Foster Care Dictionary

www.ncpeds.org/foster-care-medical-home

Building and Strengthening Medical Homes for Infants, Children, Adolescents and Young Adults in Foster Care

1915(b)(c) Waiver The term, 1915 (b)/(c) Medicaid Waiver, refers to two sections of the Social Security Act that allow states to apply for waivers from federal Medicaid policy. The (b) Waiver allows Medicaid beneficiaries to enroll in managed care plans and allows Medicaid to limit the provider network based upon needs of recipients. The (c) Waiver provides home and community-based care to Medicaid beneficiaries who would otherwise be institutionalized.

30-day Comprehensive Visit The 30-day Comprehensive Visit refers to the American Academy of Pediatrics (AAP) recommended schedule of visits for children and youth in foster care. According to the AAP Standards of Care, the 30-day Comprehensive Visit should occur within 30 days of placement into foster care, unless medically necessary to see the child sooner. The purpose of this visit is to: Review all available data and medical history about the child or adolescent; identify other records to be obtained for review; identify medical conditions and developmental and mental health conditions requiring attention; assure appropriate dental and educational screening/assessments are done; and develop an individualized health care plan to be shared with those responsible for the care and well-being of the child/youth.

Adjudication A hearing to determine that the allegations in the petition have been proven by clear and convincing evidence as to whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect a juvenile. (G.S. § 7B-807)

Administrative Law (a.k.a. Administrative Rule) is contained in the North Carolina Administrative Code (NCAC). In North Carolina, the Administrative Code has the force of law and is used in situations requiring a greater level of detail than statute can provide. See 10A NCAC 70A through 10A NCAC 70O for the rules most relevant to child welfare.

Ages and Stages Questionnaire (ASQ) A developmental screening and surveillance tool based on parent report. The age range is 1-66 months and is available in both traditional paper formats and electronic formats. A social-emotional screening tool is also available ASQ-SE. (See Fostering Health NC online library for *Healthy Child and Adolescent Development Promotion and Screening for Risk* handout that provides age appropriate primary and follow-up screening tools, referral protocols, and recommended interventions).

CC4C North Carolina's Care Coordination for Children Program (CC4C) is a partnership between CCNC, the NC Division of Public Health and the NC Division of Medical Assistance. CC4C services are available in all 100 counties, are typically provided by local Health Departments who contract with the local network to provide the service. CC4C focuses on children birth up to age five years and the main goals of the program are to improve health outcomes and reduce costs for enrolled children. Children in foster care are one of the priority populations for CC4C services given the likelihood they have experienced toxic stress. In the Fostering Health NC model, CC4C works with the biologic family (if reunification is planned), the foster family, as well as the child's physician, to find services to meet identified needs.

Child and Family Team meetings Child and family team meetings are events during which family members and their community supports come together to create a plan for the child that builds on the family's strengths, desires, and dreams and addresses the needs identified during the CPS assessment and/or treatment.

Child in Foster Care means an individual less than 18 years of age who has not been emancipated under North Carolina law, or one who is 18 to 21 years of age and continues to reside in a licensed child-care facility, who is dependent, neglected, abused, abandoned, destitute, orphaned, undisciplined, delinquent, or otherwise in need of care away from home and not held in detention.

Child-Parent Conference/Child Planning/Day One Conferences A meeting, facilitated by a juvenile court case coordinator/manager, comprised of the child (if appropriate), the parents and other relevant parties to determine the next course of action. These conferences, usually held prior to the Non-Secure Custody hearing (7-Day), provide all parties in a juvenile court case the opportunity to talk to each other about how they can help the family and the child.

Child Placing Agency means an agency as defined in G.S. § 131D-10.2(4) that is authorized by law to receive children for purposes of placement in foster homes or adoptive homes. This term is used to indicate both private agencies licensed by the North Carolina Division of Social Services to provide foster care and public county department of social services authorized by law to provide foster care. Public and private agencies are held to the same licensing standards.

