds. Administered by child welfare agencies.

Title IV-E is a program under which the Commonwealth of Virginia is entitled to reimbursement expenses. Although there is no cap on reimbursement, it is limited to three areas, and the fee for assistance is as follows:

- Maintenance (e.g. room, board and transportation to visit parents and siblings)
- Administration (e.g. ongoing information and case management activities)
- Training (e.g. training for child welfare staff and foster and adoptive parents)

Main Navigation

- Broadsheets
- Forms
- Guidance
- Publications
- Reports
- Resources and Job Aids

Pages by Topic:

- Quarterly QA Reviews
- Title IV-E "One-Stop" System
- Title IV-E: Pass Through Q

Title IV-E Resources and Job Aids

- 180 Day Case Plan for IV-E
- 180 Day Case Plan for IV-E
- 400 Day Case Plan for Continuing Reimbursement Effort
- AFDC 100% Threshold of Need Link - *Revised March 2023*
- AFDC 100% Standard of Need Link - *Revised March 2023*
- AFDC Caring of Children
- Annual Judicial Review Tracking Sheet - *Revised October 2023*
- Application Quick Reference Guide - *Revised October 2023*
- Childcare Information Sheet
- Clothing Tracking Sheet
- Continuation Reimbursement Checklist - *Revised October 2023*
- Definitions and Detail Title IV-E Adoption Costs - *Revised August 2023*
- Determining Reimbursement - *Revised November 2023*
- Determining Reimbursement to the Vendor in August
- Determination Sheet
- Due Date Calculator
- Due Date for IV-E QAR - *Revised August 2023*
- Due Date Calculator for Kinship Reimbursement - *Revised January 2024*
- Eligibility Checklist for IV-E Documents - *Revised October 2023*
- Family Fee Requirements for QAR Filings
- Planning the Assistance Unit - *Revised July 2023*
- IV-E Data Reference Tool - *Revised July 2023*
- LTRMS Presentation for RARMS and CTRMS - *Revised July 2023*
- Making One-Stop System
- QAR Quarterly Review
- QAR Requests Instructions for Specific Programs Specified - *Revised April 2023*
- Quarterly QA Review Process Checklist
- Reimbursement Checklist with Chart
- Reimbursement Review Job Aid
- Reimbursement Checklist for Initial Application - *Revised January 2023*
- Thomas Note: Case Action
- Thomas Note: Continuing Material
- Thomas Note: With Subsequent Continued Maintenance
- Thomas Note: With Subsequent Maintenance
- Thomas Note: Without Subsequent Maintenance
- Title IV-E Application Checklist of Relevant Documents
- Title IV-E Foster Care Support Review Worksheet - *Revised June 2023*
- Title IV-E Prevention Funding Checklist
- Transportation Checklist

QAA Title IV-E Consultants

Handout B-4 shows the Fusion link to locate the Regional Practice Consultants


COLLABORATION



QUALITY ASSURANCE
AND ACCOUNTABILITY

Quality Assurance

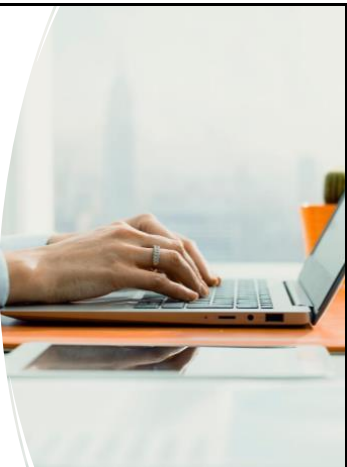
- Federally mandated to reduce or eliminate improper payments
 - Validate accuracy of reimbursements
 - Quarterly for new funding cases
 - Yearly for ongoing cases



Policy Reference 1.6.2.8


Application Quick Reference Guide

- See Handout C-1
- Let's review the 7 parts of the application



Case Scenario

See Case HO-1 Henry Walker's case scenario information




Application Process

Application Referral

Application Form:


- Submitted within 10 calendar days
- The FSS is responsible for referring and providing information to the BPS that is used in making the title IV-E eligibility determination.



See IV-E Foster Care & Medicaid Application Excel Form- Blank

Policy reference 1.4.1 & FC 4.5.1

Part I. Identifying Information



✓ OASIS number and Client ID

✓ Child - Name, DOB, sex, race, SSN
(A copy of the SSN application needs to be given to the BPS, as it is required to be uploaded to COMPASS)

✓ Parents - Name, address on date of removal, alien status

See Case HO-1 Henry Walker

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES	OASIS Case #	12345678
	Client ID	7654321

See IV-E Application Excel Form- Blank

[illegible]

- The BPS must have the initial court order to begin case determination.

See Case HO- 2 Affidavit & Case HO-3 Emergency Removal Order

Part II. Initial Commitment

Required Judicial Language:

Best interests of child requirement (CTW/BI) - One of the below statements must be included on the court order:

- Continuation in the home would be contrary to the welfare of the child; **or**
- It is in the child's best interests to be placed in foster care; **or**
- There is no less drastic alternative than removal of the child from his or her home.

REQUIRED JUDICIAL LANGUAGE	
CONTRARY TO THE WELFARE?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
REASONABLE EFFORTS?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATE OBTAINED:	

REQUIREMENT MET?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

See Case HO-2 Affidavit & Case HO-3 Emergency Removal Order

Part II. Initial Commitment

Required Judicial Language:

- Reasonable Efforts (RE) Requirement
 - The initial court order must include a statement that reasonable efforts have been made to prevent or eliminate the need for removal.
- RE should be documented in a court order within 60 days of entry into care.
- The court order should include if the child is found to be an abandoned infant.

REQUIRED JUDICIAL LANGUAGE	
CONTRARY TO THE WELFARE?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
REASONABLE EFFORTS?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATE OBTAINED:	

REQUIREMENT MET?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

See Case HO-2 Affidavit & Case HO-3 Emergency Removal Order

Part II. Initial Commitment

and it further appearing to the Court under the circumstances existing at this time that:

1. ☒ the child would be subjected to an imminent threat to life or health to the extent that severe or irremediable injury would be likely to result if the child were returned to or left in the custody of his or her parents, guardian, legal custodian or other person standing *in loco parentis* pending a final hearing on the petition, based upon:

☐ the facts alleged in the affidavit filed in this case, which is incorporated by reference.
☐ the following facts: _____

AND

2. ☒ reasonable efforts have been made to prevent removal of the child from his or her home,

OR

☐ reasonable efforts are deemed to have been made to prevent removal of the child from his or her home because there was no reasonable opportunity to provide preventive services, based upon:

☒ the facts alleged in the affidavit filed in this case, which is incorporated by reference.
☐ the following facts: _____

OR

☐ reasonable efforts to prevent removal of the child from his or her home are not required pursuant to Virginia Code § 16.1-251 A 2.

See Case Scenario HO-2 Affidavit & Case Scenario HO-3 Emergency Removal Order

Part II. Initial Commitment

Voluntary Placement Agreements include:

- Permanent and/or temporary entrustments
- Legal and/physical custody transferred to LDSS
- Non-custodial foster care agreements
- Physical custody transferred to LDSS, and legal custody remains with the parent(s) or legal guardian

VOLUNTARY PLACEMENT AGREEMENT (VPA)	
CHECK VPA TYPE	VPA DATED
<input type="checkbox"/> TEMPORARY ENTRUSTMENT	(DATE OF LAST REQUIRED SIGNATURE)
<input type="checkbox"/> PERMANENT ENTRUSTMENT	
<input type="checkbox"/> NONCUSTODIAL AGREEMENT	COPY ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO

See Case Scenario HO-2 Affidavit & Case Scenario HO-3 Emergency Removal Order

Part II. Initial Commitment


II. INITIAL COMMITMENT INFORMATION (Copy of court order, and applicable affidavit and/or petition, or VPA required to process application)			
COURT ORDER		VOLUNTARY PLACEMENT AGREEMENT (VPA)	
REMOVAL PETITION and/or AFFIDAVIT DATED: <u>11/08/2025</u> COPY ATTACHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO INITIAL COURT ORDER DATED: <u>11/08/2025</u> COPY ATTACHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	REQUIRED JUDICIAL LANGUAGE CONTRARY TO THE WELFARE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REASONABLE EFFORTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE OBTAINED: <u>11/08/2025</u> REQUIREMENT MET? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CHECK VPA TYPE <input type="checkbox"/> TEMPORARY ENTRUSTMENT <input checked="" type="checkbox"/> PERMANENT ENTRUSTMENT <input type="checkbox"/> NONCUSTODIAL AGREEMENT	VPA DATED (DATE OF LAST REQUIRED SIGNATURE) COPY ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO

See Case HO-2 Affidavit & Case HO-3 Emergency Removal Order

Contrary to the Welfare/Best Interest language must be met on "initial" order of custody to be IV-E

II. INITIAL COMMITMENT INFORMATION (Copy of court order, and applicable affidavit and/or petition, or VPA required to process application)			
COURT ORDER		VOLUNTARY PLACEMENT AGREEMENT (VPA)	
REMOVAL PETITION and/or AFFIDAVIT DATED: <u>11/8/2025</u> COPY ATTACHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO INITIAL COURT ORDER DATED: <u>11/8/2025</u> COPY ATTACHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	REQUIRED JUDICIAL LANGUAGE CONTRARY TO THE WELFARE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REASONABLE EFFORTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE OBTAINED: <u>11/8/2025</u> REQUIREMENT MET? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CHECK VPA TYPE <input type="checkbox"/> TEMPORARY ENTRUSTMENT <input checked="" type="checkbox"/> PERMANENT ENTRUSTMENT <input type="checkbox"/> NONCUSTODIAL AGREEMENT	VPA DATED (DATE OF LAST REQUIRED SIGNATURE) COPY ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO

Reasonable Efforts language must be met within 60 days of the custody date



Part III. Non-Financial

1. Eligibility month

2. Name and relationship of person whom contrary to the welfare was made against


3. If the person the child was removed from is a specified relative, was that child living with that person on the date of the physical removal

See Case HO-2 Affidavit & Case HO-3 Emergency Removal Order

Part III. Non-Financial

III. NON-FINANCIAL INFORMATION	
1. ELIGIBILITY MONTH: <div>Nov 2025</div> <div>(date petition filed alleging abuse/neglect or date judge signs court order—whichever is earlier; date last required signature is obtained on VPA)</div>	2. Name and relationship of person whom contrary to the welfare was made against: <div>Name: Mary Jane Sunshine</div> <div>Relationship: Mother</div>
3.If the person the child was removed from is a specified relative, was the child living with that person on the date of physical removal? <div>11/07/2025</div> <div><input type="checkbox"/> YES, Date Physically Removed</div> <div><input type="checkbox"/> NO, Date child last lived with specified relative:</div>	

See IV-E Application Excel Form- Blank



Part III
Non-Financial

4. Removal Home - Name and address of specified relative against whom contrary to the welfare was found at the time of removal.

5. Individuals in the removal home at the time of the child's physical removal from the home.

Part III. Non-Financial

III. NON-FINANCIAL INFORMATION --CONTINUED

4. NAME AND ADDRESS OF SPECIFIED RELATIVE, whom contrary to the welfare was against, AT REMOVAL (This is the removal home)
Mary Jane Sunshine
232 Martin Luther King Blvd, Anytown, VA 12345
RELATIONSHIP TO CHILD Mother

5. LIST ALL INDIVIDUALS RESIDING IN THE REMOVAL HOME AT THE TIME OF CHILD'S PHYSICAL REMOVAL FROM THE HOME:

NAME	Relationship to the child entering foster care	Age
Henry Walker	Foster Care Child	10
Blessing Sunshine	Half-Sibling	4
Mary Jane Sunshine	Mother	30
Roger Smith	Mother's boyfriend (Paramour)	35

See Case HO-1 Family Info

III. NON-FINANCIAL INFORMATION --CONTINUED

4. NAME AND ADDRESS OF PERSON whom contrary to the welfare was against ON THE DAY OF CHILD'S PHYSICAL REMOVAL (This is the removal home AND would be the same person listed in #2)
Mary Jane Sunshine
232 Martin Luther King Blvd, Anytown, VA 12345
RELATIONSHIP TO CHILD Mother

5. LIST ALL INDIVIDUALS RESIDING IN THE REMOVAL HOME (Listed in #4 Above) ON THE DAY OF CHILD'S PHYSICAL REMOVAL FROM THE HOME:

NAME	Relationship to the child entering foster care	Age
Henry Walker	Foster Care Child	10
Blessing Sunshine	Sibling	4
Mary Jane Sunshine	Mother	30
Roger Smith	Mother's Paramour	35

List everyone who was residing in the removal home on the date of removal and their relationship to the foster child.

Part III
Non-Financial

6. Deprivation
7. Citizenship/Alien status
8. Enrolled in School
9. Child support referral – completed 501(s) must be in the eligibility file

Policy reference 1.8.1.2

Part III. Non-Financial

6. DEPRIVATION	
A. DEATH OF A PARENT If yes, which parent(s) _____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. DISABLED PARENT If yes, which parent(s) _____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. UNEMPLOYED PARENT (Both parents in the home/neither disabled) If yes, which parent(s) _____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. CONTINUED ABSENCE FROM HOME OF A PARENT If yes, which parent(s) _____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
E. PATERNITY NOT ESTABLISHED Name of putative father if known: Unknown	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7. CITIZENSHIP/ALIENAGE DECLARATION (REQUIRED BY LAW UNDER PENALTY OF PERJURY)	
CHILD IS: <input checked="" type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> ALIEN (ALIEN NUMBER) _____ <input type="checkbox"/> UNQUALIFIED ALIEN	ENTRY DATE _____ (Attach INS documentation)
8. ENROLLED IN SCHOOL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SCHOOL: Anytown Middle School	CURRENT GRADE LEVEL: 5th
9. CHILD SUPPORT REFERRAL COPY ATTACHED FOR EACH ABSENT PARENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If Good Cause is claimed, explain _____	

See Case HO 1 Family Info

6. DEPRIVATION	
A. DEATH OF A PARENT If yes, which parent(s) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. DISABLED PARENT If yes, which parent(s) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. UNEMPLOYED PARENT (Both parents in the home/neither disabled) If yes, which parent(s) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. CONTINUED ABSENCE FROM HOME OF A PARENT If yes, which parent(s) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. PATERNITY NOT ESTABLISHED Name of putative father if known: Unknown	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7. CITIZENSHIP/ALIEN DECLARATION (REQUIRED BY LAW UNDER PENALTY OF PERJURY)	
CHILD IS: <input checked="" type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> ALIEN (AI#) _____ <input type="checkbox"/> UNQUALIFIED ALIEN	ENTRY DATE _____ (Attach INS documentation)
8. ENROLLED IN SCHOOL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SCHOOL: Anytown Elementary	CURRENT GRADE LEVEL: 5th
9. CHILD SUPPORT REFERRAL COPY ATTACHED FOR EACH ABSENT PARENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If Good Cause is claimed, explain _____	



Part IV. Financial - Resources

Enter resources for FC child, parent(s), minor siblings and the legally acknowledged parent of any minor sibling (biological/adoptive/half) who is in the assistance unit in the removal home at time of removal.



- Do not list resources for grandparents, aunts, uncles, cousins etc.
- Resource limit \$10,000
- When completing this section do NOT list N/A, draw a line or leave blank.

Part IV. Financial - Resources

IV. TITLE IV-E FINANCIAL SCREENING – RESOURCES				
(Indicate amount/value, as appropriate, and date/method verified. If there is no reported income document how the family is reportedly making ends meet.)				
PROPERTY OWNED (List resources of FC child, parents, and any minor sibling who resided in the removal home at time of child's physical removal)	FC CHILD	PARENT #1/ STEPPARENT	PARENT #2/ STEPPARENT	MINOR SIBLINGS
	Henry	Mary Jane	Unk Father	Blessing
	ELIGIBILITY MONTH	ELIGIBILITY MONTH	ELIGIBILITY MONTH	ELIGIBILITY MONTH
	Nov 2 2025	Nov 2 2025	Nov 2 2025	Nov 2 2025
CASH	\$0	\$350.00	n/a	\$0
CHECKING ACCT (name of bank, account #, current balance)	\$0	\$1 208.64 Joint w/ Roger	n/a	\$0
SAVINGS ACCT (name of bank, account #, current balance)	\$0	\$263.85	n/a	\$0
IRA/CD (name of bank, account #, current amount available)	\$0	\$0	n/a	\$0
STOCKS/BONDS (current amount available)	\$0	\$0	n/a	\$0
TRUST FUND (current amount available)	\$0	\$0	n/a	\$0
BURIAL FUND (current value)	\$0	\$0	n/a	\$0
LIFE INSURANCE (name of company, policy #, cash value)	\$0	\$0	n/a	\$0
VEHICLE (year, make, model, equity value)	\$0	\$9,700	n/a	\$0
OTHER (specify type of resource and date/method of verification)	\$0	\$0	n/a	\$0

See Case HO 1 Family Info

IV. TITLE IV-E FINANCIAL SCREENING – RESOURCES				
Indicate amount/value as appropriate, and method verified.				
This section must be completed and cannot be left blank.				
PROPERTY OWNED (List resources of FC child, parent(s), and any minor sibling who resided in the removal home on the day of the child's physical removal)	FC CHILD	PARENT #1/ STEPPARENT	PARENT #2/ STEPPARENT	MINOR SIBLINGS
	ELIGIBILITY MONTH	ELIGIBILITY MONTH	ELIGIBILITY MONTH	ELIGIBILITY MONTH
	Henry	Mary Jane	Unknown Father	Blessing
CASH	\$0.00	\$250.00	n/a	\$0.00
CHECKING ACCT (current balance)	0	\$1,008.64 joint with Roger	It's important to note if the account is jointly owned as the BPS will need to know this to ensure the correct portion is calculated on the evaluation.	0
SAVINGS ACCT (current balance)	0	\$263.85		0
IRA/CD (current amount available)	List resources for foster child, parent(s), minor siblings & legally acknowledged parent of any minor sibling (biological/adoptive/fault) who was living in the removal home.	0		0
STOCKS/BONDS (current amount available)		0		0
TRUST FUND (current amount available)		0		0
BURIAL FUND (current value)		0		0
LIFE INSURANCE (cash value)	0	0	n/a	0
VEHICLE (year, make, model, equity value)	0	2020 Toyota Corolla \$5,700	n/a	0
OTHER (specify type of resource and method of verification)	0	0	n/a	0

Added for training purposes only, not required.



