

## **SECTION II** **INITIATING AN ASSESSMENT**

### **A. INTRODUCTION**

Reporting standards are based on a time line that is triggered whenever a child is removed from home and taken into DFCS custody. The following time line standards were developed to ensure that assessments and reports are done in accordance with the Adoption and Safe Families Act guidelines on moving toward permanency.

The First Placement, Best Placement Assessment is property of the Department of Family and Children Services and, therefore, can only be released to third parties by DFCS staff.

Only State Approved Providers are allowed to complete a Child and Family Comprehensive Assessment. These Approved Providers are listed on the web at [www.gahsc.org](http://www.gahsc.org). or <http://dfcs.dhr.georgia.gov>

#### **(1) Referrals for an Assessment.**

DFCS case managers complete and provide, to the vendor, a **Referral for Assessment Form # 1** for a comprehensive assessment within five days of the conclusion of the 72-hour detention hearing if the child remains in DFCS custody. The DFCS case manager should include any significant or unusual information about the child or family on the referral form (e.g. child is hearing impaired). The referral form must include the referral date. The case manager also completes and provides to the provider the **Family Information Form # 2**. The case manager will provide appropriate release of information forms and a copy of the shelter order along with forms #1 and #2.

#### **(2) Provider Acceptance**

The provider will notify (by telephone, fax, or e-mail) the case manager of the receipt and acceptance of the referral within 24 hours of receiving the referral.

#### **(3) Contact with the Family.**

At the conclusion of the 72-hour hearing, the *case manager* will send a standard letter (See Appendix A) of intent to the family and the foster parent(s) involved outlining the family assessment process and introducing the particular vendor doing the referral. A copy of the letter must also be provided immediately to the provider via mail or fax.

The provider will make contact with each family referred for services **within two days** of receipt of the referral. In making contact, the provider must show the family picture identification and a copy of the referral letter.

**The DFCS Case manager will assist the provider in gaining access to family members enrolled in active treatment programs (i.e. alcohol or substance abuse and/or incarcerated).**

**(4) Pre-evaluation.**

The actions identified on the Pre-Evaluation checklist are complete by the referring DFCS case manager and provided to the vendor within 5 working days of conclusion of the 72-hour detention hearing for children who remain in DFCS custody. The case manager is responsible for providing all information and actions listed on the Pre-Evaluation Checklist.

**(5) Copies of Case Record Information**

Case managers are responsible for providing appropriate copies of all reports and/or other information from any DFCS case files as indicated on the Pre-evaluation Checklist. Case managers are responsible for providing this information to the provider **within five working days of the conclusion of the 72-hour hearing**. This information will aid the provider in completing the assessment.

The Provider must contact the Case Manager and/or the Supervisor to arrange a date and time to review the case record. Case records must remain in the County DFCS office at all times. Certain portions of case records remain confidential (e.g. the "reporter" information). Case managers can provide relevant copies of any report as long as any specific confidential information is first concealed.

Case managers are responsible for copying any relevant information/reports from existing case records and documenting on a Form 452 about all released information as follows:

- Information released,
- Date,
- To whom the information was provided;

And if applicable, the reason why information not appearing on the Pre-Evaluation Checklist was released. If it is found that the provider needs information that is not on the Pre-Evaluation Checklist, the case manager may only release this information with the approval of the supervisor (or if outlined by the county, the county director and/or designee may be required to provide approval).

**Note:** Once the review is complete, the Report's information must be filed back in the case record.

**(6) Unable to Assess a Family.**

The provider will advise the County DFCS Office if it makes a determination that it is unable or unwilling to assess a particular family **within five days of the date of receipt of the referral**. The provider will provide **written communication** stating the reasons for this decision.

**(7) Scheduling and Transportation**

The provider is responsible for scheduling all appointments and arranging transportation.

**(8) Court Appearance**

Appearance and/or testimony in court proceedings by the FP/BP provider is part of the assessment process (see page 16). Any required court appearances sixty days beyond the assessment process can be reimbursed only if the provider is subpoenaed to testify.