Disposition Legal resolution to a case, determines what actions will be taken. The purpose of dispositions in juvenile actions is to design an appropriate plan to meet the needs of the juvenile and to achieve the objectives of the State in exercising jurisdiction. (G.S. § 7B-807)

Division of Medical Assistance The North Carolina Department of Health and Human Services oversees the Division of Medical Assistance (DMA) which oversees Medicaid and Health Choice programs. Medicaid is a health insurance program for low-income individuals and families who cannot afford health care costs. Medicaid serves low-income parents, children, seniors, and people with disabilities. For more information on Medicaid, visit http://www.ncdhhs.gov/dma/medicaid/.

EPSDT The Early and Periodic Screening, Diagnosis and Treatment program is Medicaid's child health component program that provides comprehensive and preventive health care services for children and adolescents under age 21 who are enrolled in Medicaid. The goal of the EPSDT program is to discover potential health and developmental problems as early as possible and continue follow-up and treatment to ensure individual needs are met.
Even if a service is not covered under the NC Medicaid State Plan, it can be covered for recipients under age 21 if the service is Medicaid allowable. That is, if screening showed that a service was medically necessary, but the North Carolina State Medicaid Plan did not cover the service, the service could be authorized and reimbursed under EPSDT. For example, if a doctor signed an order and verified it was medically necessary to provide Intensive In-Home services to a family who was about to be reunited with their child who is still in a Psychiatric Residential Treatment Facility (PRTF), both services could be billed at one time even though the individual coverage policy states otherwise.
EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

To remember the elements of EPSDT, use the name of the program:

Early	Identifying problems early, starting at birth
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Doing physical, mental,developmental, dental, hearing, vision, and other screening tests to detect potential problems
Diagnosis	Performing diagnostic tests to follow up when a risk is identified, and
Treatment	Treating the problems found.

Sources: http://mchb.hrsa.gov/epsdt/overview.html, http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html, and http://www2.ncdhhs.gov/dma/epsdt/

Family Court The term for the recognized judicial districts that requested and were granted additional resources (mostly personnel) to provide case management for family issues, such as custody and abuse, neglect and dependency.

Family Foster Care means a planned, goal-directed service in which the temporary protection and care of children take place in a family setting in a home that is licensed by the North Carolina Division of Social Services. Family foster care is a child welfare service for children and their parents who must live apart from each other for a period of time due to abuse, neglect, dependency, or other circumstances necessitating out-of-home care. (10A NCAC 70G .0402(3))

Family Foster Home A private residence of one or more individuals who permanently reside as members of the household that is licensed by the North Carolina Division of Social Services to provide continuing full-time foster care for a child or children who are placed there by a child-placing agency. (G.S. § 131D-10.2(8)

Foster Care means the continuing provision of the essentials of daily living on a 24-hour basis for dependent, neglected, abused, abandoned, destitute, orphaned, undisciplined or delinquent children or other children who, due to similar problems of behavior or family conditions, are living apart from their parents, relatives, or guardians in a family foster home or residential child-care facility. The essentials of daily living include but are not limited to shelter, meals, clothing, education, recreation, and individual attention and supervision. (G.S. § 131D-10.2(9))

Foster Care Placement is temporary substitute care provided to a child who must be separated from his or her own parents or caretakers when the parents or caretakers are unable or unwilling to provide adequate protection and care. A child in foster care is a child for whom a licensed public or a private child-placing agency has legal custody and/or placement responsibility, whether or not he/she has been removed from his/her home.

Foster Parent refers to any individual 21 years of age or older who is currently licensed by the State to provide foster care. (G.S. § 131D-10.2(9a))

Guardian ad Litem (GAL) Statute mandated and court appointed team of an Attorney Advocate and a GAL volunteer to represent the juvenile in court when a petition alleges a juvenile to be abused or neglected and in some, but not all, dependency cases. The appointment terminates when the permanent plan has been achieved for the juvenile and approved by the court. The duties of the GAL are to make an investigation to determine the facts, the needs of the juvenile, and available resources within the family and community to meet those needs; to facilitate when appropriate, the settlement of disputed issues; to offer evidence and examine witnesses at adjudication; to explore options with the court at the dispositional hearing; to conduct follow-up investigations to insure that the orders of the court are being properly executed; to report to the court when the needs of the juvenile are not being met; and to protect and promote the best interests of the juvenile until formally relieved of the responsibility by the court. (G.S. § 7B-601)

HIPAA Health Insurance Portability and Accountability Act of 1996. HIPPA is a federal law to protect patient health information from being improperly used or disclosed when: Written or spoken; used within the organization; stored in computer files; stored in paper files and shared with other individuals. HIPPA permits state laws to be more restrictive.