Break

Please return by:




Make me laugh...

Tell us your best (clean) joke!

Part V. Financial - Income

- Enter the gross income for the FC child, parent(s), minor siblings and the legally acknowledged parent of any minor sibling (biological/ adoptive/half) who is in the assistance unit in the removal home at time of removal.




- Do not list income for grandparents, aunts, uncles . .

Part V. Financial - Income

- Monthly child support
- Childcare expenses paid during the removal month (include child's age and amount.)

If there is no reported income, document how the family is reportedly making ends meet. (Handout C-2)



See IV-E Application Exoel Form- Blank

Part V. Financial- Income

V. TITLE IV-E FINANCIAL SCREENING - INCOME (Indicate amount and how often received, if applicable, and date/method verified)				
INCOME RECEIVED (List income of FC child, parent, and any minor sibling who resided in the removal home at time of child's physical removal)	FC CHILD	PARENT #1/ STEPARENT	PARENT #2/ STEPARENT	MINOR SIBLINGS
	Henry	Mary Jane	Unk Father	Blessing
ELIGIBILITY MONTH	Nov 2 025	Nov 2 025	Nov 2 025	Nov 2 025
EARNED	\$0	\$635-735/ mo	n/a	\$0
SSA	\$0	\$0	n/a	\$0
SSI	\$0	\$0	n/a	\$0
VETERANS BENEFITS	\$0	\$0	n/a	\$0
SUPPORT	\$0	\$0	n/a	\$0
RETIREMENT/PENSIONS	\$0	\$0	n/a	\$0
MILITARY ALLOTMENT	\$0	\$0	n/a	\$0
COMPENSATION	\$0	\$0	n/a	\$0
WORKER'S COMPENSATION	\$0	\$0	n/a	\$0
OTHER (Specify)	\$0	\$0	n/a	\$0

If there is no reported income document how the family is reportedly making ends meet:

See Case HO 1 Family Info

V. TITLE IV-E FINANCIAL SCREENING - INCOME (Indicate amount and how often received, if applicable, and date/method verified) This section must be completed and must not be left blank.				
INCOME RECEIVED (List income of FC child, parent, and any minor sibling who resided in the removal home at time of child's physical removal)	FC CHILD	PARENT #1/ STEPARENT	PARENT #2/ STEPARENT	MINOR SIBLINGS
	Henry	Mary Jane	Unknown Father	Blessing
ELIGIBILITY MONTH				
EARNED	0	\$635-735 monthly	n/a	0
SSA	0	0	n/a	0
SSI	0	0	n/a	0
VETERANS BENEFITS	0	0	Only list n/a when the parent was not in the removal home.	0
SUPPORT	0	0		0
RETIREMENT/PENSIONS	0	0		0
MILITARY ALLOTMENT	0	0		0
UNEMPLOYMENT	0	0	n/a	0
COMPENSATION	0	0	n/a	0
WORKER'S COMPENSATION	0	0	n/a	0
OTHER (Specify)	0	0	n/a	0

If STEPPARENT is LIVING IN REMOVAL HOME AND IS PAYING CHILD SUPPORT, INDICATE AMOUNT OF CHILD SUPPORT PAID DURING ELIGIBILITY MONTH: CHILD ONE AMOUNT: CHILD TWO AMOUNT:

CHILD ONE EXPENSES PAID BY REMOVAL HOME DURING REMOVAL MONTH: CHILD TWO AMOUNT:

AGE OF YOUTH: AMOUNT: AGE OF YOUTH: AMOUNT:

If there is no reported income document how the family is reportedly making ends meet:

The FSO can document here or use the Making Ends Meet Statement that is located on FDSOIN.



Service Checklist for Initial Application

See Handout C-3
Let's review



Part VI. Placement



- List the “first” placement
- Placement license (home, LCPA & CRF),
- Financial contract/ agreement
- Safety checks for LDSS or LCPA homes

Part VI. Placement

VI. PLACEMENT INFORMATION

*Was immediate placement made? ☒ Yes ☐ No If yes, go to Type of Placement
If no, where was child placed? _____

TYPE OF PLACEMENT:
☒ Resource Home ☐ Kinship Home ☐ CPA Resource Home
☐ Residential Facility ☐ Public Institution Serving 25 or Less ☐ Other _____

PLACEMENT NAME & ADDRESS Suzy Que
456 Love Street Anytown, VA 12345

DATE OF PLACEMENT 11.08/2025
License Approved FROM 03.23/2025 TO 02.27/2028
Verification Attached? (Checklists, Certifications, Licenses, etc.) ☒ YES ☐ NO

See Case HO's 1 Family Info, HO 6 COA, HO 7 Checklist & HO 8 Financial Agreement

Part VI. Placement

- Maintenance payments:
 - Foster care child
 - Child of foster care child - if the agency does not have custody of the foster care child's child
- Reporting changes to BPS - 3 days
- OASIS - always keep up to date



MONTHLY MAINTENANCE COSTS (Indicate applicable foster home rate, child placing agency rate or residential rate)		
FC CHILD	<u>\$677</u>	CHILD OF FC CHILD (If applicable) <u>N/A</u>
ENHANCED MAINTENANCE	<u>\$1,120</u>	
COPY OF FINANCIAL AGREEMENT ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

See IV-E Application Excel Form- Blank

-

See IV-E Application Exœl Form- Blank

Part VII. Medical/Assignment of Rights



- Submitted by child's legal guardian
- See title IV-E Guidance at 1.9
- Send all Medicaid questions to your regional Medicaid consultant
- Signature and date

Part VII. Medical/Assignment of Rights

ADDRESS TO WHICH THE MEDICAID CARD SHOULD BE SENT

Savannah Georgia123 Court Street,Anytown,VA 12345

(Name)(Address)(City, State, Zip)

IN ORDER TO RECEIVE MEDICAID, EACH FOSTER CHILD MUST HAVE HIS/HER RIGHTS TO MEDICAL SUPPORT ASSIGNED TO THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS). THIS MEANS THAT DMAS MUST BE REIMBURSED FOR PAYMENT OF ANY MEDICAL SERVICES RECEIVED FROM ANOTHER INSURER.

☒ I AGREE TO ASSIGN THE RIGHTS OF THE ABOVE NAMED FOSTER CHILD FOR WHOM I HAVE THE LEGAL RIGHT TO

☐ I REFUSE TO ASSIGN THE RIGHTS OF THE ABOVE NAMED FOSTER CHILD.

MY SIGNATURE BELOW AUTHORIZES MEDICAID, FAMIS, AND DMAS CONTRACTORS TO EXCHANGE INFORMATION RELATING TO THIS CHILD'S COVERAGE WITH LOCAL EDUCATIONAL AGENCIES. I UNDERSTAND THAT THIS EXCHANGE OF INFORMATION IS NECESSARY TO ASSIST WITH THE APPLICATION, ADMINISTRATION, AND BILLING FOR SERVICES PROVIDED IN SCHOOLS AND THAT I CAN REVOKE THIS CONSENT TO DISCLOSE INFORMATION AT ANY TIME.

Savannah Georgia

Family Services Specialist

Supervisor(optional)

11/14/2025

DATE

DATE

See IV-E Application Excel Form- Blank

COPY OF FINANCIAL AGREEMENT ATTACHED: ☒ YES ☐ NO

VII. MEDICAL INFORMATION AND ASSIGNMENT OF RIGHTS:

DOES THE CHILD HAVE MEDICAL INSURANCE? ☒ YES ☐ NO

If yes, provide the following information: Name and address of insurance company Medicaid

Policy Holder	Policy Number	Coverage Type	Effective Date

DOES THE CHILD HAVE UNPAID MEDICAL BILLS INCURRED DURING THE THREE MONTHS PRIOR TO APPLICATION? ☐ YES ☒ NO ☐ UNKNOWN

If yes, attach sheet showing income and resources during the three months prior to application.

If yes, give the date each expense was incurred. If the child has unpaid medical bills, documentation will need to be provided.

ADDRESS TO WHICH THE MEDICAID CARD SHOULD BE SENT

Savannah Georgia123 Court Street,Anytown,VA 12345

(Name)(Address)(City, State, Zip)

IN ORDER TO RECEIVE MEDICAID, EACH FOSTER CHILD MUST HAVE HIS/HER RIGHTS TO MEDICAL SUPPORT ASSIGNED TO THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS). THIS MEANS THAT DMAS MUST BE REIMBURSED FOR PAYMENT OF ANY MEDICAL SERVICES RECEIVED FROM ANOTHER INSURER.

☒ I AGREE TO ASSIGN THE RIGHTS OF THE ABOVE NAMED FOSTER CHILD FOR WHOM I HAVE THE LEGAL RIGHT TO DO SO.

☐ I REFUSE TO ASSIGN THE RIGHTS OF THE ABOVE NAMED FOSTER CHILD.

MY SIGNATURE BELOW AUTHORIZES MEDICAID, FAMIS, AND DMAS CONTRACTORS TO EXCHANGE INFORMATION RELATING TO THIS CHILD'S COVERAGE WITH LOCAL EDUCATIONAL AGENCIES. I UNDERSTAND THAT THIS EXCHANGE OF INFORMATION IS NECESSARY TO ASSIST WITH THE APPLICATION, ADMINISTRATION, AND BILLING FOR SERVICES PROVIDED IN SCHOOLS AND THAT I CAN REVOKE THIS CONSENT TO DISCLOSE INFORMATION AT ANY TIME.

Savannah Georgia

Family Services Specialist

Supervisor authorization is an agency decision


Supervisor (optional)


11/17/2025

DATE

DATE


The FSS must sign & date the application as QAA uses this information to determine if the application was completed within the ten calendar days. Remember the date of entry counts as day one.





Title IV-E Foster Care and Title IV-E Medicaid Application

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF SOCIAL SERVICES FOSTER CARE MEDICAID APPLICATION	
This form is to be completed by the foster parent(s) and submitted to the Department of Social Services, Bureau of Child Welfare, 100 State Street, 10th Floor, Boston, MA 02109.	
PLEASE PRINT OR TYPE (Do not use cursive handwriting)	
1. CHILD'S INFORMATION	
Child's Last Name	First Name
Child's Date of Birth	Sex
2. FOSTER PARENT INFORMATION	
Foster Parent's Last Name	Foster Parent's First Name
Foster Parent's Address	Foster Parent's City
Foster Parent's State	Foster Parent's Zip
Foster Parent's Phone	Foster Parent's Email
3. MEDICAL INFORMATION	
4. EDUCATION INFORMATION	
5. FINANCIAL INFORMATION	
6. SIGNATURES	



Transfer of Learning

Day 1 Transfer of Learning (TOL)

To help reinforce today's learning please:

- Review selected guidance
- Answer questions
- Must be completed and emailed to trainers by 8 pm



Title IV-E New Worker Policy, Phase II


Day 2



AGENDA DAY 2

- Day 1 Review
- Transfer of Learning Review
- Review of policy related to initial application & evaluation process

See Handout A-1



Review of Day 1

Definitions, Forms, Resources

Application

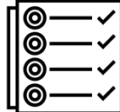
- I. Identifying Information
- II. Commitment Information
- III. Non-Financial
- IV. Financial - Resources
- V. Financial - Income
- VI. Placement
- VII. Medical/ Assignment of Rights



Review of Transfer of Learning

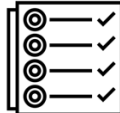
#1. Family Service Specialists shall refer a child for screening within _____ calendar days of the removal from the home, the date of the voluntary entrustment agreement is signed, or the date the non-custodial agreement is signed. (Section 4.5.1 Foster Care Guidance)

Answer: 10 calendar days



#2. The _____ is responsible for referring and providing information to the _____ that is used in making the IV-E eligibility determination. (Section 1.4.1 Title IV-E Guidance)

**Answer: Family Services Specialist /
Benefits Program Specialist**



#3. If there is a placement change before the application is submitted, the subsequent placement must be listed as part of the application; there is a tab at the bottom of the application for the additional placements to be listed. True or False

Answer: True



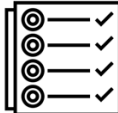
#4. If there is no reported income for the household, the Family Services Specialist should _____
(Section 1.4.1 Title IV-E guidance)

**Answer: A: document on the form in Section IV how the family is making ends meet
OR complete the "Making Ends Meet" statement**



#5. The application date for processing the title IV-E application is considered to be (Section 1.4.1.1 Title IV-E guidance)

Answer- A: the date the Benefit Programs Specialist receives the completed title IV -E application from the Family Services Specialist.



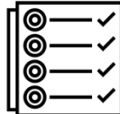
#6. Communication between the FSS and the BPS is imperative with all cases and all information requested by the BPS should be provided timely to allow a determination within _____ days of submission.
(Section 1.4.2.1 Title IV-E guidance)

Answer: 45 calendar days



#7. If additional information is needed, the Family Service Specialist should be notified within _____ business days. (Section 1.4.2.1 Title IV-E guidance)

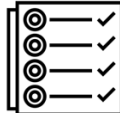
Answer: 2 business days



#8. It is very important to provide the petition that initiated the episode of foster care because: (Section 4.5.1 Foster Care Guidance)

- This petition is used to assist in establishing which month eligibility begins
- The court orders are used to determine and start the clock on timeliness
- The timeliness of hearings are imperative to continue title IV-E eligibility
- All of the above

Answer: All of the above



Guidance Manuals

IV-E Foster Care Guidance


Title IV-E Foster Care Guidance	
1	
TABLE OF CONTENTS	
1.1	Introduction
1.2	Eligibility
1.3	Timeliness
1.4	Case Management
1.5	Case Review
1.6	Case Planning
1.7	Case Monitoring
1.8	Case Closure
1.9	Case Transfer
1.10	Case Reentry
1.11	Case Termination
1.12	Case Revocation
1.13	Case Suspension
1.14	Case Reinstatement
1.15	Case Reentry
1.16	Case Termination
1.17	Case Revocation
1.18	Case Suspension
1.19	Case Reinstatement
1.20	Case Reentry
1.21	Case Termination
1.22	Case Revocation
1.23	Case Suspension
1.24	Case Reinstatement
1.25	Case Reentry
1.26	Case Termination
1.27	Case Revocation
1.28	Case Suspension
1.29	Case Reinstatement
1.30	Case Reentry
1.31	Case Termination
1.32	Case Revocation
1.33	Case Suspension
1.34	Case Reinstatement
1.35	Case Reentry
1.36	Case Termination
1.37	Case Revocation
1.38	Case Suspension
1.39	Case Reinstatement
1.40	Case Reentry
1.41	Case Termination
1.42	Case Revocation
1.43	Case Suspension
1.44	Case Reinstatement
1.45	Case Reentry
1.46	Case Termination
1.47	Case Revocation
1.48	Case Suspension
1.49	Case Reinstatement
1.50	Case Reentry
1.51	Case Termination
1.52	Case Revocation
1.53	Case Suspension
1.54	Case Reinstatement
1.55	Case Reentry
1.56	Case Termination
1.57	Case Revocation
1.58	Case Suspension
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1.61	Case Termination
1.62	Case Revocation
1.63	Case Suspension
1.64	Case Reinstatement
1.65	Case Reentry
1.66	Case Termination
1.67	Case Revocation
1.68	Case Suspension
1.69	Case Reinstatement
1.70	Case Reentry
1.71	Case Termination
1.72	Case Revocation
1.73	Case Suspension
1.74	Case Reinstatement
1.75	Case Reentry
1.76	Case Termination
1.77	Case Revocation
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1.86	Case Termination
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1.88	Case Suspension
1.89	Case Reinstatement
1.90	Case Reentry
1.91	Case Termination
1.92	Case Revocation
1.93	Case Suspension
1.94	Case Reinstatement
1.95	Case Reentry
1.96	Case Termination
1.97	Case Revocation
1.98	Case Suspension
1.99	Case Reinstatement
2.00	Case Reentry

Foster Care Guidance

Foster Care Guidance	
4	
TABLE OF CONTENTS	
4.1	Introduction
4.2	Eligibility
4.3	Timeliness
4.4	Case Management
4.5	Case Review
4.6	Case Planning
4.7	Case Monitoring
4.8	Case Closure
4.9	Case Transfer
4.10	Case Reentry
4.11	Case Termination
4.12	Case Revocation
4.13	Case Suspension
4.14	Case Reinstatement
4.15	Case Reentry
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4.17	Case Revocation
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4.81	Case Termination
4.82	Case Revocation
4.83	Case Suspension
4.84	Case Reinstatement
4.85	Case Reentry
4.86	Case Termination
4.87	Case Revocation
4.88	Case Suspension
4.89	Case Reinstatement
4.90	Case Reentry
4.91	Case Termination
4.92	Case Revocation
4.93	Case Suspension
4.94	Case Reinstatement
4.95	Case Reentry
4.96	Case Termination
4.97	Case Revocation
4.98	Case Suspension
4.99	Case Reinstatement
5.00	Case Reentry



Initial Evaluation




- See your Case HO-1 for Henry Walker
- See the IV-E Foster Care & Medicaid Application- completed yesterday
- See the IV-E Foster Care & Medicaid Evaluation Excel Form- Blank
- We will discuss each section of the evaluation
- We will also discuss in greater detail the related policy sections

Completing the Evaluation

Evaluation process:

The BPS will review the application and determine if additional information is needed within TWO business days. The timeframe for the FSS to return the needed documents is an agency decision. (Handout E-1)

The BPS must determine the case within 45 days. We use the signature date to determine if the evaluation was completed timely.