**(9) Termination/ Cancellation of a First Placement/ Best Placement Child and Family Comprehensive Assessment**

The County Department has the right to terminate and/or cancel a FP/BP Child and Family Comprehensive Assessment if a child returns home at the Adjudicatory (10 Day) Hearing. The County Department will reimburse the contractor for each referral that is cancelled within the ten (10) calendar days of the contractor's acceptance of the referral for which the contractor can document significant work. The amount reimbursed will be based on the documented completed work.

If the county views that the FP/BP Child and Family Comprehensive Assessment will assist the DFCS agency in continuing to work with the family, the County Director and/or designee may choose to have the assessment completed even though the child was returned home.

**B. REFERRAL FOR ASSESSMENT (Page 1)**

**FORM # 1**

Indicate Application Type: <input type="checkbox"/> <b>Initial Assessment</b> <span style="margin-left: 300px;"><input type="checkbox"/> <b>Adolescent Assessment</b></span>
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**Maltreatment (Check all that apply):**  Physical  Neglect  Sexual  Emotional  Other

County Name \_\_\_\_\_ County Code \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Child's Case # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Phone# \_\_\_\_\_  
 Parent's Address \_\_\_\_\_

DFCS CPS Case manager: \_\_\_\_\_ Phone/Fax/Pager: \_\_\_\_\_  
 DFCS Foster Care Case manager: \_\_\_\_\_ Phone/Fax/Pager: \_\_\_\_\_  
 DFCS Supervisor Name: \_\_\_\_\_ Phone/Fax/Pager: \_\_\_\_\_  
 CASA Name: \_\_\_\_\_ Phone/Fax/Pager: \_\_\_\_\_

**HOUSEHOLD MEMBERS**

Name	DOB	Relationship	In Home	Out of Home	Phone #

**CHILDREN REMOVED FROM HOME**

#	Name	Gender	Ethnicity	DOB	SSN#
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Child 6					
Child 7					

#	Relationship To Case Name	Child's Current Placement	Phone #	Medicaid #
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				
Child 7				

Ethnicity: B--Black W--White A--Asian AI--American Indian or Alaskan Native H--Hawaiian or Pacific Islander U--Unable to Determine  
 HL--Hispanic/Latino Origin: HLU--Unable to Determine

**Date of Removal:** \_\_\_\_\_

Referred to (Name of Provider): \_\_\_\_\_ Referral Date: \_\_\_\_\_

Current school: \_\_\_\_\_  
School Address & Telephone #: \_\_\_\_\_  
\_\_\_\_\_

Name of Child(s) Physician: \_\_\_\_\_ Physician Phone# \_\_\_\_\_  
Physician Address \_\_\_\_\_  
Name of Child(s) Dentist: \_\_\_\_\_ Dentist Phone# \_\_\_\_\_  
Dentist Address \_\_\_\_\_

Reason Child Was Removed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Print Name Title Signature  
Person Completing Form

**C. FAMILY INFORMATION FORM**

**FORM #2**

From: County \_\_\_\_\_ Case Name: \_\_\_\_\_ Case # \_\_\_\_\_

To: Provider \_\_\_\_\_

Re: **Type of Service/Meeting** (check all that apply)

*INDIVIDUALS TO ATTEND*

Name	Relationship To Parent	Address	Phone #	Type	
				MDT	FC
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Note: Multidisciplinary Team Staffing (**MDT**)      Family Conference (**FC**)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name & Title of Person completing form: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Pager # \_\_\_\_\_

Date submitted: \_\_\_\_\_

## D. PRE-EVALUATION CHECKLIST

Child's Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Pre-evaluation Checklist. The case manager must provide pre-evaluation information within 5 working days of the conclusion of the 72-hour hearing for children who remain in DFCS custody before a psychological evaluation is conducted. The case manager must complete the actions on this checklist and provide to the vendor copies of any relevant reports/information from the case records. See Section II.A. (5).

