MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES

Standard Operating Procedure

Procedure Name: Licensure Requirements for Congregate Care Partner Providers - Requirements for Adoption Services, Intake and Assessment Centers, Permanency Assessment Centers, Adolescent Diversion Units/Access Units	Chapter: 12
Procedure Number: 2.12.7	Effective Date: DEC 2024

1.0 Purpose. The purpose of this procedure is to provide guidance for Adoption Services, Intake and Assessment Centers, Permanency Assessment Centers, and Adolescent Diversion Units / Access Units that are congregate care Partner Providers and private child placing agencies. This procedure is seven of seven procedures that cover the specific requirements to receive a license and defines the operational standards that must be met to be a licensed Partner Provider.

2.0 Definitions

3.0 Responsible Parties. Questions concerning this procedure should be directed to the Deputy Commissioners for Clinical Support. All requests for rule changes should be sent via email to the Director of Congregate Care at congregate.care@mdcps.ms.gov

4.0 Procedure.

Procedure 4.12 - Requirements for Adoption Services

A. Overview. The goal of adoption is to provide the child, in the absence of care and nurture by his birth family, with a family with whom he/she may develop his/her own personal identity and a new family identity. It is imperative that the child and the prospective adoptive family have the potential for compatibility.

B. Administrative Practices

1) The Partner Provider must establish administrative policies, practices and procedures related to adoption. These must be clearly defined and explained.

2) The Partner Provider must follow MDCPS criminal background check requirements for the use of interim placements should it become necessary to do so prior to placing the child with the adoptive parents.

3) A decision on an application to adopt must be based on a home study which must include interviews with applicants and references, as well as medical and legal information.

4) Placement for adoption will be made in accordance with best practices for children whose parent's rights have been terminated.

5) The Partner Provider must ensure that the inability of prospective adoptive parents to pay a fee will not be criteria of eligibility for applicants and will not in any way influence the choice of the most suitable family for each child.

6) A licensed child placing Partner Provider must not conduct or approve a home study on any of its employees or officials which includes board members, volunteers, relatives, or anyone else who has direct affiliation with the Partner Provider. Arrangements must be made with another licensed child placing Partner Provider or licensed social worker to conduct and approve the home study, make a placement, and provide post-placement supervision.

7) Home studies must be approved by a licensed social worker.

C. Adoptive Home Application

1) The Partner Provider must obtain preliminary written information from the prospective adoptive parents to determine if the applicant(s) are a potential resource for the child/children available.

2) The Partner Provider must provide information to the prospective adoptive parent(s) regarding the adoption process, the Partner Provider's policies and practices, legal procedures, fees, the approximate time the process will take and types of children available. This information will enable the applicant(s) to make an informed decision as to whether they can meet the specific needs of the children available for adoption.

D. Adoptive Parent Qualifications

1) The prospective parent must meet the following criteria:

a) The applicant(s) must be at least twenty-one (21) years old at the time of the application.

b) The applicant can be single or married.

c) Applicant(s) previously divorced must provide documentation of same.

d) Applicant(s) must be financially solvent and must have an adequate household income exclusive of the foster care board payment.

e) Applicant(s) must be a resident of Mississippi for six (6) months.

2) Verification of medical exams completed by a physician certifying each family member has no communicable diseases, specific illnesses, or disabilities which would interfere with the family's ability to care for children.

E. Adoptive Home Study

1) The Partner Provider must utilize the Structured Analysis Family Evaluation (SAFE) as its home study assessment. SAFE is a structured home study methodology that allows child welfare agencies/professionals to thoroughly evaluate prospective kinship, foster, adoptive and/or guardianship families in a uniform manner (https://www.safehomestudy.org/).

2) The Partner Provider will include the following areas in the home study and must include the information in the record of the adoptive applicant(s):

a) Motivation for adoption.

b) Verification of training.

c) Strengths and weaknesses of each member of the household.

d) The attitudes and feelings of the immediate and extended family, as well as significant others, toward accepting and parenting adoptive children.

e) Attitudes of the applicant(s) toward the birth parent(s) and the reason(s) the child needs adoption.

f) The plan for discussing adoption with children of applicant(s).

g) The plan for discussing adoption with prospective adopted child.

h) Emotional stability and maturity.

i) Ability to cope with problems, stress, frustrations, crises, and loss.

j) Capacity to give and receive affection.

k) Child caring skills and willingness to acquire additional skills needed for the child's development.