See IV-E Evaluation Excel Form- Blank

Policy reference 1.4.2.1

Section I: Identifying Information

OASIS number and Client ID

Dates:

Date of custody transfer and the date the application is received by the BPS.



Child's identifying information:

Name, date of birth, home address at removal, AFDC month.

Section I

Policy reference 1.4.1.1

AFDC vs Eligibility Month

AFDC Relatedness & Eligibility Month

The AFDC determination month is the month that the petition is filed by the agency or the physical removal whichever occurs earliest. This is the month that you would need information for to determine the child's case such as age, deprivation, living with, financial information etc.

The eligibility month is the month a petition was filed, or court proceedings were initiated to remove the child or the month a VPA is signed by the last party whose signatures are required. If the removal and petition, court proceedings, or VPA are not completed in the same month, the eligibility month may be different than the AFDC determination month.

Policy reference 1.5.4 & 1.5.4.4

Example 1



Example 1:

A child was removed from the home on December 10th. The LDSS obtained an ERO from the court on December 11th.

The eligibility month and AFDC relatedness criteria month are the same, December.

Policy reference 1.5.4

Example 2

A child was physically **removed** from the home on **December 31st**. The LDSS could not get to court until **January 2nd** when a petition and court hearing were filed and heard.

The AFDC eligibility criteria, including age, deprivation, living with, citizenship, and financial assistance would be based on the month the child was physically removed from the home and in this case the AFDC relatedness criteria month would be December.

The eligibility month is January which is when the agency obtained required judicial language and IV-E funds could begin to be utilized.



Policy reference 1.5.4

Section I- Identifying Information

Commonwealth of Virginia Department of Social Services		Locality	Case Numbers	
		123- Anytown	OASIS	12345678
			CLIENT ID	7654321
Title IV-E Foster Care and Medicaid Evaluation			MMIS	00 000 000 000
				04/10/2023
			Date IV-E Application Received	11/17/2025
I. Identifying Information				
Child's Last Name	Walker	First Name	Henry	
Child's Date of Birth	01/07/25			
ADDRESS ON DAY OF PHYSICAL REMOVAL	232 Martin Luther King Blvd, Anytown, VA 12345			
AFDC MONTH	Nov 2025			

See IV-E Evaluation Excel Form- Blank

Commonwealth of Virginia Department of Social Services		Locality	Case Numbers	
			OASIS	12345678
			CLIENT ID	7654321
Title IV-E Foster Care and Medicaid Evaluation			MMIS	Medicaid ID #
				11/17/2025
			Date IV-E Application Received	
I. Identifying Information				
Child's Last Name	Walker	First Name	Henry	
Child's Date of Birth	1/7/2015			
ADDRESS ON DAY OF PHYSICAL REMOVAL	232 Martin Luther King Blvd, Anytown VA 12345			
AFDC MONTH	Nov-25			

This is the address where the child was residing on the day of removal. If different than the address on the application ensure you document why.



Section II: Initial Eligibility Factors



Entry into Foster Care

Voluntary Placement Agreement (VPA):

- Permanent or Temporary Entrustment
- Non-custodial Agreement

The effective date of a VPA is the date of the last required signature and date.

Section II Part A.1

Policy reference 1.3.1.2

Section II: Initial Eligibility Factors

Select the type of **entrustment** you received with the application.

Voluntary Placement Agreements (VPA)

- No “initial” judicial language is required
- CTW/BI is required to maintain title IV-E eligibility beyond 180 days.
- If language is not obtained within 180 days, the child becomes ineligible on day 181 and cannot regain eligibility during this episode of FC.



Section II Part A.2

Policy reference 1.5.2

Section II- Entry into Foster Care

II. Title IV-E Initial Eligibility Factors			
A. ENTRY INTO FOSTER CARE			
1. Voluntary Placement Agreement (VPA)			
		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
		IF YES PROCEED IF NO, GO TO # 3	
a. Copy of Agreement in Record?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Signed and Dated by all Required Parties?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Select the appropriate type of Agreement and enter the date of the last required signature			
		MO	DAY YR
<input type="checkbox"/> Permanent Entrustment			
<input type="checkbox"/> Temporary Entrustment			
<input type="checkbox"/> Non Custodial Agreement			
Date 180 Day Judicial Determination is Due			
If the signed agreement is in the case record and the child has been in care less than 180 days proceed to Section B			
NOTE: Eligibility Based on Voluntary Placement Agreement: A judicial determination must be made within the first 180 days of placement. The judicial determination must indicate that the placement is in the best interests of the child or that it is contrary to the welfare of the child to be returned home.			

See Handout E-2 for 180-day Due Date

See IV-E Evaluation Excel Form- Blank

Section II: Initial Eligibility Factors

Select the type of court order you received with the application.



Most common initial orders are:

- Emergency Removal Order (ERO)
- Preliminary Removal Order (PRO)
- Child in Need of Services (CHINS)
- Order for Custody Transfer

Section II Part A.3

Policy reference 1.3.1.1

Section II- Court Order

3. Court Order - Judicial Language Requirements

Select the type of initial court order authorizing removal of the child and enter the date order was signed by the judge. (Also select & provide date for the removal petition if one was filed)

<input type="checkbox"/>	Removal Petition - if filed	MO	DAY	YR	Copy in Record?
<input checked="" type="checkbox"/>	Emergency Removal Order (ERO)	11	08	25	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/>	Preliminary Removal Order (PRO)	11	13	25	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Adjudication (ADJ)	12	15	25	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Transfer of Custody Order				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Child in Need of Services				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	CHINS Delinquency				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Dispositional Order				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

See IV-E Evaluation Excel Form- Blank

3. Court Order - Judicial Language Requirements

Select the type of initial court order authorizing removal of the child and enter the date order was signed by the judge. (Also select & provide date for the removal petition if one was filed)

<input type="checkbox"/>	Removal Petition - if filed	MO	DAY	YR	Copy in Record?
<input checked="" type="checkbox"/>	Emergency Removal Order (ERO)	11	8	2025	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/>	Preliminary Removal Order (PRO)	11	13	2025	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/>	Adjudication (ADJ)	12	15	2025	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Transfer of Custody Order				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Child in Need of Services				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	CHINS Delinquency				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Dispositional Order				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Some agencies list more than the initial order (not required). If you do list more, it is not a finding for doing so.



Section II: Initial Eligibility Factors

After the LDSS receives legal responsibility, even temporarily, through a court order, **the following judicial language criteria shall be evaluated:**

- Contrary to the welfare/best interest
- Reasonable efforts



Section II Part A.3.A & A.3.B

Policy reference 1.5.1

Section II- Judicial Language

Verify that the required language is in the order	
a. The order contains a statement to the effect that "placement is in the best interest of the child" or "continuation in the home is contrary to the welfare of the child?"	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
b. The order contains a statement to the effect that "reasonable efforts were made to prevent removal" or "due to the existing emergency reasonable efforts were not possible to prevent removal?"	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Date reasonable efforts language must be obtained <input type="text"/>	

See Handout E-3 for 60-day due date
for Obtaining Reasonable Efforts

See IV-E Evaluation Excel Form- Blank

Verify that the required language is in the order	
a. The order contains a statement to the effect that "placement is in the best interest of the child" or "continuation in the home is contrary to the welfare of the child?"	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
b. The order contains a statement to the effect that "reasonable efforts were made to prevent removal" or "due to the existing emergency reasonable efforts were not possible to prevent removal?"	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Only list a date if Reasonable Efforts has not been received	
If no, date reasonable efforts language must be obtained <input type="text"/>	



Section II: Non-Financial Requirements



Acceptable documents to verify citizenship/Alien Status:

- Birth certificate or Public Birth Record
- Passport
- Hospital proof of birth letter on hospital letterhead or Attending physician statement showing place of birth
- Final adoption decree showing child's name and place of birth in U.S.
- U.S. Citizen Identification Card (I-197 or I-179)
- Naturalization paperwork

Section II Part B.1

Policy reference 1.5.4.2

Section II: Non-Financial Requirements

Under the age of 18 years old at the time of removal via court order or VPA ?



Section II Part B.2

Policy reference 1.5.4.3

Section II: Non-Financial Requirements

Written statement by the FSS, legal guardian, other relative -must be signed & dated.

Requires written statement:

- ✓ Family Services Specialist, legal guardian, or other relative
- ✓ Signed and dated by the person making the statement
- ✓ Person must have an intimate knowledge of the child's situation and can attest that the information provided on the written statement is accurate

Section II Part B.1 & B.2

Policy reference 1.5.4.1

Section II: Non-Financial Requirements

Best Available Evidence	Verification
Assistance unit composition	Initial petition
Living with specified relative	Court orders
Deprivation	Voluntary agreements
Income	Citizenship
Resources	Documentation of a disability
Removal Home	Establishing Paternity

Section II Part B.1 & B.2

Policy reference 1.5.4.1

Section II- Non-Financial Requirements

B. IV-E NON FINANCIAL REQUIREMENTS

1. Citizenship/Alien Status
US Citizen ☒ Qualified Alien ☐ Undocumented or Ineligible Alien ☐
Documentation: Birth Certificate
Child meets Citizenship/Alien Status Requirements for Title IV-E? YES ☒ NO ☐

2. Age of child on date in A.2 or A.3
Under age 18 YES ☒ NO ☐
Copy of Birth Certificate in file? YES ☒ NO ☐
Documentation: Birth Certificate

See IV-E Evaluation Excel Form- Blank

Knowledge Check

You can use best available evidence on the following, except?

- A. Income
- B. Removal Home
- C. Documentation of a disability
- D. Assistance unit composition
- E. Resources



Section II: Non-Financial Requirements

Removal Home/Specified Relative

Related to the child by blood, adoption, or marriage **at time of removal** and from whom the contrary to welfare finding was made.

If a man not married to the mother is living in the home, deprivation based on absence cannot be established; if any one of the following evidences of his paternity exists [paternity must be established at the time of, or prior to, the removal]:

- The man has been found by the court to be the child's father
- Acknowledgement of paternity - in writing, under oath
- Genetic blood testing with at least 98 percent probability of paternity
- The man's name appears on the child's birth certificate
- Placed by a court with a man or a relative of the man on the basis that he is the child's father.

Evidence of paternity is required to establish eligibility or ineligibility. Evidence must be in the case record, and paternity must be established at the time of, or prior to, the removal.

Section II Part B.3

Policy reference 1.3.2.1

Section II: Non-Financial Requirements

Documenting the specified relative

-relatives within the fifth degree.

Correctly identifying the **specified relative** from whom the child is being removed is critical for two very important reasons:

- Identification of **removal home**
- Identification of **assistance unit members**



Section II Part B.3

See HO E-3

Policy reference 1.3.2.2



See Handout E-5 revised July 2025

Removal Home ?

Section II: Non-Financial Requirements

Removal home/living with requirement

Child must have lived with a specified relative in the removal month **or** within six months prior to removal.

A child is living in the home even though the child or specified relative is temporarily absent from the customary family setting for reasons such as hospitalization, education, training, a vacation, or a visit.

Exception:

Long term hospital patient, hospital is the removal home



Section II Part B.3

Policy reference 1.5.4.5

Section II: Non-Financial Requirements

Six-month look-back period

- Using the six-month look-back to determine living with requirements, does not change the removal month used for AFDC screening.



Section II Part B.3

Section II: Non-Financial Requirements

What happens when you have a relief of custody or a CHINS petition etc. and there is no "contrary to the welfare" per se?

- It is "contrary to the welfare" for the child to remain in **that** home.
- It is in the child's best interest to be removed from **that** home.



Section II Part B.3

Section II: Non-Financial Requirements

To Determine the Removal Home, you MUST Know:

- ✓ Whom Contrary to the Welfare is against?
- ✓ Did the child live with a specified relative during the removal month **or** within six months prior to removal?
- ✓ Who resided in the removal home and their relationship to the foster child?

Section II Part B.3

Section II- Non-Financial Requirements

3. Specified Relative/Removal Home (Child must be removed from a specified relative that Contrary to the Welfare was made against in order to be IV-E eligible)
Did the child live with the specified relative that Contrary to the Welfare was made against during the eligibility month or within the prior six months of the *eligibility month*? YES ☒ NO ☐

If yes, enter the name of the specified relative, their relationship to foster care child, and date child last lived with this specified relative – this is the removal home used for AFDC screening and forming the AFDC assistance unit.

<u>Mary Jane Sunshine</u>	<u>Mother</u>	<u>11/07/2025</u>
NAME	RELATIONSHIP	DATE CHILD LAST LIVED WITH RELATIVE
Documentation	Affidavit	

See Handout E-4 for 5th Degree of Relationship

See IV-E Evaluation Excel Form- Blank

Knowledge Check

Correctly identifying the specified relative from whom the child is being removed is critical for two very important reasons:

A. Determines who will be referred to child support

B. Identifies the removal home

C. Identifies the assistance unit members

D. Determines who the BPS will contact monthly



Section II: Non-Financial Requirements

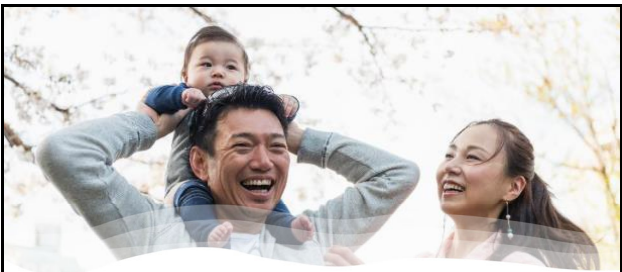
Determining the Assistance Unit

Assistance unit (AU) will include, if residing in the removal home at the time of removal:

- Foster Child
- Birth or Adoptive parent
- Minor siblings of the foster child - birth, adoptive or half
- Legally acknowledged parent of any minor sibling

Section II Part B.3

Policy reference 1.5.4.6



See Handout E-6 (revised July 2025)

Forming the AU...

Section II: Non-Financial Requirements

Exceptions:

- SSI Foster child - exclude the SSI income but include the child in the AU. Include any other income and resources.

Any household member receiving SSI should be excluded from the AU.

- Adoption Assistance
- Child of the foster child
- Other children who are not siblings
- Parent that is not U.S. citizen or qualified alien
- Foster child who is parent of a child entering foster care



Section II Part B.3

Policy reference 1.5.4.6

Section II- Non-Financial Requirements

AFDC Assistance Unit – List all individuals who were living in the removal home during the eligibility month and indicate if individual is required to be included in the AFDC assistance unit. The foster care child is always included in the assistance unit even if the child was living elsewhere at time of removal.

NAME	RELATIONSHIP TO FC CHILD	AGE	Indicate "yes" if individual is included in AFDC Assistance Unit? If not included, indicate reason for exclusion
Henry Walker	FC CHILD	10	YES
Blessing Sunshine	Sibling	4	Yes
Mary Jane Sunshine	Mother	30	Yes
Roger Smith	Mother's boyfriend (Paramour)	35	No, not a parent

See IV-E Evaluation Excel Form- Blank

AFDC Assistance Unit – List all individuals who were residing in the removal home on the day of the child's physical removal. The foster care child is always included in the assistance unit even if the child was living elsewhere at time of removal.

NAME	RELATIONSHIP TO FC CHILD	AGE	Indicate if each individual is required to be included in the AFDC assistance unit. If no, indicate reason for exclusion.
Henry Walker	FC CHILD	10	YES
Blessing Sunshine	Sibling	4	yes
Mary Jane Sunshine	Mother	30	yes
Roger Smith	Mother's Paramour	35	no, not a parent
New statement added as a reminder that the total number of "yes" responses here will equal the number reflected in the Assistance Unit Size (AU) Income Calculation section (C.2.).			Examples of different ways to state why Roger isn't included. no, no child in common no, not Henry's father no, not a required AU member

*The AU size is equal to the total number of "yes" responses above



Section II: Non-Financial Requirement

Deprivation Factor

Deprivation is based on circumstances that existed in the removal home at the time of the child's physical removal.

- Death of a Parent(s) - List Parent
- Disability of a Parent(s) - List Parent

Documentation

- Verification of (SSI) or (QASDI)
- Mental or physical incapacity - the parent can not support or care for the child, supported by medical testimony



Section II Part B.4

Policy reference 1.5.4.7

Section II: Non-Financial Requirements

Parental Absence - List Parent

- **Separation or Divorce:** One of the parents is no longer living in the home.
- **Institutionalized/Incarcerated:** One of the parents is in an institution or incarcerated.
- **Deportation:** One of the parents is deported outside the United States.

Military service (includes active or reserve/national guard status) does not constitute a continued absence and does not meet the definition of deprivation.

A parent who is a convicted offender but is permitted to live at home while serving a court-imposed sentence is considered absent from the home.



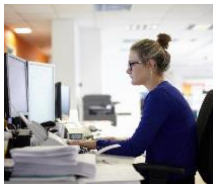
Section II Part B.4

Policy reference 1.5.4.7

Section II: Non-Financial Requirements

Paternity not established:

If father is not listed on the birth certificate, then the deprivation is paternity not established, not parental absence.