### Referral Questions

Generate referral questions. An individual or a team may generate referral questions. Ideas for a referral question may be gathered from case managers, foster parents, biological family members, fictive kin, facility representatives, physician, teachers, etc. Referral questions may be general or specific. (General: We are seeking a child's cognitive ability level, current achievement level and an emotional profile.) (Specific: Is this child mentally challenged? Does this child have dyslexia? Does this child have ADHD?)

### Background Information

Provide background information. The case manager, foster parent and/or facility representative must be available to the psychologist to provide background information and to complete developmental and behavioral questionnaires. If an adult who has limited knowledge of the child provides transportation, then it is the responsibility of the case manager and/or facility representative to set up an in-person or telephone appointment. The purpose of this appointment is to provide the information within one week of the evaluation so the report can be completed in a timely manner.

### Previous Reports

Provide copies of previous reports. Copies of all prior psychological evaluations, psycho-educational reports and other relevant reports should be provided to the psychologist when the child is transported to the evaluation. It is the responsibility of the case manager to determine if the child has been receiving special education services or has been considered for special education services.

### Medications

Provide information on medications. Inform the psychologist if the child is on medication at the time of the evaluation. A list of all medications should be provided to the evaluator at the time of the evaluation.

### Other Factors or Disabilities

List any other factors that may assist the psychologist in conducting the psychological evaluation. Some examples the case manager is responsible for considering during the pre-evaluation process include:

#### ▪ Cultural or Language Issues

It is expected that the evaluator will be sensitive to cultural and language issues during the evaluation and when writing his/her report.

#### ▪ Specialized Assessments

Children in placement often exhibit a wide range of problem behaviors at a rate higher than the general clinical population. These behaviors may require further specialized assessments.

#### ▪ Children Left Unaccompanied

**Children/youth shall not be left in the office for an evaluation.** The case manager, facility representative or foster-parent should be reached immediately to pick up the child if the evaluation needs to be discontinued or an emergency arises. Many of these children have been traumatized by the changes in their lives and may not be able to focus. If it is determined that a valid assessment cannot be completed, **it is the psychologist's responsibility to discontinue the session.**

\_\_\_\_\_  
Signature of Case Manager Completing Checklist

\_\_\_\_\_  
Date Completed

***E. Comprehensive First Placement Best Placement Assessments***  
***What is included in the Comprehensive Assessment and the payment schedule.***

Comprehensive First Placement/Best Placement assessments must include the following components and reports unless the provider has a prorated agreement with the county.

- ❖ Developmental Screening/Assessment (age 0 – 3 years, eleven months and thirty days.)
- ❖ Psychological (ages 4 – 18)
- ❖ Adolescent Assessment (ages 14 – 18)
- ❖ Family Assessment (age 0 – 18)
- ❖ Educations Assessment (ages 4 – 18)
- ❖ Medical Assessment (age 0 – 18)
- ❖ Dental Assessment (ages 3 – 18)
- ❖ MDT Report (age 0 – 18)
- ❖ Family Team Meeting (0 – 18)

*The County Department agrees to pay the contractor per referral according to the progress payment schedule. Payment is tied to the completion of tasks as identified in the progress payment schedule.*

*I. Comprehensive Child and Family Assessment*

*Includes the compilation of the Comprehensive Child and Family Assessment as well as appearing and testifying in Court if required and compliance with the First Placement/Best Placement Assessment standards. The Comprehensive Assessment must include all Medical, Psychological, Developmental, Educational and Family Assessments and full participation in the Multi-Disciplinary Team (MDT) staffing and a Family Team Meeting.*

*Amount: \$1,400 each child*

*II. Partial Assessments:*

*Compilation of any individual components of the assessment will be reimbursed at the following rates:*

<i>Family Assessment/MDT Meeting and Family Team Meeting</i>	<i>\$700.00/child</i>
<i>Educational Component</i>	<i>\$100.00/child</i>
<i>Medical Component</i>	<i>\$100.00/child</i>
<i>Dental Component</i>	<i>\$100.00/child</i>
<i>Psychological/Developmental Screening Assessment</i>	<i>\$400.00/child</i>