l) Ability to provide for the child's physical and emotional needs.

m) Verification of marriage(s)/divorce(s).

n) Record of criminal convictions.

o) Criminal background, Central Registry check, and fingerprinting of all household members aged fourteen (18) years and older;

p) Adjustment of birth children or previously adopted children.

q) Verification from a physician that each family member has no communicable diseases, specific illnesses or disabilities, which would interfere with the family's capability to care for a child.

r) Ability to provide financially for the child or children to be adopted.

s) A detailed description of the finances of the prospective adoptive parent(s) including but not limited to income, debts, expenses, medical insurance and life insurance.

t) Verification of employment and income.

u) Four personal references.

v) Religious orientation, if any.

w) Location and physical environment of the home.

x) Plan for childcare if parent(s) works.

y) Recommendations for adoption regarding number, age, sex, characteristics, and special needs of children best served by the family.

z) History of the origin, educational background and life experiences of applicant(s).

aa) Contingency plan for adopted child in case of death or disability of adoptive parent(s).

F. Services to Adoptive Parent(s):

1) The Partner Provider will provide services to adoptive applicant(s) to assist them in making an informed decision about adoption. The Partner Provider must provide the opportunity for applicant(s) to participate in the adoptive study and evaluation of the potential for meeting the needs of the children available for adoption.

2) The Partner Provider must prepare the adoptive family for the placement of a particular child. Preparation includes:

a) Information about the needs, characteristics, expectations of the child and of the child's family.

b) Review of medical histories of the child and of the child's family.

c) Visitation with the child prior to placement.

d) Arrange visits; and

e) Assistance with travel arrangements.

3) The MDCPS specialist must provide post-placement visits for the adoptive parents in domestic adoptions. The post-placement adoption visits must be held at least two (2) times, face-to-face in the home prior to finalization and based on the needs of the child and prospective parent(s). International post-placement adoption visits are based on the originating country of the child. Observations made during the visits will be used in making recommendations for the finalization of the adoption.

4) MDCPS will provide information regarding the methods for matching children with adoptive parents.

G. Services to Birth Parent(s)

1) The Partner Provider must provide services to the birth parent(s), including counseling and referral to other agencies when needed, to assist them in determining the best plan of care for the child. These services must be offered both prior to and after the birth of the child. Documentation regarding services provided by the Partner Provider to the parents must be maintained by the Partner Provider.

2) The child placing-Partner Provider must maintain a file for the birth parent(s) which includes:

a) Face sheet.

b) Application.

c) Legal documents, Adoption Release Consent Form and order regarding surrender of rights.

d) Summary of contact.

e) Birth child's birth certificate, pictures, medical records and placement visits summary until the adoption has been finalized; and

f) Correspondence.

3) The Adoption Services must provide information to the birth mother of possible crime of statutory rape as defined in the Mississippi Code Section 97-3-65.

H. Birth Parent Records for Private Childcare Agencies. Birth Parents Files are kept for children not in MDCPS custody. A birth parent file should include:

1) Application.

2) Summary of contact with birth parent.

3) Legal documents.

4) Release of Parental Rights forms.

5) Medical case assessment and medical records.

6) Any correspondence pertaining to the birth of the child; and

7) Consent for adoption.

I. Fostering to Adopt. Prospective adoptive parents desiring to adopt through foster care must refer to the MDCPS Licensure Policy.

J. Private Adoption Entity Checklist from Mississippi to another state. A private adoption packet should contain five (5) copies of the 100A and three (3) sets of every other document.

1) 100A completed on each child (Type 100A) to include:

a) Child's name consistent with name on birth records or explanation

b) Proof why different Date of birth consistent with DOB on birth records

c) Correct entity for planning/financial responsibility

d) Prospective adoptive parent name/address/phone number

e) Lists where adoption finalized

f) Sending agency custody

g) Name and address of supervising agency/individual

2) Cover letter that includes:

a) Shows name and phone number of agency or Partner Provider handling the adoption Indicates adoption will be finalized in Mississippi

b) Addresses how birth/legal father(s) rights will be terminated (if applicable) Lists all contents of packet

c) Signed by entity representative

3) Notarized consent signed by birth mother

a) Signed after the birth of the child

b) Notarized and signed within seventy-two (72) hours after birth

c) Or ten (10) days if Indian Child Welfare Act (ICWA) applies

4) Consent signed by birth father. If no consent, be sure the cover letter addresses how termination of rights will be completed AND at-risk agreement

5) Social, family and medical information on birth parents, including physical description of birth mother and father(s)

6) American Indian statement. (If yes, proof that tribe was notified and ICWA at-risk agreement signed by prospective adoptive parents or signed statement by Indian birth mother that she does want the tribe notified and at-risk agreement signed by prospective adoptive parents)

7) Narrative/forms on birth mother/birth father history (reasons for decision to place child for adoption). Counseling summary reflecting that birth parents were advised of alternatives to adoption and that they chose adoption from available alternatives.