IAFT® Intensive Alternative Family Treatment is an example of a service authorized under EPSDT. It is not currently in our Medicaid State Plan, however, when medically necessary this service is a viable option to keep children out of higher level care, or locked facilities. IAFT is higher level care than Level 2 Treatment Foster Care for children ages 7-21. The family is trained to provide this service, can only have one child in the home at one time, and the team has weekly child and family team meetings. DSS pays for the standard board rate and the Managed Care Organization (MCO) pays for the treatment costs as well as an administrative oversight fee to Rapid Resources which coordinates the program.

ICD-9 (and starting October 1, 2015, ICD-10) stands for The International Classification of Diseases. These represent thousands of codes used across the world by physicians, midlevel providers, hospitals, and allied health professionals to indicate one or more diagnoses for all patient encounters in a variety of health care settings. These codes are being used to monitor the incidence and prevalence of diseases and other health problems, providing a picture of the general health status of countries and populations. Children in foster care should be identified using the ICD 9 (V60.81 or V61.06) or ICD 10 (Z62.21) code at all visits as one of the diagnosis codes. See the Fostering Health NC online library *Best Practices for Providers* for more information. For Provider Resources on ICD-10, visit http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html.

Informatics Center To support the work that NC Community Care Networks, Inc. performs on behalf of the NC DHHS, the Informatics Center integrates data from the following sources: DMA paid claims, eligibility and enrollment data; real-time pharmacy fill history as from Surescripts and ESI; real-time hospital admission/discharge/transfer data from >50 NC hospitals; hospital discharge summaries from UNC Hospitals; laboratory results from LabCorps and Solstas labs; NC Immunization Registry (NCIR) and birth certificate records; electronic health record (EHR) data from a growing number of primary care practices; and information obtained directly from clients, health care providers, and care managers recorded in our care management applications. Information is accessed by the regional Community Care networks to identify patients in need of care coordination; to facilitate disease management, population management, and pharmacy management initiatives; to enable communication of key health information across settings of care; to monitor cost and utilization outcomes; and to monitor quality of care and provide performance feedback at the patient,

practice, and network level. County Departments of Social Services (DSS) can accelerate care coordination and improve the continuity of health records for children in foster care by accessing information in the Informatics Center Provider Portal. County DSS offices interested in gaining access to the Informatics Center need to enter into a Technology-Enabled Care Coordination Agreement (TECCA) with North Carolina Community Care Networks, Inc., (NCCCN). For more information on how to enter into a TECCA, visit the Fostering Health online library *TECCA FAQ*.

Initial Visit The Initial Visit refers to the American Academy of Pediatrics (AAP) recommended schedule of visits for children and youth in foster care. According to the AAP Standards of Care, the Initial Visit should occur within 72 hours of placement into foster care (NC Division of Social Services standard for completing this visit is within seven days). The purpose of this acute care visit is to identify health conditions requiring prompt medical attention that may otherwise be missed and to identify health conditions that should be considered in making foster placement decisions. It is also an opportunity to obtain releases of information from additional providers in preparation for the 30-day Comprehensive Visit.

Juvenile Code-Chapter 7B is the chapter of the North Carolina General Statutes (N.C.G.S.) where most but not all of NC child welfare statutes are contained.

Kinship Care Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. In keeping with Federal law, North Carolina law and policy require that when a juvenile must be removed from his home, the director of the county department of social services shall give preference to an adult relative or other kin when determining placement, provided that (1) the placement is assessed by the agency to be in the best interests of the child in terms of both safety and nurturance; and (2) the prospective caregiver and the living situation are assessed and determined to meet relevant standards. The Fostering Health NC program recommends that providers follow the AAP Standards of Care for children in kinship placements.