Parental Unemployment or Underemployment
(Both in home, neither disabled)

- Not working
- Working 100 hours or less per month
- Temporary employment

Section II Part B.4

Policy reference 1.3.2.1

Section II- Non-Financial Requirements

4. Deprivation Factor

Does Deprivation Exist in Removal Home?

YES ☒

NO ☐

IF YES, DOCUMENT REASON BELOW:

- | | |
|---|-------------------|
| <input type="checkbox"/> Death of a Parent(s) | List Parent _____ |
| <input type="checkbox"/> Disability of a Parent(s) | List Parent _____ |
| <input type="checkbox"/> Parental Absence | List Parent _____ |
| <input checked="" type="checkbox"/> Paternity not established | |
| <input type="checkbox"/> Parental Unemployment - BOTH PARENTS ARE IN THE REMOVAL HOME AND NEITHER IS DISABLED | |

(Unemployment definition includes "underemployment")

Documentation: **FSS Statement & Birth Certificate**

See IV-E Evaluation Excel Form- Blank

4. Deprivation Factor

Does Deprivation Exist in Removal Home? YES ☒ NO ☐

IF YES, DOCUMENT REASON BELOW:

☐ Death of a Parent(s)

☐ Disability of a Parent(s)

☐ Parental Absence

☒ Paternity not established

☐ Parental Unemployment – BOTH PARENTS ARE IN THE REMOVAL HOME AND NEITHER IS DISABLED
(Unemployment definition includes "underemployment")

List Parent

List Parent


List Parent

Select the most permanent reason for deprivation.

Disability typically means SSA/SS

Select for a single parent adoption & when paternity has been established, but the parent is absent from the removal home.

Documentation: FSS statement & Birth Certificate







Section II- Financial Need - Resources

Resource Limit- \$10,000

Countable resources - most common are:

- Checking & Savings accounts
- Vehicles (If one vehicle is owned, the equity in that vehicle in excess of \$1,500 is counted as a resource.) If more than one vehicle is owned, subtract \$1,500 from the highest equity value, the equity of all other vehicles is counted as a resource.



Section II Part C.1

Policy reference 1.5.4.8

Section II: Financial Need - Resources

Countable Resources

Exempt Resources

Checking/Saving Account(s)	Burial plot (one per AU member)
Accessible trusts	Home of residence
401K accounts	Household furnishings & clothing
Real estate/vacation home/income properties	Federal or state school loans or grants
Vehicles	Federal Disaster Relief Assistance
Cash value of insurance policies	Inaccessible trusts

Section II Part C.1

Policy reference 1.5.4.8

Section II- Financial Need-Resources

C. IV-E FINANCIAL NEED			
SPiDeR Checked? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Date SPiDeR Checked 12/02/25	
<small>(Print the SPiDeR summary screen & SPiDeR match screens & place in record.)</small>			
1. Resources - \$10,000 limit (Evaluate resources of all required AFDC assistance unit members)			
NAME	RESOURCE TYPE	AMOUNT	Indicate if resource is exempt or countable
Mary Jane Sunshine	Cash	\$360.00	Countable
Mary Jane Sunshine	Vehicle	\$6,400.00 *	Countable
Mary Jane Sunshine	Checking	\$604.32 *	Countable
Mary Jane Sunshine	Savings	\$263.85	Countable
DOCUMENTATION OF VALUATION OF RESOURCES:			
* Vehicle is valued at \$9,700 - \$1,800 (lien amount) = \$2,700 - \$1,500 (allowable deduction) = \$6,400 (countable portion)			
* \$1,208.64/2 = \$604.32, we do not count Roger's portion of acct			
AMOUNT OF AU COUNTABLE RESOURCES		\$7,618.17	
Does AU meet the resource limit?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

See IV-E Evaluation Excel Form- Blank

C. IV-E FINANCIAL NEED

SPIDeR Checked? YES ☒NO ☐

Date SPIDeR Checked 12/2/2025

System searches are only to be completed on AU members

(Print the SPIDeR summary screen & SPIDeR match screens & place in record)

1. Resources - \$10,000 limit (Evaluate resources of all required AFDC assistance unit members in eligibility month)

NAME	RESOURCE TYPE	AMOUNT	COUNTABLE/EXEMPT
Mary Jane Sunshine	Cash	\$350.00	Countable
Mary Jane Sunshine	Checking 1/2	\$604.32	Countable
Mary Jane Sunshine	Savings	\$263.85	Countable
Mary Jane Sunshine	2020 Corolla	\$6,400.00	Countable

DOCUMENTATION OF RESOURCE DETERMINATION:

2020 Corolla valued at \$9,700 - \$1,800 (lien) = \$7,900 - \$1,500 (allowable deduction) = \$6,400

Title IV-E guidance 1.5.4.8

Roger's half of the checking is NOT countable

AMOUNT OF AU COUNTABLE RESOURCES

\$7,618.17

Does AU meet the resource limit?

YES ☒NO ☐

Only the portion that belongs to the AU member is calculated as part of the total resources.



Section II: Financial Need - Income

Income Conversion:

Determine Earned and Unearned Income in Child's AFDC AU in the removal month

- **Actual Monthly Gross Income** - most desirable
- **Weekly** - multiplied by 4.3
- **Biweekly** - multiplied by 2.15
- **Semi-monthly** - multiplied by 2.



Section II Part C.2

Policy reference 1.5.4.10

Section II: Financial Need - Income

Pay stubs received:

01/07- \$156
 01/14- \$203
 01/21- \$175
 01/28- \$190
 Total: \$724

You would use the actual income that was received as you have all pay stubs for the month. DO NOT average.

Pay stubs received:

01/07 - \$156
 01/14 - \$203
 01/21 - \$175
 Total: \$534

$\$534/3 = \178 (average)
 $\$178 \times 4.3 = \765.40

You would need to average the pays as you are missing one, then multiply using the conversion of 4.3

Section II Part C.1

Policy reference 1.5.4.10

Section II: Financial Need - Income

Example A:

So, let's say the parent is paid biweekly and only gives one pay stub showing the gross pay as \$486. How do you determine the monthly income?

$$\$486 \times 2.15 = \$1,044.90$$

Example B:

Same situation, however, the parent is paid twice a month on the 1st & 16th. How do you determine the monthly income?

$$\$486 \times 2 = \$972$$

Section II Part C.1

Policy reference 1.5.4.10

Section II: Financial Need - Income

Earned Income

Unearned Income

Wages, Salaries, tips (before taxes)	Child support/alimony, minus first \$50
In-Kind income for work	Disability Income
Jury duty pay	SSA
Worker's Compensation	Unemployment compensation
Self-employment minus expenses	Deemed income from stepparent & ineligible parent(s)
Severance pay & Bonuses	In-kind cash contributions

Section II Part C.2

Policy reference 1.5.4.9

Section II: Financial Need - Income

Deeming income:

All deemed income is considered as unearned income to the AFDC assistance unit.

Deeming Groups. The person(s) whose income is deemed toward the assistance unit:

Stepparent - living in the removal home but not included in AU

Alien parent - living in the removal home but not included in AU due to alien status.



Section II Part C.2

Policy reference 1.5.4.11

Section II: Financial Need- Income

Statement provided by
FSS

No Paystubs

No discrepancies found in
Spider or other eligibility
cases

How will we calculate the
income for Mary Jane?

She is a paid \$635 - \$735 per
month

$\$635 + \$735 = \$1370 / 2 = \685
average monthly pay

Section II- Financial Need-Income

2. Income (Evaluate income of all required AFDC assistance unit members received in eligibility month)

NAME	INCOME SOURCE	AMOUNT	COUNTABLE/EXEMPT
Mary Jane Sunshine	Wages	\$685.00	Countable

DOCUMENTATION OF AFDC AU INCOME DETERMINATION:

FSS statement that Mary Jane stated she makes about \$635-\$735 per month. System checks did not show any additional information

DOCUMENTATION OBTAINED OF HOW THE FAMILY IS MAKING ENDS MEET WITH NO INCOME: YES ☐ NO ☐

See IV-E Evaluation Excel Form- Blank

DOCUMENTATION OF INCOME DETERMINATION:

FSS statement that Mary Jane makes \$635 - \$735 monthly; System checks do not show any add. income

Additional examples Review of SNAP/Medicaid files support the amount given; No contradictory information received; accepted FSS statement as best available;

DOCUMENTATION OBTAINED OF HOW THE FAMILY WAS MAKING ENDS MEET WITH NO INCOME: YES ☐ NO ☐

Income Calculation

*AU Size Locality Group 185% of Need 100% of Need

STEP 1	Countable Income:	<input type="text" value="\$685.00"/>	If no income, you must obtain a statement of how the family is meeting their basic needs. If family & friends are helping you must ask if they receive the money directly or if expenses were paid directly.
	MEETS 185% REQUIREMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
STEP 2	Countable Income:	<input type="text" value="\$378.55"/>	
	MEETS 100% REQUIREMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

Attach Deeming & Income Calculation worksheet.



Section II- Financial Need-Income

[Evaluation](#)
[Additional Placements](#)
[Income Worksheet](#)
[Deeming Worksheet](#)
[185% Chart](#)
[100% Chart](#)

STEPPARENT/ INELIGIBLE ALIEN PARENT DEEMING WORKSHEET

Step 1: Enter the gross earned income received during the eligibility month by the stepparent/ineligible alien parent

Step 2: Subtract \$90 for each employed stepparent/ ineligible alien parent

Subtotal 0

Step 3: Add countable monthly unearned income of the stepparent/alien parent.

Step 4: Subtract any court ordered child support and alimony paid by member of the deeming group to support individual who is not in the household. 0.00

Not needed for Henry Walker's scenario because there is not a step-parent or alien parent in the AU

See IV-E Evaluation Excel Form- Blank

Section II: Financial Need - Income

Initial income screening is a two-step process.

Step 1: Gross countable income (earned and unearned, including deemed) received during the eligibility month –

- Income exceeds 185% need, child is not title IV-E eligible
- Income is equal to or less than 185% of need, a second income test must be conducted.

Step 2: Subtracting *allowable deductions* from the countable earned income and adding the adjusted earned income to the countable unearned income.

Deductions:

- \$90 for each employed member of AU
- \$30 for each employed member of AU
- Multiply reduced income by $\frac{1}{3}$ (.67)
- Subtract Monthly Dependent Care Costs

NOTE: AU size, Locality Group #, 185% and 100% Standard of Need must be included on the evaluation.

Section II Part C.2/ Income worksheet tab

Policy reference 1.5.4.12

Section II- Financial Need-Income

[Evaluation](#)
[Additional Placements](#)
[Income Worksheet](#)
[Deeming Worksheet](#)
[185% Chart](#)
[100% Chart](#)

AFDC Standards of Need

Maximum Income Chart-185 Percent of Need

Column1	Column2	Column3	Column4
Size of Assistance Unit	Group I	Group II	Group III
1	\$270	\$322	\$450
2	\$474	\$474	\$602
3	\$596	\$596	\$727

Maximum Income Chart-100 Percent of Need

Column1	Column2	Column3	Column4
Size of Assistance Unit	Group I	Group II	Group III
1	\$160	\$174	\$243
2	\$230	\$245	\$337
3	\$295	\$322	\$393

Income Calculation

Assistance Unit Size 3

185% of Need 727

Locality Group 3

100% of Need \$393

Attach Deeming & Income Calculation worksheet.

See IV-E Evaluation Excel Form- Blank

Section II- Financial Need-Income

Evaluation	Additional Placements	Income Worksheet	Deeming Worksheet	185% Chart	100% Chart
Income Screening Worksheet					
Step 1 (Screening @ 185% Standard of Need for Group Locality) Standard of Need for AFDC AU size: 727					
None: No earned income disregards apply in this step					
A. Total monthly countable earned income of AFDC AU: \$ 685.00 B. Total monthly countable unearned income of AFDC AU: \$ 0.00 TOTAL: \$ 685.00					
Does this family meet the 185% Standard of Need Income Limit? TOTAL ≤ 185% Standard of Need: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO - RETURN TO EVALUATION IF YES CONTINUE TO STEP 2					

See IV-E Evaluation Excel Form- Blank

Section II- Financial Need-Income


Evaluation	Additional Placements	Income Worksheet	Deeming Worksheet	185% Chart	100% Chart
Income Screening Worksheet					
Step 2 (Screening @ 100% Standard of Need for Group Locality) Standard of Need for AFDC AU size: 393					
Total Countable Gross Monthly Earned Income: \$ 685.00 (Same amount as Step 1A)					
Number Unit Members w/Earnings: 1 Less 500 X AU Members w/Earnings: \$ 0.00 Subtotal: \$ 685.00					
Less 500 X AU Members w/Earnings: \$ 30.00 Subtotal: \$ 655.00					
Multiply by .67: \$ 438.85					
Subtract Monthly Dependent Care Costs: \$ 0.00 (If work - \$225 Max for dep < 2 years old; If work - \$200 Max for dep > 2 years old; If work - \$200 Max deduction)					
Total Adjusted Monthly Earned Income after disregards: \$ 438.85					
Total Countable Monthly Unearned Income: \$ 0.00 (Same amount as Step 1B)					
TOTAL: \$ 438.85					
Does this family meet the 100% Standard of Need Income Limit?					

See IV-E Evaluation Excel Form- Blank

Section II- Financial Need-Income

Income Calculation					
*AU Size	3	Locality Group	III (3)	185% of Need	\$727.00
				100% of Need	\$393
STEP 1 Countable Income: \$685.00 MEETS 185% REQUIREMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
STEP 2 Countable Income: \$378.55 MEETS 100% REQUIREMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Attach Deeming & Income Calculation worksheet					

See IV-E Evaluation Excel Form- Blank



Case Scenario

- Case HO-1 Henry Walker
- Case HO-6 Certificate of Approval
- Case HO-7 Checklist for provider approval
- Case HO-8 Financial Agreement for LDSS approved providers

Section II: Conditions of Payment

Three Types of Placements:

- Family resource homes including kinship foster parents
- Licensed child placing agency resource homes
- Children's residential facilities

Placement Changes:

- FSS report placement changes to BPS within three (3) calendar days
- FSS document in OASIS within five (5) calendar days
- Hospitalization documented in OASIS including initial stays and over 14 days

Section II Part D

Section II: Conditions of Payment

Kinship Foster Parent Placement

The LDSS must assist relatives and fictive kin with meeting approval requirements by utilizing permanent and temporary waivers, when appropriate.

- Home visit prior to/on the day of placement.
- All adult household members, prior to placement:
 - Virginia State Police Name search
 - CPS Central Registry

When the presence of barrier crimes /CPS findings are ruled out, provider meets Kinship Pre-approval criteria.

**During this Kinship Pre-approval period, title IV-E funds can NOT be utilized*

Section II Part D Policy reference 1.6.2.1

Section II: Conditions of Payment

Within 72 hours of placing a child in the home, all adult household members must present themselves for fingerprinting.

A Kinship Foster Parent Waiver Request form should be emailed to the Regional Resource Family Consultant and uploaded into COMPASS.

Upon receipt of the results of background checks a certificate of approval (COA) may be issued.

Title IV-E funding eligibility:

- Begins the first of the month during which the COA is issued.
- Until a COA is issued, CSA funding must be utilized.

Temporary waivers are only allowed for six months.

Section II Part D

Policy reference 1.6.2.1

Section II: Conditions of Payment

If all the standards of approval are not met within six months:

- Home is considered unapproved
 - Immediately suspended
 - Title IV-E funds must cease

Once the standards of approval are met:

- Home will resume 36-month certification



Section II Part D

Policy reference 1.6.2.1 & 1.7.1.3.1

Knowledge Check

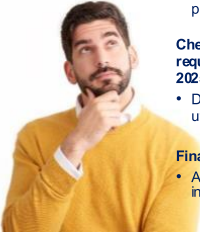
A child entered care and was placed on 1/27/26 in a kinship placement. The FSS made a home visit and completed the Virginia State Police Name and CPS Central Registry checks for all adult household members the same day. The placement has Kinship Pre-approval status.

Can you use title IV-E funding if the case meets all other title IV-E criteria?

Yes

☒ No

Section II: Conditions of Payment



Resource Home Placement requirements

- Must upload to COMPASS

Resource Home Certificate of Approval

- Effective date of a Certificate of Approval cannot be effective prior to receipt of all safety checks

Checklist Form with safety check documentation - dates requested and received (complete checklist effective July 2025 and OBI letters for resource parents)

- Dates shall be prior to child's placement in home if agency is utilizing title IV-E funds

Financial Agreement for LDSS Approved Providers

- A new financial agreement is required with all rate changes including VEMAT

Section DPolicy reference 1.6.2.2 & 1.6.2.8

Knowledge Check


The National criminal record check (CRC) and the central registry of abuse and neglect (CPS) checks are returned/emailed to the agency on 2/17/26 with an 'eligible' status. A certificate of approval (COA) is issued for 2/17/26 – 2/16/29.

When does title IV-E funding begin?

A. 2/17/26

B. 2/1/26

C. 3/1/26



Section II: Conditions of Payment

Licensed Child Placing Agency Requirements:

- Must upload to COMPASS

Copy of Resource Home Certificate of Approval

- Must cover the entire period the child is placed and must be signed

Copy of LCPS license

- Must cover effective date of the Resource Home's Certificate and entire period of approval. (this may require copies of multiple licenses).