8) Hospital birth and delivery form

a) Document must be legible (if child one is (1) year or older, must have copy of exam completed within six (6) months of proposed placement request)

b) Legible copy of hospital discharge signed by a hospital official, which identifies child's medical condition at time of discharge

c) Copies of any medical reports/assessments, etc., if applicable

d) If a child has any special needs a more detailed assessment is required and approval by the Department is needed for a child to leave state.

9) Home study within one (1) year with Partner Provider information

a) Must include name, address, and phone number of the agency and individual completing home study

b) Copy of current professional license

c) Criminal history checks must be within twelve (12) months. (Criminal background, Central Registry check and fingerprinting).

d) Post placement supervisory agreement

10) Legal Risk Statement.

a) Signed by prospective adoptive parents or Termination of Parental Rights Order on birth parents.

b) Initial disclosure to adoptive parents/ receipt of disclosure signed by prospective adoptive parents

K. Adoptive Family Records. The Partner Provider must keep separate records for each adoptive family which must contain as applicable:

1) The application, disposition of application and any re-licensure.

2) Current medical records of all family members including the foster child.

3) Disclosure statements.

4) Five (5) letters of reference: four (4) personal references and one (1) from a current or previous employer.

5) Criminal background check, fingerprinting, and Central Registry checks on all household members aged 14 years and older.

6) Summary of contacts with the prospective adoptive parent from initiation of adoptive process until the adoption is finalized.

7) A copy of the written information given to the prospective adoptive parent(s) concerning a child or children to be placed for adoption.

8) Completed home study.

9) Legal documents including current marriage license, current divorce decrees, death certificates, proof of auto insurance, and valid drivers' license.

10) Copy of the fee contract for adoptive services.

11) Verification of employment.

12) Financial statement.

13) Any ICPC information regarding the child.

14) Placement agreement.

15) Termination of Parental Rights form for the child.

16) Adoption Placement Affidavit.

17) Consent for Adoption.

18) Post-Placement Agreement.

19) Confidentiality policy

20) Petition for Adoption.

21) Final Adoption Decree.

22) Summary of the post-placement visits including transportation of child to family.

23) Disaster plan and emergency plan.

24) Visitation plan, if applicable, for each child.

25) Current vaccination records on all domestic household pets and outdoor animals on the premises that are accessible to the foster children. Any pets that do not receive vaccinations must be caged and not exposed to children placed in the home.

L. Adoption Re-application

1) Application for additional children may be submitted at any point after the first adoption is legally finalized. The following information will be needed:

a) Current application forms including current medical records for parents and child within the last twelve (12) months; and

b) Criminal background and Central Registry checks which include fingerprints on all household members aged eighteen 18 years and older prior to a child being placed in the home.

2) All other MDCPS requirements for adoption apply.

Procedure 4.13 - Intake and Assessment Centers/Emergency Shelters

A. Overview. The requirements for congregate care Partner Providers applicable to the care of children detailed elsewhere herein must be followed unless there is a clearly denoted exception for Intake and Assessment Centers. Additionally, Intake and Assessment Centers must comply with the requirements for Intake and Assessment Centers in this chapter.

B. Client Capacity. The maximum bed capacity of each Intake and Assessment Center is twelve (12) beds per home for children/youth between the ages of ten (10) to twenty-one (21).

C. Admission and Planning

1) Intake and Assessment Centers shall adhere to the Admissions Procedures and Discharge Procedures as described in the supporting procedures.

2) Intake and Assessment Centers shall adhere to the training requirements of therapeutic group homes.

3) The Intake and Assessment Centers Partner Provider must develop, with MDCPS, a plan for the temporary care of the children including the anticipated length of stay.

4) No child must remain in an emergency or temporary facility for more than sixty (60) calendar days unless there are exceptional circumstances and the MDCPS Deputy Commissioner of Well-Being and Safety has granted express written approval and documented the need for the extension.