Leveled Care The termed 'leveled' is used when discussing therapeutic residential options for youth. Leveled care can be provided in a group residential facility or an individual family setting.

> Level 1: Therapeutic/Treatment Foster Care – can be a group setting or a family setting; DSS pays for the standard board rate and MCO pays for the treatment costs. Because Level 1 Residential Treatment is not often used, it is frequently incorrectly used to describe 'traditional or standard' foster care (which is more accurately described as a non-leveled service).
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> Level 2: Therapeutic/Treatment Foster Care – service provided by primarily private child placing agencies (a few county departments of social services); there are more requirements of the agency and provider; can be a group setting or a family setting; DSS pays for the standard board rate and MCO pays for the treatment costs.
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> Level 3: Residential Facilities – services provided by staff who are awake 24 hours a day, often referred to as therapeutic group homes; DSS pays a daily rate based on the number of beds and MCO pays for the treatment costs.

Level 4: Residential Treatment Facility – services provided in a locked facility by staff who are awake 24 hours a day; often referred to Level 4 Group Homes; DSS pays a daily rate based on the number of beds and MCO pays for the treatment costs.

PRTF: Psychiatric Residential Treatment Facility – services provided in a hospital in-patient setting; considered a locked, treatment facility; MCO pays all of the costs.

License The document giving the entity permission to provide the service. Each foster home and each child placing agency that is approved is issued a licensed by NC DSS for two years unless suspended or revoked.

Licensing Authority The North Carolina Division of Social Services (NC DSS) is the Licensing Authority for family foster homes, therapeutic foster homes, and public and private child caring institutions. Supervising agencies (county departments of social services and licensed private child-placing agencies for foster care) submit licensing applications and requests for other licensing actions to the Licensing Authority. The Regulatory and Licensing Services Office within NC DSS completes all reviews and grants all licensing actions. (10A NCAC 70G .0402(6))

Life Skills Progression (LSP) is a reliable outcome and intervention planning instrument designed for use by home visiting programs with at-risk families of children from birth to three years of age. It assesses a parent's life skills (the abilities, behaviors and attitudes) that help a family achieve a healthy and self-sufficient level of functioning, and then measures progress made in these skills over time. The LSP is sometimes used by CC4C care managers, in addition to the comprehensive health assessment, to determine a child's needs, plan of care, and frequency of contacts required.

LINKS program LINKS is a program provided by each county department of social services to each child over the age of 16 to help build a network of relevant services with youth so that they will have ongoing connections with family, friends, mentors, the community, employment, education, financial assistance, skills training, and other resources to facilitate the transition to adulthood.

MAPP Training Model Approach to Partnerships in Parenting/Trauma-Informed Permanency and Safety (MAPP-TIPS) is the curriculum used by most private child placing agencies and county departments of social services to help the agency and the family decide if the family should be approved to provide care to a child involved in the child welfare system. MAPP is designed as a 30-hour pre-service training to help make the decision to become a foster/adoptive parent. It is not designed to provide the skills needed to be a foster/adoptive parent.

Medical Home The medical home is a patient-centered primary care medical practice that provides comprehensive, team-based coordinated care. The care provided in the medical home must be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Medical homes provide a single point of entry to a system of care that facilitates access to medical and nonmedical services. A medical home allows primary care providers (i.e. pediatricians or family physicians), parents, child welfare professionals, and other stakeholders to identify and address all of a child's physical and mental health needs promptly and as a team (Practice Notes, Vol. 15 #2, 2010). All children benefit from medical homes through the establishment of a consistent, ongoing relationship with a primary health care provider and team who know the child well. This consistency is particularly helpful for children in foster care.

A medical home preserves the relationship children have with their doctors and ensures medical records don't get lost, even when they return home or change placements (Practice Notes, Vol. 15 #2, 2010).

Non-Leveled Care refers to a placement that does not include a Medicaid reimbursable treatment component. It can be a group setting or a family setting often referred to as Group Homes or Standard/Traditional Foster Homes respectively.