State Form letter with results of National Fingerprint Criminal Record Check, Virginia State Police Check (if applicable), Central Registry Check, and Sworn Disclosure Statement, requested and received

- Dates prior to child's placement in home if utilizing title IV-E funds

Financial Agreement

- New FA is required for every rate change

Section II Part DPolicy reference 1.6.2.8

Section II: Conditions of Payment

Children's Residential Facility Requirements for placements prior to 7/1/2021

- Only full and conditional licenses are acceptable for title IV-E payments.
- Provisional licenses are NOT acceptable and do not meet the licensed placement requirements for title IV-E payments.
- "Letter of Good Standing" required for expired license.
- Financial Agreement – a new agreement is required with each placement change and/or rate increase.
- Rate sheet - if financial breakdown of charges is not a part of the financial agreement.

Section II Part D

Policy reference 1.6.2.8



Q RTP Suspension effective 4/1/2023

- **Broadcast:**
- Children placed in Q RTP's on or after March 2, 2023, will not require the 30-day assessment and the 60-day court approval.
- Effective 4/1/2023 these placements are funding by CSA, per broadcast.
- Suspension does not impact programs designated as "Mommy and Me" group homes or Family Based Residential Treatment Facilities for Substance Use Disorder.
- Legacy cases are not impacted by this suspension.
- <https://fusion.dss.virginia.gov/dfs/Division-of-Family-Services-Broadcasts/Article/7437/Suspension-of-QRTP-Designation>

Section II- Conditions of Payment

Interstate Compact on the Placement of Children

- 100A & 100B- must be signed by the ICPC unit located in Home Office
- If Placement is with a resource home, Home Study page with background check information is required.



Section D

Policy Reference 1.6.2.6 & 1.8.1.4

Section II- Conditions of Payment

All remaining questions pertain to Foster Care Child only

D. Conditions of IV-E Payment

- Enter the name of the resource home or facility in which the child was placed following removal.
- Evaluate all placements up to the date the initial evaluation is completed.
- If current placement documentation is not provided, title IV-E funds cannot be utilized.

Was immediate placement made? Yes ☐ No ☒ **yes, go to Placement #1**

If no, where was child placed? Anytown DSS

From: 11/7/2025 To: 11/8/2025

PLACEMENT # 1 Date Placed 11/8/2025 Date Placement Ended _____

Name and address of resource home or facility 456 Love St., Anytown VA 12345 Suzy Que

Placement Type IVE Eligible - Fully Approved Agency Resource Home

Agency approved Family Resource Home

☒ Checklist for Initial Provider Approval or Renewal form (for compliance form if home approved before 10/1/10)

Date Criminal records check received 2/27/2025 Date CPS checks received 2/26/2025

☒ Resource Home Certificate of Approval

Approved from 3/23/2025 to 2/27/2028

☒ Financial agreement

See IV-E Evaluation Excel Form- Blank

All remaining questions pertain to Foster Care Child only

D. Conditions of IV-E Payment

- Enter the name of the resource home or facility in which the child was placed following removal.
- Evaluate all placements up to the date the initial evaluation is completed.
- If current placement documentation is not provided, title IV-E funds cannot be utilized.

Was immediate placement made? Yes ☐ No ☒ **yes, go to Placement #1**

If no, where was child placed? Anytown DSS

From: 11/7/2025 To: 11/8/2025

PLACEMENT # 1 Date Placed 11/8/2025 Date Placement Ended _____

Name and address of resource home or facility 456 Love St., Anytown VA 12345 Suzy Que

Placement Type IVE Eligible - Fully Approved Agency Resource Home

Agency approved Family Resource Home

☒ Checklist for Initial Provider Approval or Renewal form (for compliance form if home approved before 10/1/10)

Date Criminal records check received 2/27/2025 Date CPS checks received 2/26/2025

☒ Resource Home Certificate of Approval

Approved from 3/23/2025 to 2/27/2028

☒ Financial agreement

If the child is not placed immediately ensure that you document where the child was as this will explain OASIS dates not aligning with the removal date.

Reference the COA & Checklist for dates.

E. TITLE IV-E ELIGIBILITY (may begin on first day of placement in month in which all requirements are met)

☒ **TITLE IV-E Eligible (mm/dd/yy)**

Entitlement date: 11/7/2025

Entitlement date is the date the child entered care; however, not necessarily the date the case is eligible for payment.

☐ **DENIED - INCOMPLETE INFORMATION (list all)**

Denied is a temporary status and final determination must be completed within 120 days.

☐ **INELIGIBLE for Title IV-E Select Reason >**

Effective date: _____


Ineligible is used when a case has been determined CSA. Ensure proper naming when uploading the Initial Notice of Action as Denied and Ineligible are not the same. Denied is temporary and Ineligible is for this episode of foster care.

Transfer of Learning

Day 2 TOL

To continue to reinforce your learning, please :

- Review and complete the listed tasks
- Make connections between your learning and required forms and job aids





Title IV-E New Worker Policy, Phase II

Day 3



AGENDA DAY 3

- Day 2 Review
- Evaluation
- Transfer of Learning (TOL) Review
- Application Disposition
- Notice of Action (NOA)
- July 2025 Changes

See handout A-1



Review of Day 2

Evaluation Form Sections & Related policy sections

Section I

Identifying Information

Section II

Initial Eligibility

Entry into Foster Care

Court Order & Judicial Language


Non-Financial

Financial Need-Resources/Income

Conditions of Payment

Review of TOL


Connections?



Match the appropriate Title IV-E Form for use in the following situations:

#1. Sherry utilizes this form to communicate the final disposition of a case determination.

Answer: c. Title IV-E Foster Care Notice of Action



#2. Trinity can be placed with her maternal aunt, and it allows a temporary waiver of some requirements so she can be placed immediately with the aunt as a kinship foster home.

Answer: d. Kinship Foster Parent Waiver



#3. Carrie is a Family Services Specialist completing the initial paperwork for a child placed in foster care this week.

Answer: a. Title IV-E Foster Care and IV-E Medicaid Application



#4. Whitney is a Benefit Worker who receives an application for a foster child and the case documentation to determine eligibility for Title IV-E.

Answer: b. Title IV-E Foster Care and IV-E Medicaid Evaluation



#5. The Resource Family Staff who approve the foster adoptive and kinship homes have the required documentation to show that background checks were done prior to placement and meet the safety and guidance requirements.

Answer: e. Criminal Background Check (with conviction or non-conviction)



Title IV-E Forms and Job aids

Forms

Job aids

[illegible]

Common Acronyms

COA – Certificate of Approval
FY – Fiscal Year
LCPA – Licensed Child Placing Agency
NCL – Non-conviction Letter
NOA – Notice of Action
PUR – Period Under Review
QAA – Quality Assurance & Accountability
SPR – Standard Payment Record





Title IV-E Supports the Values of VDSS

Section III: Medicaid/Eligibility

- ✓ **Case disposition/determination** - eligible, ineligible or denied.
- ✓ **Medicaid/FAMIS** – contact your regional Medicaid consultant
- ✓ **Signature & date** – used to determine if a case was processed within the required 45 days from receipt of the application.



See Handout G-1 Eligibility Checklist for
IV-E Documents

Section III Part A

Policy reference 1.4.2.2

Section III: Medicaid/Eligibility

A case is considered **Eligible** if the following conditions are met

- Established and documented for the month of the VPA, or initiation of removal court proceedings that the child is removed, physically or constructively, from the home of a specified relative
- Living with the same specified relative who had care & control within 6 months of the child's removal
- AFDC eligible in that home in the month of, and prior to, removal
- Financially needy
- Deprived of Parental support or care

Section III Part A

Policy reference 1.4.2.2

Section III: Medicaid/Eligibility

Ineligible - The child did not meet initial title IV-E eligibility criteria listed previously.

Corrections cannot be made to court orders which amend or change contrary to the welfare or reasonable efforts language.

Administrative errors (i.e., the wrong year was written on the order) may be corrected with a written statement or "Nunc pro tunc" order from the court verifying the correct date upon which the hearing was conducted and that the original date was an administrative oversight.

Section III Part A

Policy reference 1.4.2.2 & 1.5.3

Section III: Medicaid/Eligibility

Denied - Temporary status

Reason: Insufficient or missing AFDC required criteria information

Final resolution for determination of eligibility required within 120 days of the child entering care

Immediate action to correct eligibility status required when additional information received prior to the 120th day

No final determination by the 120th day - Notice of Action (NOA) finding the case as ineligible.

Policy reference 1.4.2.2

Section III: Medicaid/Eligibility

The following are **not reasons to deny** an application:

- Social Security Number or Application for a Social Security Number
- Not having completed DCSE 501s
- Placement information
 - Missing a financial agreement
 - Kinship waiver verification

These items are important and a request for the items from the FSS is required. However, these items are NOT AFDC required and therefore do not affect the determination of a case.

Policy reference 1.5.4

Section III- Medicaid/Eligibility

E. TITLE IV-E ELIGIBILITY (may begin on first day of placement in month in which all requirements are met)

☒ TITLE IV-E Eligible (mm/dd/yy)

Entitlement date: 11/07/2025

☐ DENIED - INCOMPLETE INFORMATION (list all) _____

☐ INELIGIBLE for Title IV-E Select Reason > _____

Effective date: _____

See IV-E Evaluation Excel Form- Blank

E. TITLE IV-E ELIGIBILITY (may begin on first day of placement in month in which all requirements are met)

☒ TITLE IV-E Eligible (mm/dd/yy)

Entitlement date: 11/7/2025

Entitlement date is the date the child entered care; however, not necessarily the date the case is eligible for payment.

☐ DENIED - INCOMPLETE INFORMATION (list all) _____

Denied is a temporary status and final determination must be completed within 120 days.

☐ INELIGIBLE for Title IV-E Select Reason > _____

Effective date: _____

Ineligible is used when a case has been determined CSA. Ensure proper naming when uploading the Initial Notice of Action as Denied and Ineligible are not the same. Denied is temporary and Ineligible is for this episode of foster care.



III. Medicaid

Date Medicaid application received

Retroactive Period

We will not be discussing Medicaid, please reach out to your regional Medicaid Consultant for any & all questions.

A. Medicaid Non-financial Information

Was Child a resident of Virginia at time of commitment?

YES ☒

NO ☐

Citizenship/alien status requirements met?

YES ☐

NO ☐

Institutional status requirements met?

YES ☐

NO ☐

Meets SSN requirements? (Needed for Medicaid only)

YES ☐

NO ☐

☐ Child is Title IV-E eligible (maintenance payment made) and meets IV-E Medicaid covered group.

☐ Child is not Title IV-E eligible (no maintenance payment made) and does not meet IV-E Medicaid covered group; evaluate for other Medicaid covered group.

1. Medicaid Eligibility Established

Effective Date

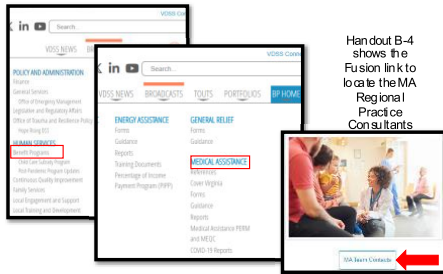
Covered Group

☐ Title IV-E Foster Care

☐ MI Child Under 19



Medicaid Consultants



The BPS needs to sign & date the evaluation as GAA uses this information to determine if a case was processed timely or not.

Only used when denying a case due to missing documents	
Worker's Signature for Denial	DATE
BPS typed name or signature	12/19/2025
Worker's Signature for Final Determination	DATE
Supervisor authorization is an agency decision	DATE
Supervisor's Authorization (optional)	





Title IV-E Foster Care and Title IV-E Medicaid Evaluation

Department of Social Services	Location	Case Number
		12/19/2025
Title IV-E Foster Care and Medicaid Evaluation		
1. Identify the information		
2. Select the appropriate type of Agreement		
3. Enter the information in the form		
4. Sign the form		
5. Submit the form		



Quick Reference Tool

- Located on the Fusion Page under Title IV-E Resources and Job Aids
- See handout G-2 revise dJ July 2025

COMMONWEALTH OF MASS									
ALL	Group 1	Group 2	Group 3	Group 4	Group 5	Age of Child	Room & Board	Foster Care, Rooming & Board	Monthly Allowance
1	\$276	\$312	\$408	\$496	\$576	0 thru 4	\$287	\$15	\$11
2	\$324	\$360	\$468	\$556	\$636	5 thru 11	\$287	\$25	\$21
3	\$360	\$396	\$504	\$592	\$672	12 & over	\$287	\$35	\$31
4	\$408	\$444	\$552	\$640	\$720	Independent Living Program			\$200
5	\$456	\$492	\$600	\$688	\$768	Independent Living Program			\$200
6	\$504	\$540	\$648	\$736	\$816	Independent Living Program			\$200
7	\$552	\$588	\$696	\$784	\$864	Independent Living Program			\$200
8	\$600	\$636	\$744	\$832	\$912	Independent Living Program			\$200
9	\$648	\$684	\$792	\$880	\$960	Independent Living Program			\$200
10	\$696	\$732	\$840	\$928	\$1008	Independent Living Program			\$200
11	\$744	\$780	\$888	\$976	\$1056	Independent Living Program			\$200
12	\$792	\$828	\$936	\$1024	\$1104	Independent Living Program			\$200
13	\$840	\$876	\$984	\$1072	\$1152	Independent Living Program			\$200
14	\$888	\$924	\$1032	\$1120	\$1200	Independent Living Program			\$200
15	\$936	\$972	\$1080	\$1168	\$1248	Independent Living Program			\$200
16	\$984	\$1020	\$1128	\$1216	\$1296	Independent Living Program			\$200
17	\$1032	\$1068	\$1176	\$1264	\$1344	Independent Living Program			\$200
18	\$1080	\$1116	\$1224	\$1312	\$1392	Independent Living Program			\$200
19	\$1128	\$1164	\$1272	\$1360	\$1440	Independent Living Program			\$200
20	\$1176	\$1212	\$1320	\$1408	\$1488	Independent Living Program			\$200
21	\$1224	\$1260	\$1368	\$1456	\$1536	Independent Living Program			\$200
22	\$1272	\$1308	\$1416	\$1504	\$1584	Independent Living Program			\$200
23	\$1320	\$1356	\$1464	\$1552	\$1632	Independent Living Program			\$200
24	\$1368	\$1404	\$1512	\$1600	\$1680	Independent Living Program			\$200
25	\$1416	\$1452	\$1560	\$1648	\$1728	Independent Living Program			\$200
26	\$1464	\$1500	\$1608	\$1696	\$1776	Independent Living Program			\$200
27	\$1512	\$1548	\$1656	\$1744	\$1824	Independent Living Program			\$200
28	\$1560	\$1596	\$1704	\$1792	\$1872	Independent Living Program			\$200
29	\$1608	\$1644	\$1752	\$1840	\$1920	Independent Living Program			\$200
30	\$1656	\$1692	\$1800	\$1888	\$1968	Independent Living Program			\$200
31	\$1704	\$1740	\$1848	\$1936	\$2016	Independent Living Program			\$200
32	\$1752	\$1788	\$1896	\$1984	\$2064	Independent Living Program			\$200
33	\$1800	\$1836	\$1944	\$2032	\$2112	Independent Living Program			\$200
34	\$1848	\$1884	\$1992	\$2080	\$2160	Independent Living Program			\$200
35	\$1896	\$1932	\$2040	\$2128	\$2208	Independent Living Program			\$200
36	\$1944	\$1980	\$2088	\$2176	\$2256	Independent Living Program			\$200
37	\$1992	\$2028	\$2136	\$2224	\$2304	Independent Living Program			\$200
38	\$2040	\$2076	\$2184	\$2272	\$2352	Independent Living Program			\$200
39	\$2088	\$2124	\$2232	\$2320	\$2400	Independent Living Program			\$200
40	\$2136	\$2172	\$2280	\$2368	\$2448	Independent Living Program			\$200
41	\$2184	\$2220	\$2328	\$2416	\$2496	Independent Living Program			\$200
42	\$2232	\$2268	\$2376	\$2464	\$2544	Independent Living Program			\$200
43	\$2280	\$2316	\$2424	\$2512	\$2592	Independent Living Program			\$200
44	\$2328	\$2364	\$2468	\$2560	\$2640	Independent Living Program			\$200
45	\$2376	\$2412	\$2516	\$2608	\$2688	Independent Living Program			\$200
46	\$2424	\$2460	\$2564	\$2656	\$2736	Independent Living Program			\$200
47	\$2472	\$2508	\$2612	\$2704	\$2784	Independent Living Program			\$200
48	\$2520	\$2556	\$2660	\$2752	\$2832	Independent Living Program			\$200
49	\$2568	\$2604	\$2708	\$2800	\$2880	Independent Living Program			\$200
50	\$2616	\$2652	\$2756	\$2848	\$2928	Independent Living Program			\$200
51	\$2664	\$2700	\$2804	\$2896	\$2976	Independent Living Program			\$200
52	\$2712	\$2748	\$2852	\$2944	\$3024	Independent Living Program			\$200
53	\$2760	\$2796	\$2900	\$2992	\$3072	Independent Living Program			\$200
54	\$2808	\$2844	\$2948	\$3040	\$3120	Independent Living Program			\$200
55	\$2856	\$2892	\$3000	\$3088	\$3168	Independent Living Program			\$200
56	\$2904	\$2940	\$3052	\$3136	\$3216	Independent Living Program			\$200
57	\$2952	\$2988	\$3104	\$3184	\$3264	Independent Living Program			\$200
58	\$3000	\$3036	\$3156	\$3232	\$3312	Independent Living Program			\$200
59	\$3048	\$3084	\$3208	\$3280	\$3360	Independent Living Program			\$200
60	\$3096	\$3132	\$3260	\$3328	\$3408	Independent Living Program			\$200
61	\$3144	\$3180	\$3312	\$3376	\$3456	Independent Living Program			\$200
62	\$3192	\$3228	\$3364	\$3424	\$3504	Independent Living Program			\$200
63	\$3240	\$3276	\$3416	\$3472	\$3552	Independent Living Program			\$200
64	\$3288	\$3324	\$3468	\$3520	\$3600	Independent Living Program			\$200
65	\$3336	\$3372	\$3520	\$3568	\$3648	Independent Living Program			\$200
66	\$3384	\$3420	\$3572	\$3616	\$3696	Independent Living Program			\$200
67	\$3432	\$3468	\$3624	\$3664	\$3744	Independent Living Program			\$200
68	\$3480	\$3516	\$3676	\$3712	\$3792	Independent Living Program			\$200
69	\$3528	\$3564	\$3728	\$3760	\$3840	Independent Living Program			\$200
70	\$3576	\$3612	\$3780	\$3808	\$3888	Independent Living Program			\$200
71	\$3624	\$3660	\$3832	\$3856	\$3936	Independent Living Program			\$200
72	\$3672	\$3708	\$3884	\$3904	\$3984	Independent Living Program			\$200
73	\$3720	\$3756	\$3936	\$3952	\$4032	Independent Living Program			\$200
74	\$3768	\$3804	\$3988	\$4000	\$4080	Independent Living Program			\$200
75	\$3816	\$3852	\$4040	\$4048	\$4128	Independent Living Program			\$200
76	\$3864	\$3900	\$4092	\$4096	\$4176	Independent Living Program			\$200
77	\$3912	\$3948	\$4144	\$4144	\$4224	Independent Living Program			\$200
78	\$3960	\$3996	\$4196	\$4192	\$4272	Independent Living Program			\$200
79	\$4008	\$4044	\$4248	\$4240	\$4320	Independent Living Program			\$200
80	\$4056	\$4092	\$4300	\$4288	\$4368	Independent Living Program			\$200
81	\$4104	\$4140	\$4352	\$4336	\$4416	Independent Living Program			\$200
82	\$4152	\$4188	\$4404	\$4384	\$4464	Independent Living Program			\$200
83	\$4200	\$4236	\$4456	\$4432	\$4512	Independent Living Program			\$200
84	\$4248	\$4284	\$4508	\$4480	\$4560	Independent Living Program			\$200
85	\$4296	\$4332	\$4560	\$4528	\$4608	Independent Living Program			\$200
86	\$4344	\$4380	\$4612	\$4576	\$4656	Independent Living Program			\$200
87	\$4392	\$4428	\$4664	\$4624	\$4704	Independent Living Program			\$200
88	\$4440	\$4476	\$4716	\$4672	\$4752	Independent Living Program			\$200
89	\$4488	\$4524	\$4768	\$4720	\$4800	Independent Living Program			\$200
90	\$4536	\$4572	\$4820	\$4768	\$4848	Independent Living Program			\$200
91	\$4584	\$4620	\$4872	\$4816	\$4896	Independent Living Program			\$200
92	\$4632	\$4668	\$4924	\$4864	\$4944	Independent Living Program			\$200
93	\$4680	\$4716	\$4976	\$4912	\$5000	Independent Living Program			\$200
94	\$4728	\$4764	\$5028	\$4960	\$5048	Independent Living Program			\$200
95	\$4776	\$4812	\$5080	\$5008	\$5096	Independent Living Program			\$200
96	\$4824	\$4860	\$5132	\$5056	\$5144	Independent Living Program			\$200
97	\$4872	\$4908	\$5184	\$5104	\$5192	Independent Living Program			\$200
98	\$4920	\$4956	\$5236	\$5152	\$5240	Independent Living Program			\$200
99	\$4968	\$5004	\$5288	\$5200	\$5288	Independent Living Program			\$200
100	\$5016	\$5052	\$5340	\$5248	\$5336	Independent Living Program			\$200