5) Children under ten (10) years of age must not be placed in a congregate care setting including group residential homes and shelters, unless:

a) The child has exceptional needs that cannot be met in another placement; or

b) The child is a member of a sibling group and express written approval is granted by MDCPS's Assistant Deputy Commissioner or designee; or

c) Sibling groups with one or more siblings under ten (10) years of age must not remain in Intake and Assessment Center settings for more than sixty (60) days.

6) For children who stay more than three (3) days, the Intake and Assessment Centers must cooperate with MDCPS in assessing the needs of the child. A plan based on the

child's needs must include the specific services to be provided by the Intake and Assessment Center and other resources required to meet the needs of the child.

7) The Intake and Assessment Center must be open twenty-four (24) hours, seven (7) days per week, including holidays, for admission, except when operating at licensed capacity.

9) The Intake and Assessment Center do not require the certification by MS DMH.

D. Placement in Intake and Assessment Center. No child may be placed in more than one emergency or temporary facility within one episode of foster care unless an immediate placement is necessary to protect the safety of the child or others as certified in writing by the Assistant Deputy Commissioner or designee. E. Intake and Assessment Center Staffing Requirements

1) The Intake and Assessment Center shall provide a staff/child ratio of one (1) staff members to every six (6) youth.

2) During sleeping hours, all staff members shall remain awake.

3) The Partner Provider must have at least one (1) social worker or comparable professional for every twelve (12) children that are in care (i.e. one (1) social worker for one (1) to twelve (12) children; two (2) social workers for thirteen (13) to twenty-four (24) children). This staff must work full-time (full-time is forty (40) hours per week).

E. Health Services for Intake and Assessment Center

1) Any child who needs immediate medical treatment must be referred to a licensed physician for examination and appropriate treatment must be provided immediately.

2) The Department must be notified immediately when a child is referred for emergency medical treatment or any other serious incident.

3) A mental health assessment must be completed by a licensed mental health practitioner prior to discharge.

F. Intake and Assessment Center Licensed Capacity Exceptions. The license capacity may be temporarily exceeded in shelter care facilities to serve children in emergency situations, provided the proper staff-to-child ratio is maintained and the total does not exceed the number of beds available.

G. Separation of Living Groups in Intake and Assessment Center. When Intake and Assessment Center is offered as one part of the program of a childcare facility, a separate cottage

or wing of a dormitory must be used exclusively for shelter care. Ongoing contact with the children in other group care is prohibited.

Procedure 4.14 - Permanency Assessment Centers

A. Overview. The Permanency Assessment Center (PAC) offers time limited (up to 60 days) treatment services provided in a Crisis Residential setting to children and youth who have been identified as being a victim of human trafficking and his/her personal safety is at imminent risk and/or children and youth in the custody of Child Protection Services in which no placement can be located due to acute symptoms, high risk behaviors and/or a high number of failed placements. PAC services will include high fidelity wraparound services, psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy targeting stabilization/permanency purposes. Services shall be provided to children and youth between the ages of 10 years old to 20 years old and address immediate physical safety concerns, acute symptoms, distress and are designed to prevent civil commitment, long term psychiatric hospitalization and/or detention (minor victims of human trafficking).

B. Treatment Services Description

1) The following services shall be provided within twenty-four hours of admission to determine the need for services and to rule out the presence of mental symptoms that are judged to be the direct physiological consequences of a general medical condition and/or illicit substance/medication use:

a) Initial Assessment

b) Medical Screening

c) Drug Toxicology Screening

d) Psychiatric Consultation

2) Direct Services shall be provided at a minimum of five (5) days per week; 5 hours per day (2 hours per day if youth is attending school) include:

a) Supportive Counseling

b) Initial Therapy Session (must be provided within seventy-two (72) hours of admission.

c) Therapy (Individual, Group and Family)

d) Therapeutic Activities (recreational, psychoeducational, social / interpersonal, spiritual)

3) Other services available shall also include:

a) Ongoing Child and Family Team Meetings

b) Evaluation and Observation

c) Substance Abuse Counseling

d) Targeted Case Management and/or Community Support Services

e) Family Psychoeducation

f) Nursing and Psychiatric Services (provided every seven (7) day at a minimum)

C. Personnel

1) PAC Personnel will include the following:

a) Full time Program Director (on-site 40 hours a week)

b) Full time Therapist (on-site 40 hours a week)

c) Resident Advisor – 1 staff to 4 residents (or child) ratio 24 hours / day, 7 days a week

d) Registered Nurse (RN)

e) Psychiatrist/Psychiatric Nurse Practitioner

f) Wraparound Facilitator

D. Admissions and Orientation.

1) Admissions must be coordinated with the MDCPS Therapeutic Placement Department. Clients, during business hours, are screened for eligibility requirements during an initial contact with the Admissions Coordinator and/or Clinical Director. Client's results are forwarded to an identified therapist and wrap facilitator for review and intake.