Non-Secure Custody A juvenile can be ordered into non-secure custody only when there is a reasonable factual basis to believe the matters alleged in the petition to the court regarding a juvenile's abuse, neglect, or dependency are true and there are no other reasonable means available to protect the juvenile. A non-secure custody order temporarily places the care, control, placement authority and maintenance of a juvenile with a county department of social services in foster care. (Form AOC-J-150, G.S. § 7B-503)

North Carolina Child Treatment Program (NC CTP) is an implementation platform for the delivery of evidence-based, child mental health treatment. NC CTP faculty and staff train licensed clinicians to offer effective treatment to children birth to 19 years of age. NC CTP maintains a roster of clinicians who have successfully completed training, available at www.ncchildtreatmentprogram.org.

North Carolina Community Care Networks, Inc. (NCCCN) North Carolina Community Care Networks, Inc. is a community-based, public-private partnership that takes a population management approach to improving health care and containing costs for North Carolina's most vulnerable populations. NCCCN creates medical homes in all 100 counties for 1.4 million Medicaid beneficiaries, supports and builds capacity in physician-led medical homes, and also targets beneficiaries for complex care management using population health data to manage cost, utilization, and improve quality. Pediatrics, pharmacy, behavioral health, and pregnancy programs target specific subpopulations in addition to supporting care management and practice support functions. NCCCN also supports DHHS and DMA policy initiatives by working directly with providers such as pharmacies, hospitals, specialists, and LME-MCOs. All of these efforts are supported by population health data, evidence-based policies and a robust informatics platform. For more information, visit http://www.communitycarenc.com/. (See also: Informatics Center).

Order on Need for Continued Non-Secure Custody No juvenile shall be held for a non-secure custody order for more than 7 calendar days (or up to 10 business days with the consent of the juvenile's parents, guardian, custodian or caretaker and if appointed, the juvenile's Guardian ad Litem) without a hearing on the merits or a hearing to determine the need for continued custody. At this hearing, the court shall receive testimony and shall allow the Guardian ad Litem, or juvenile, and the juvenile's parent, guardian, custodian, or caretaker the right to introduce evidence, to be heard in the person's own behalf, and to examine witnesses. The State must provide clear and convincing evidence that the juvenile's continued placement is necessary. (G.S. § 7B-506)

Periodicity Schedule Periodicity schedule is the recommended **frequency** of health care visits for a given patient population. The Fostering Health NC program is guided by the American Academy of Pediatrics (AAP) enhanced periodicity schedule for children and youth in foster care, who should be seen early and often upon entry into foster care. For details on the AAP Standards of Care, see the *Best Practices for Providers* on the Fostering Health NC online library.

Permanency Plan Permanency planning efforts for children should begin as soon as a child enters custody or placement responsibility and should be expedited by the provision of services to families. Permanency planning is a social work practice philosophy that promotes a permanent living situation:

- for every child entering the foster care system;
- with an adult;
- with whom the child has a continuous, reciprocal relationship; and
- within a minimum amount of time.

There are five primary permanent plan goals: Reunification, adoption, guardianship with relatives or other kin, assignment of legal custody, or another planned permanent living arrangement (APPLA). These options should all be considered and addressed from the beginning of placement and continuously evaluated. Although one option (reunification) may appear to be the primary plan, the other options should also be explored and planned concurrently. A sixth goal, reinstatement of parental rights, was recently added as an additional option but reinstatement is very different from the other permanency plan goals and is only an option under a very specific set of circumstances as described in G.S. § 7B-1114.

Placement Resources A foster care placement resource shall be chosen for the child that ensures that the child is placed in the least restrictive, most family-like setting available and in close proximity to the parent's home consistent with the safety and best interests, strengths and special needs of the child. When a child must be placed out of the home, placement resources include:

- a foster family home or group home licensed by the North Carolina Department of Health and Human Services (NC DHHS);
- a child caring institution that is licensed or approved by the NC DHHS and is in compliance with Title VI of the Civil Rights Act;
- a foster care facility, which is under the auspices of a licensed or approved private childcare or child placing agency. Such foster care services programs must have been licensed by the NC DHHS and be in compliance with Title VI of the Civil Rights Act;
- a foster care facility that is licensed by the NC DHHS as a public or private group home and is in compliance with Title VI of the Civil Rights Act;
- a licensed or approved foster care facility located in another state when the placement is made in compliance with the Interstate Compact on the Placement of Children. The other state must agree to supervise the child and the facility must be in compliance with Title VI of the Civil Rights Act; or

- an unlicensed home (including the home of a relative) that is approved by the Court and designated in the court order.