Notice of Action

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
TITLE IV-E FOSTER CARE
NOTICE OF ACTION
(This notice does not address Medicaid eligibility. Any actions pertaining to Medicaid will be sent separately.)

TO: Family Services Specialist RE: Foster Care Child

CC: ☐ Finance ☐ Other ☐ CSA Coordinator ☐ Other

PLEASE LOOK AT THE BOX OR BOXES CHECKED BELOW. THE STATEMENT FOLLOWING THE CHECKED BOX APPLIES TO THE CHILD INDICATED

Section I. Initial determination of case (to be completed only during INITIAL determination)

☐ Case is **eligible for title IV-E funding** for this episode of foster care.

☐ Child is eligible for Maintenance payment
See SECTION II PAYMENT INFORMATION below
☐ Child is not eligible for Maintenance payment
See COMMENTS section below
☐ Child is eligible as a result of a reconstructed application

☐ Case is **ineligible for title IV-E funding** for this episode of foster care. Select all reason(s) for ineligibility:
☐ Initial court order does not meet language requirements
☐ Does not meet IV-E citizenship/alien requirements
☐ Does not meet age requirements
☐ Does not meet removal requirements
☐ Does not meet deprivation requirements
☐ Excess resources in removal home
☐ Excess income in removal home
☐ 120-day evaluation of denied application/missing AFDC information

See Handout G-3 revised July 2025

Policy reference 1.4.2.3

Notice of Action

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
TITLE IV-E FOSTER CARE
NOTICE OF ACTION
(This notice does not address Medicaid eligibility. Any actions pertaining to Medicaid will be sent separately.)

TO: Family Services Specialist RE: Foster Care Child

CC: ☐ Finance Finance Person's Name ☐ Other Anyone else your agency would like to include
☐ CSA Coordinator CSA Coordinator's Name ☐ Other

PLEASE LOOK AT THE BOX OR BOXES CHECKED BELOW. THE STATEMENT FOLLOWING THE CHECKED BOX APPLIES TO THE CHILD INDICATED

Section I. Initial determination of case (to be completed only during INITIAL determination)

☒ Case is **eligible for title IV-E funding** for this episode of foster care.

☒ Child is eligible for Maintenance payment
See SECTION II PAYMENT INFORMATION below
☐ Child is not eligible for Maintenance payment
See COMMENTS section below
☐ Child is eligible as a result of a reconstructed application

☐ Case is **ineligible for title IV-E funding** for this episode of foster care. Select all reason(s) for ineligibility:
☐ Initial court order does not meet language requirements
☐ Does not meet IV-E citizenship/alien requirements
☐ Does not meet age requirements
☐ Does not meet removal requirements
☐ Does not meet deprivation requirements
☐ Excess resources in removal home
☐ Excess income in removal home
☐ 120-day evaluation of denied application/missing AFDC information

☐ Case is **temporarily denied for title IV-E funding** due to incomplete or missing information. Case should be re-evaluated if additional information is provided. Final resolution for determination is required within 120 days of the child entering care.

REMEDY (IF APPLICABLE):

Notice of Action

Section II. Initial determination of case payment information (to be completed only during INITIAL determination)

☒ Date Title IV-E ELIGIBLE maintenance payment(s) effective (mm/dd/yy): 11/07/2025

☒ Monthly Basic Maintenance Amount: \$667

Prorated Basic Maintenance Amount for Partial/Initial Month: \$519.11 (23 days @ \$ 22.57)

You must list the effective date and the maintenance amount. You may elect to list the prorated amounts; however, this is not required on the initial notice.

☐ Monthly VEMAT Amount: \$

Prorated VEMAT Amount for Partial/Initial Month: \$ (days @ \$)

☐ Children's Residential Facility Amount(s) Room and Board \$ Daily Supp

Section III. Changes in payment amount and/or source of payment AFTER initial determination

☐ Title IV-E monthly maintenance payment changed effective: (mm/dd/yy) from \$ to \$

Reason:

☐ Title IV-E VEMAT/Daily Supervision payment changed effective: (mm/dd/yy) from \$ to \$

Reason:

Notice of Action

Section IV. Closure/Termination

☐ Eligibility for Title IV-E is **TERMINATED** Effective: (mm/dd/yy) Select the reason for termination:

☐ No longer meets the age requirement

☐ Entered LDSS custody as the result of a VPA, the LDSS did not obtain judicial determination regarding child's best interest by the 180th day

☐ LDSS custody has been terminated

☐ Trial Home Visit (THV) for more than six (6) consecutive months without adequate information in a court order justifying a longer period of time

☐ Runaway or absent without leave (AWOL) status for more than six (6) consecutive months

☐ Committed to DJJ

☐ Adoption finalized

☐ Fostering Futures youth does not meet at least one of the criteria to continue eligibility for the Fostering Futures program

☐ Fostering Futures youth voluntarily terminated participation in the Fostering Futures program

☐ Fostering Futures the LDSS did not obtain judicial determination regarding the child's best interest by the 180th day following the final required signature on the VCSSA agreement

COMMENTS:

BENEFIT PROGRAMS SPECIALIST Name/Signature

TELEPHONE NUMBER

DATE

Benefit Program Specialist Name/Signature

555-555-5555

12/19/2025

Print Instructions: File, save as, choose PDF option, save to desktop. Open PDF and print.

Eligibility

- May lose or regain eligibility
- Certain conditions that render a previously title IV-E eligible child as ineligible for payments may be corrected
- The NOA form should be completed for an increase/decrease in payment, suspension or reinstatement of the maintenance payment, and termination due to the child's ineligibility for title IV-E.

61

Re-Screening

Payments may be corrected. Retroactive adjustments not to exceed 8 quarters (including current quarter)

Examples:

- Father listed is determined to not be the father through Paternity/DNA test results.
- Person is listed as a member of the AU in error.
- Best available evidence of income reported is later verified as less income, making the child eligible.

Policy reference 1.4.2.4

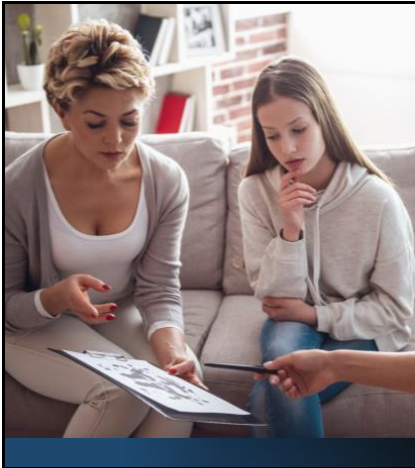
Break

Please return by:



Important Updates July 2025

- Placements- Kinship specific
- Placement documentation
- Resource Home Reviews
- Fostering Futures Application



Placement
documentation
1.6.2.8


Foster home or
children's facility
must remain fully
approved or licensed
during the entire
time the child was
placed in that home
or facility

Focus on federal licensing
requirements

Our focus aims to minimize IV-E underpayments caused by state program rules (that our federal partners do not review) and address questionable information which could result in title IV-E ineligible cases and/or overpayments.


Federal guidelines:

"each new license and licensing period [must be examined] to determine which criminal records check or background safety document requirements apply to the foster family home for the PUR. The documentation must clearly specify, (1) the background check(s) completed, (2) the date completed, (3) the name of the foster parent(s) on whom the background safety check was completed, (4) the evidence reviewed [by LDSS], and (5) official authentication of the check, such as an agency signature or the name of the official completing or furnishing the results of the background check."



Title IV-E Resource Home New
Requirements

- The complete provider checklist must be uploaded to include the signature page
 - Checklist for Initial Approval {1st COA approval period}
- Foster parent(s) OBI letter(s) need to be uploaded to the Placement Provider icon
 - OBI letter(s) {COA approval period} (one upload per home)
- The OBI letter reflects the criminal record check or name search was completed with eligibility results of either eligible or not eligible.
- Failure to upload the complete provider checklist and OBI letter(s) will result in a federal safety requirement error.



Title IV-E Resource Home New Requirements

COMPASS uploads for resource homes (LDSS & LCPSA):

- Include the COA approval period when uploading checklist and Non-conviction letters. Adding the dates will assist in ensuring safety checks are uploaded to support a COA.
- Checklist for Initial Approval {list COA approval period}
- Checklist for Re-Approval {list COA approval period}
- LCPSA Non-Conviction Letter {list COA approval period}



Title IV-E Resource Home Reviews

UNABLE TO DETERMINE CRIMINAL RECORD FOR TITLE IV-E FUNDING

"UNABLE TO DETERMINE" - This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent.

WHEN TO USE: This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent.

COMMENTS: This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent.

REMARKS: This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent.

- When an agency receives an "unable to determine" response for background checks of a prospective foster parent from OBI, certain criteria must be met before utilizing title IV-E funding.
- Before making a final decision about the qualification of prospective foster parents as a resource family home, the agency should consult with the regional resource consultant.
- This checklist is only for determining when/if title IV-E funding can be utilized.

Background Check Requirements for Other Adult Household Members

Background Check Requirements for Other Adult Household Members

DEFINITION: This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent.

WHEN TO USE: This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent.

COMMENTS: This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent.

REMARKS: This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent. This status is used when the agency is unable to determine the criminal record for the prospective foster parent.

- If background checks are not completed for the foster parents, Title IV-E funds can not be used for the placement.
- If issues are identified with the 'other adults in the home', QAA will refer the agency to the resource consultant for additional support. While bringing the home into compliance for 'other adults in the home' there will not be a financial penalty imposed for title IV-E funding.

Title IV-E Resource Home Reviews



- Continuous licensure must be verified.
- Title IV-E is focused on the items associated with utilization of title IV-E funding.
- When there is a lapse in safety checks or an expiration of the COA, the agency must complete fingerprints again.
- Therefore, this means fingerprints must be completed no more than 120 days (LDSS) or 90 days (LCPA) of the COA begin date.
- These resource home requirements must be met for utilization of title IV-E funding.

How far back is documentation of fingerprints required for an LDSS or LCPA resource home?

- A resource home has been approved since 2012.
- The child was placed in 2024, and OBI fingerprint checks were completed in 2021.



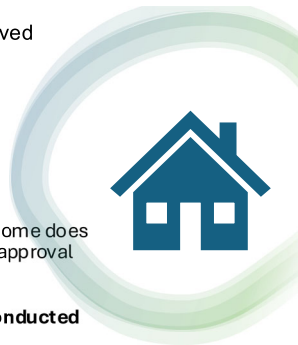
Answer:

The agency would not have to go back further since fingerprints were completed again in 2021.

The agency would start with 2021 and ensure continuous licensure instead of going back to 2012.

Lapse in Safety Checks

- Initial fingerprints were received 05/06/21
- Valid for 36 months
- Will expire 05/06/24



Answer:

If the agency responsible for the home does not conduct a name search for reapproval until 05/25/24, the home is out of compliance.

Fingerprint searches must be conducted before using IV-E funds.

Lapse in Certificate of Approval

- COA initially issued on 05/20/21
- Expiration date 05/20/24
- Renewal process completed on 06/05/24



Answer :

New fingerprint searches must be completed as the COA expired prior to the reapproval being completed.

A fingerprint search for the foster parent(s) must be completed within 120 days of the COA reapproval. A name search is no longer sufficient, even if it was conducted before the fingerprints expired, as the COA has lapsed.

**Title IV-E Resource Home
additional items**


LCPA license – look at current license only to ensure the LCPA is still licensed.

- The federal review process does not involve verifying the validity of LCPA licenses. When the payments were assessed, the federal partners preferred that the SPR not include the LCPA name, as it was not the focus of the evaluation. Instead, the primary focus is on the actual foster home.

**Referrals to Resource Consultants at
QAA Quarterly Reviews**


In prioritizing title IV-E federal errors during reviews means some state policy requirements would be:

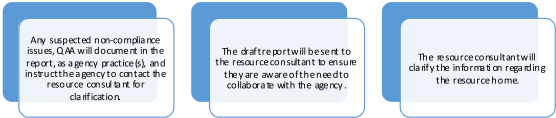
Categorized as Agency Practice

Referred to Resource Consultants for follow up

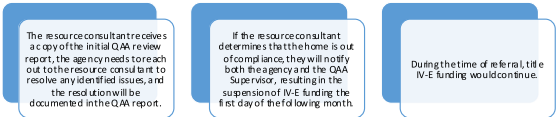


This is more beneficial for the resource consultant to verify the home in question meets all necessary benchmarks for full state approval.

Referrals to Resource Consultants at QAA Quarterly Reviews (cont'd)



Referrals to Resource Consultants at QAA Quarterly Reviews (cont'd)



Resource Home Referrals

Previously this was a *safety finding*.
Effective July 1 it will be reflected as an Agency Practice.

Type of Error/Finding	Description of Error	Amount of Ineligible IV-E Payments	Action Required by Agency	Action Taken by Agency	Error Resolved/Unresolved (issue persists)
Safety Requirement	The Jones resource home (xxxxxx) is out of compliance. The first criminal record check (fingerprints) was received 08/12/24 and the Certificate of Approval (COA) was issued 12/14/24 which is not within the required 120 days.	\$3,567.00	The agency need to make LASE R adjustments in the amount of \$3,567.00. These adjustments need to be made according to the Tide IV-E Shared Fiscal Accountability and Management Plan and sent to the QAA Consultant with the actions taken by agency.		

Resource Home Referrals

If the resource consultant determines a home is out of compliance, they will notify both the agency and the QAA Supervisor, resulting in the suspension of IV-E funding the first day of the following month.

Type of Error/Finding	Description of Error	Amount of Ineligible IV-E payments	Actions Required by Agency	Action Taken by Agency	Error Resolved/Unresolved (date and only)
Agency Practice	The Jones resource home (xxxxxx) may be out of compliance. The first criminal record check (fingerprint) was received 08/11/24 and the Certificate of Approval (COA) was issued 12/14/24.	n/a	The agency needs to reach out to the resource consultant.	Acceptable response: Agency reviewed the home with the resource consultant and the home is out of compliance for title IV-E. Unacceptable response: Home is not good.	