2) Referrals made during non-business hours will be screened for eligibility. Upon admission into the program an orientation will be held with the client and legal guardian/parent.

3) The admissions meeting (intake) will include the following:

a) Complete all intake documentation

b) Initial Child and Family Team Meeting

c) Provide and review Client/Family Handbook

d) Discuss service expectations, client rights, and agency expectations

e) Wraparound process and treatment schedule

f) Emergency contact information

4) An initial individual therapy session will be provided for each youth admitted within the first 72 hours of admission. If the client is being readmitted to the program within three (3) months, only an intake assessment will be required.

5) The client's expected outcome/results will be outlined in the Individual Service Plan (ISP) based on goals identified during the initial assessment, comprehensive assessment, trauma assessment, human trafficking assessment, child and adolescent functional assessment scale, substance abuse scale and runaway risk assessment.

6) The expected outcome/results will be reassessed by the client and their wraparound team monthly. The Individual Service Plan (ISP) shall be updated on an as needed basis and at least monthly.

7) No child may be placed in more than one emergency or temporary facility within one episode of foster care unless an immediate placement is necessary to protect the safety of the child or others as certified in writing by the Assistant Deputy Commissioner or designee.

8) Placement decisions must not be made based on race, color, or national origin.

E. Assessment and Individual Service Planning

1) Assessment begins in the intake interview and builds on the information and presenting issues gathered during intake.

2) The initial assessment will be conducted within 24 hours of admission and seeks to gather basic information, to explore client strengths and issues, and determine the client's desired outcomes. Based on this assessment, staff will work with the client to jointly create a service plan with mutually agreed goals which is documented in the client record.

3) Contextual information is gathered, as relevant and appropriate to the nature of the issues and outcomes desired, such as:

a) Client's presenting issue(s)

b) History of the issues (trauma assessment)

c) Human Trafficking Assessment (completed at day 30)

d) Runaway Risk Assessment

e) Client's strengths and resources

f) Safety plan will be developed during intake (e.g., human trafficking, abuse, current risk of self-harm, previous suicide attempts)

g) Physical and mental health issues

h) Social and environmental context (e.g., social supports, work situation, income, living situation, neighborhood, family background)

i) Formulation of the problem/issue

j) If applicable: Child and Family Functional Assessment (CAFAS), Fetal Alcohol Syndrome Questionnaire (FASD), Ansell Casey Life Skills Assessment, and Functional Analysis of Behavior (FAB).

4) Child and Family Team meetings will take place within 14 days after admission and every 30 days thereafter. The client and his/her Wraparound Team will agree on the service goals to be achieved, the expected length of service and any potential interventions that may be required to achieve the stated goals. This plan for the service will be documented in the assessment.

5) Safety issues must be explored, as appropriate. If there are any concerns, staff should follow the appropriate policy (e.g., human trafficking, child abuse, adult abuse, dealing with child custody situations, client suicide). Where there is a risk of imminent harm, the assessment of risk and the development of a safety plan is completed during the admissions process.

6) Staff will summarize or formulate the issues to the client in a way the client can understand for their consideration.

7) If more than one service Partner Provider is involved, staff should clarify who is ensuring service coordination, if needed, along with a clear direction from the client about the nature of communication among service Partner Providers. If needed, consents for the release of information should be obtained.

8) A comprehensive assessment will be completed within 14 days of the initial assessment.

9) Client has the right to terminate services at any time.

F. Discharge and Transition Planning. Partner Providers must adhere to the Discharge Procedures associated with these procedures.

Procedure 4.15 - Adolescent Diversion Units / Access Units

A. Overview. Access Units are less structured and formalized than Intake and Assessment centers and shall include fully furnished drop-in centers that include internet capability. The Access Units will offer time limited use of individual spaces for youth in foster care. MDCPS will consider providing supervision via the use of approved caretakers for up to 12 hours a day in the event the approved agency faces staffing challenges as all youth must receive 24-hour supervision. Approved Partner Providers will be expected to work with MDCPS to develop supervision schedules upon unit admission if required. Partner Providers are prohibited from the use of chemical restraints, physical restraints, and seclusion. Children up to 18 years of age cannot be served in the same facility with adults. A minimum of six units or beds is required for these services. The approved Partner Provider will provide three meals a day and snacks for the youth as well as ensuring youth receives adequate mental health services. Use of this location will allow for a short-term placement solution and allow time for MDCPS to locate a more permanent placement for the child or youth. No child under the age of 10 shall be placed in an Access Unit unless the child has exceptional needs that cannot be met in a foster home or another appropriate setting. Approved Partner Providers must be willing to allow for admission 24 hours a day including holidays and weekends.

B. Admission. Partner Providers must comply with all Admission criteria as set forth in Licensure Requirements for Congregate Care Providers – Provider and Licensure Requirements outlined in Esper Procedures #2.12.1 linked below in paragraph 6.

C. Discharge and Transition Planning. Partner Providers must adhere to the Discharge Procedures.

5.0 Regulatory Requirements

A. Miss. Code Ann. § 43-15-117

B. Miss. Code Ann §43-15-105

C. MS Code §43-18-1 to §43-18-17

D. Miss. Code Ann. § 43-15-105

6.0 Appendix.

A. Link to Policy for Licensure Requirements for Congregate Care Providers (Esper #1.12.1): MDCPS Policy for Licensure of Congregate Care Providers (Esper 1.12.1)

B. Link to Licensure Requirements for Congregate Care Providers: Provider and Licensure Requirements - 4.1 Provider and 4.2 Licensure Requirements (ESPER #2.12.1): Licensure Requirements for Congregate Care Providers (Procedures 1 and 2) Esper 2.12.1

C. Link to Licensure Requirements for Congregate Care Providers: Personnel Functions / Qualifications and Record keeping - 4.3 Personnel Functions/Qualifications and 4.4 Record keeping (ESPER #2.12.2): Licensure Requirements for Congregate Care Providers (Procedures 3 and 4) Esper 2.12.2

D. Link to Licensure Requirements for Congregate Care Providers: Admission and Care and Services - 4.5 Admission and 4.6 Care and Services (ESPER #2.12.3): Licensure Requirements for Congregate Care Providers (Procedures 5 and 6) Esper 2.12.3

E. Link to Licensure Requirements for Congregate Care Providers: Physical Facility and Traditional Group Homes and Therapeutic Group Homes - 4.7 Physical Facility and 4.8 Traditional Group Homes and Therapeutic Group Home Requirements (ESPER #2.12.4): Licensure Requirements for Congregate Care Providers (Procedures 7 and 8) Esper 2.12.4

F. Link to Licensure Requirements for Congregate Care Providers: Qualified Residential Treatment Programs, Teen Maternity Home, Supervised Independent Living for Youth Ages 18 and Older - 4.9 Qualified Residential Treatment Programs, 4.10 Prenatal and Parenting Teen Homes, 4.11 Supervised Independent Living for Youth Ages 18 and Older (ESPER #2.12.5): Licensure Requirements for Congregate Care Providers (Procedures 9-10-11) Esper 2.12.5

G. Link to Licensure Requirements for Congregate Care Providers - 4.12 Requirements for Private Childcare Agencies (ESPER #2.12.6) Licensure Requirements for Congregate Care Providers (Procedure 12) Esper 2.12.6

H. Link to the "Draft" Congregate Care – Level of Care Structure / Foster Care Maintenance Payment (ESPER #4.12.1) Congregate Care - Level of Care Structure / Foster Care Maintence Payment (Esper 4.12.1)

I. Link to the Bi-Annual Review / Congregate Care Provider Scorecard (Esper #4.12.2) Congregate Care Provider Scorecard / Bi-Annual Review (Esper #4.12.2)

J. Link to the Foster Care Maintenance Payment (ESPER #4.12.3): 2024 Foster Care Board Payment Chart (Esper #4.12.3)

K. Link to the Initial Application for Foster Care License (Esper #4.12.4): MDCPS Application for Licensure (Esper #4.12.4)

L. Link to the Renewal Application for Foster Care License (Esper #4.12. 5): MDCPS Renewal Application for Licensure (Esper #4.12.5)

M. Link to the Serious Incident Forms (Esper #4.19.9): MDCPS Serious Incident Forms (Esper #4.19.9)