Resource Home Referrals

Type of Error/Finding	Description of Error	Amount of Ineligible IV-E payments	Actions Required by Agency	Action Taken by Agency	Error Resolved/Unresolved (date and only)
Agency Practice	The Checklist for Re-approval reflects another adult, and it appears that the safety checks do not meet resource guidance.	n/a	The agency needs to reach out to the resource consultant.	Acceptable response: Agency reviewed the home with the resource consultant and the home's approval is valid. Unacceptable response: Home is good.	

Resource Home Referrals

Type of Error/Finding	Description of Error	Amount of Ineligible IV-E payments	Actions Required by Agency	Action Taken by Agency	Error Resolved/Unresolved (date and only)
Agency Practice	The Checklist for Re-approval reflects CPS checks for the foster parent(s) which appear to be more than 120 days.	n/a	The agency needs to reach out to the resource consultant.	Acceptable response: Agency reviewed the home with the resource consultant and the home's approval is valid. Unacceptable response: Home is good.	

Resource Home Referrals- Summary

- Realigning our resource home focus
- Certain safety concerns will be referred to your resource consultant, here a few of the most common.
 - CPS checks
 - Safety checks for other adults
 - When a COA is not issued within 120 days
- The agency must reach out to the resource consultant to collaborate
- The outcome must be documented on the report that is returned within 45 days.

Kinship Due Date Calculator



The Fusion link is located on HO B-3 under "Resources and Job Aids"

A screenshot of the "Due Date Calculator for Kinship Resource Family" form. It is titled "F.I.L.E. W.L.B.E. CONNECTED RESOURCES". The form has a section for "Step 1: Prospective Kinship Resource Family" with five questions (A-E) and input fields for dates. Question A asks for the date the relative first became interested in being a parent. Question B asks for the date the Kinship Resource Family Approval Process document was signed. Question C asks for the date the Kinship Resource Family Approval Process document was signed. Question D asks for the date the Kinship Resource Family Approval Process document was signed. Question E asks for the date the Kinship Resource Family Approval Process document was signed. The form also includes a "Due Date" field and a "Due Date" field.



TITLE IV-E FORMS

Forms-Eligibility

- Application to DCDF of Non-Maintenance Title IV-E Case (PREF)
- Title IV-E Foster Care Affidavit of Interest with Involvement (DCDF) - Revised July 2025
- Central Background Check Consent Non-Consent (DCDF)
- Central Background Check Review Non-Consent (DCDF)
- Title IV-E Application and Evaluation for Fostering Futures with Involvement (DCDF) - Revised November 2025
- Title IV-E Family Support Treatment Family Evaluation (DCDF)
- Title IV-E Foster Care and IV-E Medical Evaluation effective 07-01-2025 (DCDF) - Revised July 2025
- Title IV-E Foster Care and IV-E Medical Application (DCDF) - Revised July 2025

Fostering Futures
application

***BROADCAST**
2/4/26

***Effective**
April 1st




Transfer of Learning

Day 3 TOL

To continue to reinforce your learning, please :


- Review and complete the listed tasks
- Answer questions
- Make connections between your learning and policy



Title IV-E New Worker Policy, Phase II

Day 4





Review of Day 3

- Job aids
- Notice of Action
- Special circumstances
- Resource Family clarifications

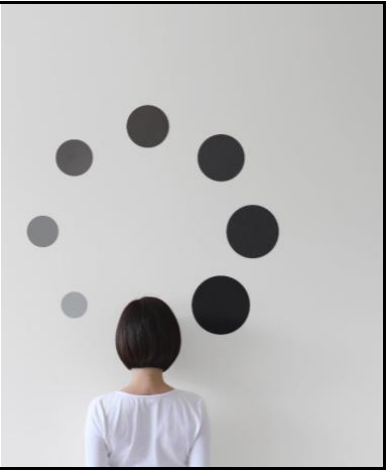


AGENDA DAY 4

- TOL Review
- Ongoing case maintenance
- Annual Judicial Review
- Ongoing payments
- Reporting Changes
- OASIS and COMPASS
- Next steps and Closing

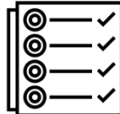
See Handout A-1

Review of TOL



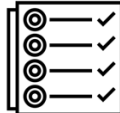
Review Foster Care Guidance 4.6 and Title IV-E Guidance 1.6 attached to this page pertaining to the *Title IV-E Foster Care and Medicaid Evaluation* and answer the following questions:

1. Determination of eligibility is the responsibility of **Benefits Program Specialists** in the LDSS. (Section 4.6 Foster Care Guidance)



2. If a child has been determined title IV-E eligible, a separate Medicaid application is not required. The Title IV-E Foster Care & IV-E Medicaid Application is used. (Section 4.6 Foster Care Guidance)

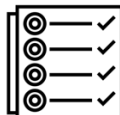
Answer: True



3. If the foster care child is Non IV-E, a separate Medicaid application must be filed, either online at CommonHelp, by phone with CoverVirginia, or with a paper application submitted to LDSS. It is signed by an authorized employee of the public/private agency that holds custody of the child.

(Section 4.6 Foster Care Guidance).

Answer: True



4. It is recommended that the Family Service Specialist complete both applications within **ten (10) days** of the child entering foster care.
(Section 4.6 Foster Care Guidance)



5. A **Title IV-E Foster Care Notice of Action** form should be completed for an increase/decrease in payment, suspension or reinstatement of the maintenance payment, and termination due to the child's ineligibility for title IV-E.
(Title IV-E Guidance 1.6)



Ongoing Case Management

Ongoing case management refers to the policies and procedures by which the agency maintains an ongoing title IV-E case and include the following:

Ongoing Entitlement	Childcare requirements
AJR – Annual Judicial Reviews	VEMAT requirements
Ongoing Payments	Reporting Changes
NOA - ongoing requirements	Maintaining OASIS
Absences	Quarterly IV-E reviews
Clothing allowance/tracking	IV-E Case Closures
Transportation expenses	COMPASS

Policy reference: 1.6

Ongoing Entitlement

Child determined to be AFDC eligible at removal:

- Meets AFDC need and deprivation requirements throughout the foster care episode regardless of changes in income, resources and/or parental deprivation. No additional eligibility reviews required.
- Remains eligible for title IV-E funding if placement, licensing, annual judicial hearings are completed when due.

A child may temporarily lose and regain title IV-E eligibility if placement, licensing, judicial review requirements are not met.

- Title IV-E funding is suspended until the requirements are met.

Policy reference 1.7.2

Annual Judicial Reviews

Foster Care Hearings or Permanency Planning Hearings:

- Required annually for ongoing title IV-E funding of maintenance
- Indicates that reasonable efforts are being made toward reunification or to finalize a permanent placement of the child.
- Signed and dated by judge

Evaluate:

Date child entered foster care (earliest of below dates)

- Date of removal – add 60 days
- Date judicial finding of abuse/neglect

Goal/permanency plan

- Goal must be written on the order or
- Current service plan submitted to court and attached to court order

Reasonable Efforts language - must have reasonable efforts language that addresses the goal.

See Handout J-1

Policy reference 1.6.4

Annual Judicial Reviews

Step 1

A. Enter date child physically removed from home. For constructive removals, enter date of court order: 01/17/2026

B. Enter date from Step 1, A, 01/17/2026 and add 60 days (Step 1, B) 03/18/2026
(because day of removal does not count as day one)

Step 2

A. Was the child adjudicated as being an abused/neglected child?

1. If yes, enter adjudication date 02/28/2026

2. Enter the second date from Step 1, B 03/18/2026

B. Compare the two dates from Step 2, A and enter the earlier date 02/28/2026

* Note, if there was no adjudication of abuse and neglect, enter the date in Step 2, A.2 in B.

Step 3

A. Enter month/year from Step 2, B 02/2026 and add 12 months 02/2027 which is the due date for the first AJR

See Handout J-2

Policy reference 1.6.4

Annual Judicial Reviews

The Foster Care Review Order has the following reasonable efforts language boxes:

- [] Reasonable efforts [] have been made [] have not been made by the agency to reunite the child with his or her parents, guardian or other person standing *in loco parentis* to the child.
- [] Reasonable efforts to reunite the child with the parents are not required pursuant to Virginia Code § 16.1-281 B
- [] Another planned permanent living arrangement having been approved as the plan for the child, reasonable efforts [] have been made [] have not been made to place the child in a timely manner in accordance with the foster care plan and reasonable effort [] have been made [] have not been made to monitor the child's status in another planned permanent living arrangement.
- [] Reasonable efforts [] have been made [] have not been made by the agency to place the child in a timely manner in accordance with the foster care plan and to complete the steps necessary to finalize the permanent placement of the child.

See Handout J-1- Page 2

Policy reference 1.6.4

Annual Judicial Reviews

The Foster Care Review Order has the following reasonable efforts language boxes:

1st box for Return home

2nd box never good to use

3rd box for APPLA Note: If the child is under the age of 16 years and this goal is selected, IV-E funds cannot be used

4th box for APPLA (Note if the child is under the age of 16 and the goal of APPLA is selected IV-E funds cannot be used), **Placement with relatives, Adoption, Permanent Foster Care** (Note: if the child is under the age of 16 and the goal of Permanent Foster Care is selected IV-E funds cannot be used), Independent Living (eff. 7/1/11 Independent Living was eliminated as a new goal) or Continued Foster Care (eff. 7/1/09 Continued Foster Care was eliminated as a new goal)

See Handout J-1- Page 2

Annual Judicial Reviews

The Permanency Planning Order has the following reasonable efforts language boxes:

- [] Reasonable efforts [] have been made [] have not been made by the agency to reunite the child with his or her parents, guardian or other person standing *in loco parentis* to the child.
- [] Reasonable efforts to reunite the child with the parents are not required pursuant to Virginia Code § 16.1-281 B
- [] The board or agency has identified a permanent goal for the child other than returning the child home and reasonable efforts [] have been made [] have not been made to achieve the permanent goal identified in the foster care plan.

See Handout J-1- Page 2

The Permanency Planning Order has the following reasonable efforts language boxes:

1st box for Return home

2nd box never good to use

3rd box is for APPLA (Note: if the child is under the age of 16 and the goal of APPLA is selected IV-E funds cannot be used), **Placement with relatives, Adoption, Permanent Foster Care** (Note: if the child is under the age of 16 and the goal of Permanent Foster Care is selected IV-E funds cannot be used), Independent Living (eliminated as new goal eff. 7/1/11) or Continued Foster Care (eliminated as new goal eff. 7/1/09)

Annual Judicial Reviews

Case Name John Doe OASIS# 12345678 CLIENT ID# 1234567
 Date Removed 02/15/2024 Date Entered Foster Care 3/22/2024

(Date of Adjudicatory Order or 60 days from child's physical removal from home whichever occurs first.)

Date Judicial Determination due (MO/YR)	Date Judicial Determination made (MO/YR)	Current Goal	Does the reasonable effort marked match the current goal or any goal within the past 12 months? (refer to page 2) Y/N	Is this decision timely Y/N	If decision is untimely correct as one able effort is marked, was IV-E paid for this period? Y/N
3/2024	7/2024	Return Home	Yes	Yes	
7/2025	1/2025	Return Home	Yes	Yes	
1/2026					

See Handout J-1- Page 1

Annual Judicial Review

Recap of AJR requirements:

- Ensure the order is signed and dated by the judge
- Ensure the language (check box) matches the current primary goal or one within the previous 12 months.
- If the goal is not written on the order, the BPS shall request a copy of the first page of the current service plan that was submitted to the court for this hearing & attach it to the current court order.
- If a valid order is not received by the end of the 12th month, then title IV-E funds are stopped until a valid court order is received.

Policy reference 1.6.4

Ongoing Payments

- The FSS is responsible for providing the BPS with documentation of maintenance costs. Each agency has their own process however, the following pertains to needed documentation for a IV-E case.
- **Resource Home** – Case action or other locally developed form submitted to finance
- **LCPA's** – invoice/POSO from the vendor
- **Residential Facilities** - invoice from facility, (check amount being billed for accuracy and ensure the daily rate matches the placement/financial agreement in the eligibility file.)
- Payments include the day the child was placed in the home but not the date of the placement discharge. Head in the bed!!!

See Handout J-3

Ongoing Payments

IV-E payments include:

- LDSS administrative costs (captured through RMS)
- Maintenance costs in both residential facilities and family foster homes
- Additional daily supervision is administered by a VEMAT for family resource homes or LCPA approved homes.
- Cost for additional daily supervision in a residential facility if billed separately from room & board.
- Childcare costs while the foster parent works
- Transportation costs for the child to visit with parents, siblings, or prior custodian.
- Yearly clothing allowance

See Handout J-3

Policy reference 1.7.1

Notice of Action

Ongoing requirements

The following items may impact the child's payment eligibility:

- Age
- Placement
- Voluntary placement lasting 180 days and no RE/BI determination made
- SSI payments
- Ongoing annual judicial review
- Timely VEMAT assessments
- Signing the Adoption Assistance Agreement (Does not close case)

Policy reference 1.6

Absence

The BPS determines if an absence will impact a payment to the provider

- ✓ If the absence is temporary (not to exceed 14 days) and the child returns to the same provider, the provider may be paid for the entire month.

examples: hospitalization, education, training, vacation or a visit

- ✓ If the absence exceeds 14 days or the child does not return to the same provider, the payment shall be prorated based on the actual number of days the child was in each placement.


The last day of the placement is not included in the prorated payment.

Policy reference 1.6.2

Absences- Let's Review

1. The child left their initial placement on 1/2/26 and went to two different respite providers but returns to the initial placement on 1/12/26 – can the initial provider be paid for the entire month?


1- Yes!



Policy reference 1.6.2

Clothing Allowances

Supplemental clothing allowance



- Supplemental clothing allowances apply to all children, regardless of funding source.
- Deadline is May 31st (Date the bill is paid determines the fiscal year in which the payment is counted.).
- Each episode of Foster Care begins a new clothing allowance.
- FSS determines appropriateness of purchase. Allocations tracked by BPS via documentation (i.e. purchase orders to the store and receipt or store receipt).

See Handout J-4

Policy reference 1.7.1.2 & FC 18.1.3


Clothing Allowances

Additional clothing funds:

Up to \$250

Protocol for approval by the VDSS Regional Permanency Consultant:

- Provide name, age, and reason needed
- Process documented in writing;
 - an email request with documented approval
- Protocol regardless of funding source



See Handout J-5

Policy reference FC 18.3

Transportation Expenses

Reasonable travel costs:

- **Child to visit siblings, parents, and prior custodians to whom the child is expected to return**
 - Includes mileage at state rate with proof of miles driven, bus tickets, other reasonable transportation
 - Receipts required for reimbursement
- **Child to remain in their same school**
 - Best Interest Determination (BID) required for eligibility file (must be initiated within 3 days of the child's placement)
 - Includes mileage at state rate with proof of miles driven, bus fare, other reasonable transportation

Unallowable travel costs:

- Parents/relatives travel to visit children.

Policy reference 1.2.7

Childcare Requirements

- Provides daily supervision during the foster parent's working hours when the child is not in school; or
- Facilitates the foster parent's attendance at activities which are beyond the scope of "ordinary parental duties; and
- Is provided in a legally operating childcare facility or home. License is required for eligibility file.
 - Provisionally licensed facility does NOT meet IV-E requirements
- Justification from the FSS as to why the foster parent(s) need childcare.
- Reasonable rates/justification of higher rates



See Handout J-6

Policy reference 1.7.1.4

VEMAT Requirements


Initial VEMAT administration:

- May be administered prior to placement if time permits
- Emergency rate (\$1,120) prorated from 1st day of placement.
- Initial VEMAT - within 60 days of child entering Foster Home (calendar days from entry into FC through end of month in which 60th day falls)
- Change in payment shall begin on the 1st day of the month following completion of a VEMAT.

Re-administration of the VEMAT:

- **Scores BELOW 28** - 12 months (365 days from signatures through end of month in which 365th day falls)
- **Scores 28 and above** - 3 months (90 calendar days from signatures through the end of the month in which the 90th day falls)
- **Scores of 36 solely** - annually, documentation from physician stating that the child's severe medical/physical condition unlikely to improve.

Policy reference FC 18.2.2.6



Knowledge Check

Today is 4/15/2025, you are reviewing a case, the child's VEMAT was due by 3/31/2025, but you did not receive a new VEMAT from the FSS, what do you do?


A. Nothing, give it time, the FSS is busy, he/she will get you the VEMAT soon.

B. Issue a Notice of Action (NOA) to all parties stating to stop utilizing title IV-E funding for the VEMAT portion effective 3/31/2025.

C. Go into OASIS and see if the funding screen was changed.

D. Give a sticky note to the FSS when you pass him/her in the hallway.

Reporting Changes




- Maintain documentation of changes.
- Notice of Action for all rate increases/decreases sent at minimum to the FSS, CSA Coordinator and fiscal staff.
- Best practice is to include documentation of clarifications with any regional consultant in the eligibility file for future reviews. This should be the standard for new and ongoing cases.

Reporting Changes


Situations impacting a child's eligibility for title IV-E

The FSS is required to report changes to the BPS within three days; the BPS has five calendar days to complete a NOA when needed:

- Trial home visit or runaway status (AWOL)
- Provider's license is revoked or changed to provisional status
- Last Judicial determination not held within the past 12 months with appropriate "reasonable efforts" language.
- Child is placed in an unallowable facility:
 - Detention
 - Forestry or training camp
 - Psychiatric or medical hospital
- Child is receiving the full SSI benefit



Policy reference: FC 4.5.4



Knowledge Check

What type of changes does the FSS need to report to the BPS? **Select all that apply.**

- ☒ A.) Placement changes
- ☐ B.) Child turned seven years old
- ☒ C.) Child goes on a trial home visit
- ☒ D.) When an Adoption Assistance Agreement is signed
- ☒ E.) Termination of parental rights with a court order attached.

Maintaining OASIS

Placement Name, Type and Dates:

- All placements must be listed in OASIS
- Include detention and hospital stays occurring at the beginning of the agency's custody or when greater than 14 days
- "Placement change/discharge date" should be the date the child is removed from placement. Date must be same as the "Date Placed" in the new placement.
 - Example: If one placement ends on 9/12 next placement should begin 9/12.

See Handout K-1

OASIS Placement Change

Select Placement Episode

OASIS Entry Date	Date Entered	Placement Change / Discharge Date	Resource Type	Resource ID	Resource Name
00/00/0000	06/21/2023	00/00/0000	LCPA Homes	1033529	Mary Sue
00/00/0000	06/21/2023	06/21/2023	LCPA Homes	1045217	Joan Smith

☒ Do Not Include the Void Placements.
☐ Include the Void Placements.

Buttons: Show, Cancel, New, Sort, Delete, Help

Maintaining OASIS

Funding Screen – Basic Maintenance:


Reflect current monthly payment amount or daily room and board for residential facilities.

Funding source "NONE"

- Trial Home Placement, Unapproved Relative Placement, Hospitalization, Detention or AWOL over 14 days
- If Medicaid is paying for Residential Room and Board and Medicaid Residential checked "Yes"

Blank funding screen

- Non-finalized adoptions
- IL Stipend is being paid – IL tab needs to have payment information



See Handout K-1

OASIS Funding Screen

Funding - SEASON - SIZE SEASON

Basic Maintenance

Additional Maintenance

IL Stipend

Eligibility

Date Effective

End Date

Source of Payment

Rate

Basic Payment

TITLE IV-E

11/08/2025

09/09/2030

TITLE IV-E

Monthly

\$677.00

Effective Date :

11/08/2025

End Date :

09/09/2030

Eligibility Determination (Program Category):

TITLE IV-E

CSA

Source of Payment:

TITLE IV-E

CSA

NONE

Basic Payment:

\$677.00

Daily Rate

Monthly Rate

Other Resources

SSI:

Yes

No

SSA:

Yes

No

Child Support:

Yes

No

Other

Add

Change

Delete

Clear

Funding Report

Cancel


Maintaining OASIS

Funding Screen – Additional Maintenance

- Must reflect emergency VEMAT and all VEMAT changes
- Additional Supervision

Court Hearings Screen:

- Entered timely
- Reflect date of the hearing (may be different than the date signed by judge)



See Handout K-1

Quarterly IV-E Checks

The following should be checked quarterly by the BPS:



- Custody begin and/or end date
- Placement Name, Type and Dates - placement documents in file
- Funding Screen – Eligibility, Funding Source for basic maintenance and enhanced maintenance are reflective of documentation in file.
- Court documents in file and hearing screen is up to date
- SSN – entered in OASIS and accurate
- Duplicate Client IDs – if duplicate client IDs notify the FSS these may need to be merged.
- BPS should notify the FSS and/or finance of errors
- Reported errors - unresolved longer than two (2) weeks, refer to the BPS Supervisor

All IV-E BPS staff should have access to OASIS

See Handout K-2

When To Close A Case

- Exceeds the age requirement
- VPA - LDSS has not obtained an order with best interest language by the 180th day
- LDSS custody terminated
- Trial Home Visit (THV) more than six (6) months. THV can be extended beyond six (6) months with information in a court order justifying a longer period.
 - Continuance of a hearing does not satisfy requirement.
- Runaway or absent without leave (AWOL) status for more than six (6) consecutive months.
- Committed to DJJ means:
 - No longer in the custody of LDSS
 - Discharged from foster care on the date of the court order committing the child to DJJ
- When child's eligibility for title IV-E ends, the child may continue to receive foster care services as a non-IV-E child. The BPS is responsible for managing the Medicaid for children in these situations.

Policy reference 1.11.1

DCSE

All title IV-E cases except those in which deprivation is based on the death of both parents shall be referred to the DCSE unless Good Cause is claimed.

The VaCMS system has edits in place that require the Benefit Programs Specialist to transfer the information recorded on the Absent Parent Deprivation/Paternity Information Form. VaCMS electronically transmits to DCSE.



- Case openings
- Case closings

Policy reference 1.9.1.2 & FC 4.7



COMPASS site on FUSION

COMPASS

COMPASS Portal:

<https://mobile.compass.dss.virginia.gov/Unauthenticated/login.aspx?ReturnUrl=%2f>

- Access through Google Chrome only
- Bookmark for future access
- Must be using VPN or be hardwired into COV
- All technical questions are sent to COMPASS@dss.virginia.gov



COMPASS

Fusion COMPASS - MOBILE – SOLUTION:

<https://fusion.dss.virginia.gov/dfs/DFS-Home/COMPASS/COMPASS-MOBILE-SOLUTION>



See Handout K-3

g Review Sampling Size

The number of cases selected for ongoing reviews will be determined based on the agency's Total Federal Error Percentage from FY24. This percentage is calculated from both new case validations and ongoing review error rates and is reflected in the chart.

- *A minimum of five (5) ongoing cases provided the agency has five (5) active cases at the time of the ongoing review.


Fiscal Year 2024

Error Rate	% of Cases to be Read
0 - 5.00%	25%
5.01 – 10%	50%
10.01%+	100%

QUALITY ASSURANCE

What does QAA review?

- Proof of citizenship, alienage and/or refugee status
- SSN, DOB, Sex, legal name
- Placement(s): Certificate of Approval, licenses, financial agreements/rate sheets
- Court Hearings: Initial & ongoing orders
- OASIS: Placements, Funding & Summary of Hearings
- Payments with proof of expenses



Policy Reference 1.6.2.8

Missing Documentation and Report Findings

If the agency fails to upload required title IV-E case documents for the case review, and they are not submitted in response to the missing documentation email, this is not an Agency Practice finding but rather an AFDC error. This is applicable to regular foster care and Fostering Futures.

- The case cannot be reviewed as the documents are not uploaded for review

Missing clothing receipt(s), a VEMAT, a valid court order, etc.

- If not submitted in response to the missing documentation email, the payments reflected on the SPR will be considered ineligible payments.
- This would be applicable to any missing documentation that is needed to determine a case or needed to validate payments.

Missing documentation, three-day email

- To ensure a request for additional documentation, clarification, etc. are not overlooked on the Missing Documentation email we ask the following:
- Please ensure that one response is returned to the QAA consultant within the three allowable days.
- Replying once will inform the QAA consultant that you have uploaded/submitted documents and they will continue the report writing process.

Report response

Your agency needs to submit your Actions Taken by Agency in one response within the required 45 days.

Federal case error threshold	10%
Federal case error rate	8%
15% federal finding error threshold	\$22,562.5
Ineligible payment amount	\$858.65
Review Results	The agency is in compliance with the case and the funding error thresholds, and no further action is required by the agency at this time.
Actions Taken by the Agency Due Date	January 20, 2026

SPR Conformity

- The QAA team will require standard payment record (SPR) submissions align with federal review queries.
- The QAA team will review the SPRs for compliance in several areas identified as issues during the federal review.
- This process will include self-monitoring by each agency to ensure that SPRs are comprehensive, especially in cases where the financial documentation is unclear.

SPR Requirements

All localities will be required to submit SPRs

- Failure to submit an SPR will prevent QAA from determining eligibility, making the use of IV-E funds prohibited.

SPR findings will be listed as Agency Practice. The required action(s) will be that the agency provide an explanation and provide a plan detailing how they will ensure proper documentation.

- a) Failure to submit the Certification Checklist
- b) Utilizing the incorrect cost code
- c) Comments on the financial paper trail are not made

Failure to align service and payment amounts may result in an underpayment or overpayment.

SPR Certification Checklist

Request internal auditing by the local agency prior to sending to QAA

Certification checklist link is in the notification letter and SPR submission will include attestation to:

1. Ensure client ID matches OASIS client ID
2. Ensure service dates align with payment amounts
 - a) Partial payment amounts must correspond to the specific service dates
 - b) Multiple months payments cannot be "lumped" into a one-month service date
3. Ensure cost codes are correct
4. Ensure comment section is properly documented
 - a) CSA reimbursements
 - b) LCPA payments to include resource home name
 - c) Credit card payments
 - d) Special Welfare Accounts
 - e) Delayed payments

SPR Certification Checklist

SPR CERTIFICATION CHECKLIST
WHO?
<small>During the February 2023 Federal Review, several areas of concern were noted across Standard Payment Period (SPR) submissions. Therefore, the following checklist and certification are designed to assist agencies in ensuring SPR submissions have been reviewed for accuracy and completeness before submitting for the state to enter IV-E services. Failing to submit required SPRs will prevent QAA from determining eligibility, making the use of IV-E funds prohibited.</small>
HOW?
<ul style="list-style-type: none">• Prepare the SPR document for the Payment Period Review (PPR) as outlined in the notification of agency check.• Review all error notices are completed to the best of the agency's ability before submitting the SPR.• Complete one certification sheet per agency (do not submit a certification checklist for each SPR).• Review the SPR Information Sheet located on IVIS2023 page for detailed submission and examples.
COMPLETE
<input type="checkbox"/> Payment client ID matches OASIS client ID
<input type="checkbox"/> All service dates align with payment amounts
<input type="checkbox"/> All partial month payments correspond to the specific service dates
<input type="checkbox"/> Multiple month payments have not been "lumped" into one service date
<input type="checkbox"/> The comments section properly documents the paper trail for any CSA reimbursement, agency credit and payments, special welfare account payments, delayed payments, or LCPA payments
<input type="checkbox"/> The cost code (0100, 0110, 0115, 0116, 0117, 0118, 0119, 0120, 0121) accurately reflects the type of payment being used.
<input type="checkbox"/> All other amounts are correct
CERTIFY INFORMATION
<small>By typing your name below, you certify the information above has been reviewed for all errors and is accurate to the best of your knowledge.</small>
<small>(Type name of Finance Representative or SPR Representative Party)</small>
X

Handout K-5

SPR Information Sheet

Standard Payment Review (SPR) Information Sheet
 Have you ever had the SPR request that must be verified for each case case validation, ongoing review, and immediate cases (if applicable). If you have questions, please contact your assigned SPR Consultant.

1. Finance client ID matches GMSB client ID.

In the Example Case Listing sent by GSA the month prior to the review, you can see the GMSB client ID.

Action Required: If the client ID used by Finance does not match the GMSB client ID, Finance should update the financial account to reflect the GMSB client ID.

LPR Agency Quarterly QA Review July 2025	
All New Funding/Training Case	GMSB Case #
Agency Name	12121212
Agency State	12121212
Agency Email	12121212

2. All service dates align with payment amounts.

Example: Child placed in an LPR home on 5/1/2025 and remains in the home through the period under review (PUR) of February 1, 2025 – July 31, 2025.

Service Begin Date	Service End Date	Payment Amount
5/1/25	5/31/25	\$500.00
6/1/25	6/30/25	\$500.00
7/1/25	7/31/25	\$500.00

It is not appropriate to lump payments together, when other non-reviewing GSA. Each month should be a stand alone payment.

3. All partial month payments correspond to the specific service dates.

Example: Child placed in an LPR home from 6/1/25 to 6/30/25. Basic maintenance \$500.00.

4. Multiple month payments have not been "lumped" into one service date.

Example: Request \$1,000.00 reimbursement of basic maintenance for March, April, and May 2025 to GSA.

Service Begin Date	Service End Date	Payment Amount
3/1/25	3/31/25	\$333.33
4/1/25	4/30/25	\$333.33
5/1/25	5/31/25	\$333.33

It is not appropriate to make one payment for 3/1/25 – 5/31/25 for \$1,000.00.

5. The comments section properly documents the paper trail for any GSA reimbursement, agency credit card payments, initial review account payments, initial payment, or LPR payments.

Example 1: Request made for \$1,000.00 to reimburse basic maintenance for March, April, and May 2025 to GSA.

Service Begin Date	Service End Date	Payment Amount	Comments
3/1/25	5/31/25	\$1,000.00	W-2 eligible, reimbursement made to the agency credit card for March, April, and May 2025.

*Note the service begin and end date corresponds to the actual payments being requested.

Example 2: The agency used their credit card to purchase clothing in the amount of \$102.48 for the total child on the day they entered care, 7/1/25. Now, the case is determined to be eligible, and reimbursement needs to be made for this clothing purchase.

Service Begin Date	Service End Date	Payment Amount	Comments
7/1/25	7/1/25	\$102.48	W-2 eligible, reimbursement made to the agency credit card.

Handout K-6

SPR inaccurate entry

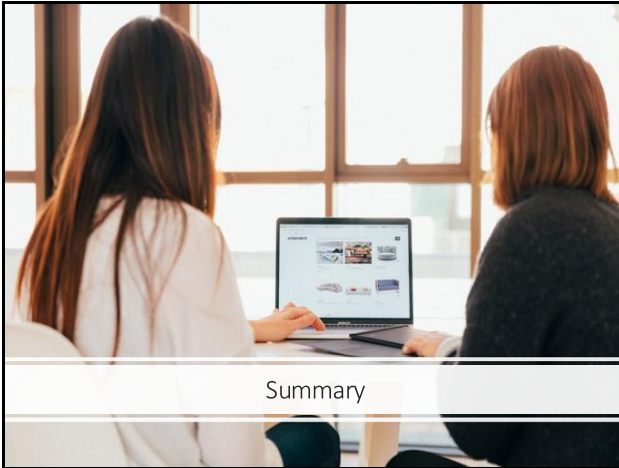
ROCKY MOUNT, VA 24151 5402600000					
Description of Service	Service Begin Date MM/DD/YY	Service End Date MM/DD/YY	Payment Date MM/DD/YY	Title IV-E Payment Amount	Payment Validity (date use only)
MNF-CLOTH	12/30/24	12/30/24	2/20/2025	\$51.60 NO	
MNF-CLOTH	1/1/2025	1/31/2025	2/20/2025	\$39.80 YES	

SPR Requirements

The agency is given a payment cutoff date in the Notification email which is to ensure that SPRs are presented to us early as we want to ensure the SPR captures as many payments as possible for the service months under review. If payments are processed after the payment cutoff date and are included on the SPR they will be considered as part of the SPR total(s).

Example:

- A review is scheduled for July and the PUR is December 1, 2024 – May 31, 2025.
- SPR submission date is no earlier than June 24 but prior to July 1.
- The agency submits their SPRs along with their Certification Checklist on July 2 and the Payment Date (column J) on the SPR shows a payment was completed on June 27 (after payment cutoff date of June 24).
- The payment is for a service month under review, December 1, 2024 – May 31, 2025.
- The payment is included in your SPR review and will be included in any overpayment calculations.



Who Does What?		
Family Services Specialist FSS	Benefit Program Specialist BPS	
Submits Application within 10 days	Submits Application within 10 days	Evaluates application within 45 days
Reviews Court Order for Accuracy	Evaluates application within 45 days	Completes NOA indicating application disposition
Completes VEMAT Assessments as required	Reviews Court Order for Accuracy	Reviews Court Order for Accuracy
Ensures OASIS is up-to-date always	Completes VEMAT Assessments as required	Ensures all IV-E documents are in COMPASS
Reports Changes within 3 days	Ensures all IV-E documents are in COMPASS	Ensures OASIS is up-to-date always
Collaborates!	Ensures OASIS is up-to-date always	Tracks AJR's to ensure timeliness of reviews
Supports the Values of VDSS	Reports Changes within 3 days	Collaborates!
	Tracks AJR's to ensure timeliness of reviews	Supports the Values of VDSS
	Collaborates!	
	Supports the Values of VDSS	

Resources

Did You Know?


Monthly email in regards to IV-E topics:

- On FUSION back to January 2019
- Contact your consultant if you would like to be added to the distribution list.

<https://fusion.dss.virginia.gov/dfs/DFS-Home/Title-IV-E/Pages-by-Topic>

Link to the title IV-E Guidance:

<https://fusion.dss.virginia.gov/dfs/DFS-Home/Title-IV-E/Title-IV-E-Guidance>



Resources

- Forms such as the title IV-E Application/Evaluation/NOA:
<https://fusion.dss.virginia.gov/dfs/DFSHome/Title-IV-E/Title-IV-E-Forms>
- Resources & Job Aids such as worksheets & handouts:
<https://fusion.dss.virginia.gov/dfs/DFSHome/Title-IV-E/Title-IV-E-Resources-and-Job-Aids>
- Title IV-E - Quarterly QA Reviews and Foster Care Funding and Ongoing review checklist, a blank SPR, the COMPASS Naming Convention and the QAA Uploading Documents video:
<https://fusion.dss.virginia.gov/dfs/DFSHome/Title-IV-E/Quarterly-QA-Reviews>
- **New! Webinar and Training- FY26 Title IV-E Changes effective July 1, 2025:**
<https://fusion.dss.virginia.gov/dfs/DFSHome/Title-IV-E-Foster-Care/Quarterly-QA-Reviews>

Key Takeaway...

- What is your key takeaway from this course?



Thank You!

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Survey



- Your feedback is important to us.
- It is anonymous.
- The course is CWS4026W
Title IV-E New Worker
- The trainers are
- Date is