Private Agency Residential Childcare Facility means a residential child-care facility under the auspices of a licensed child-placing agency or another private residential child-care facility.

Private Residential Childcare Facility means a residential child-care facility under the control, management and supervision of a private non-profit or for-profit corporation, sole proprietorship or partnership that operates independently of a licensed child-placing agency or any other residential child-care facility.

Psychiatric Residential Treatment Facility (PRTF) A Psychiatric Residential Treatment Facility provides treatment for individuals with mental illness or substance abuse/dependency who require services in a non-acute inpatient setting. The individual must require supervision and specialized interventions on a 24-hour basis to attain a level of functioning that allows subsequent treatment in a less restrictive setting. For more information, see http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/man/MA3360.htm.

Psychotropic Medication A psychotropic medication is any agent capable of affecting an individual's thinking, feeling, or behavior, and denotes drugs used in the treatment of mental illnesses (Medical Dictionary for the Health Professions and Nursing © Farlex 2012).

Secure Custody Order An order that places the care, control and maintenance of a juvenile in a locked facility.

Supervising Agency means a county department of social services or a private child-placing agency that is authorized by law to receive children for purposes of placement in foster homes or adoptive homes. Supervising agencies are responsible for recruiting, training, and supporting foster parents. Supervising agencies recommend the licensure of foster homes to the licensing authority. (10A NCAC 70G .0402(11))

TECCA The Technology-Enabled Care Coordination Agreement (TECCA) is a legal agreement between North Carolina Community Care Networks, Inc. (NCCCN) and an individual county/county DSS office that, once executed, enables county DSS personnel to access the Informatics Center Provider Portal. For more information, see the Fostering Health NC online library documents: *TECCA Template*, *TECCA FAQ*, *TECCA--CCNC Participation Agreement*, *User Access Policy Template*, and *User Access Agreement Template*.

Temporary Safety Placement Resource If at any time during the assessment process it is decided that a child must be temporarily placed outside the home to insure safety but the safety concerns do not rise to the level of filing a petition with the court for custody, the parent or caretaker will identify a Safety Resource for the child. The county department of social services will assess the Safety Resource and their home. This Safety Resource should be someone that both parents and the social worker agree will safely care for the child. This is not a foster care placement because the child is not in the custody of the county department of social services.

Termination of Parental Rights (TPR) TPR is a court proceeding to end the legal relationship between a parent and child so that others can adopt the child. After an adjudication that one or more grounds exist for terminating a parent's rights, the court shall determine whether terminating the parent's rights is in the child's best interest. (G.S. § 7B-1110)

Therapeutic Foster Care means a family foster home where, in addition to the provision of foster care, foster parents who receive appropriate training provide a child with behavioral health treatment services under the supervision of a county department of social services, an area mental health program, or a licensed private agency and in compliance with licensing rules adopted by the Commission. (GS § 131D-10.2(14))

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a short-term therapy for children ages 3-18 who have been impacted by trauma that is designed to reduce children's negative emotional and behavioral responses to correct maladaptive beliefs and attributions related to the abusive experiences. It is recommended that, if the clinician was not trained by the North Carolina Child Treatment Program, that he/she is nationally certified in TF-CBT.

Trauma-Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma-Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Trial Home Placement (with removal or non-removal parent) A child who has been removed from the custody of a parent (or person acting *in loco parentis* – that is, in the place of a parent) by a court order because of abuse or neglect may not be returned for any period of time without judicial review and findings of fact to show that child will receive proper care and supervision. (The agency should work with its juvenile court to determine how the local judges interpret the law on trial visits.) The North Carolina Family Risk Reassessment of Abuse/Neglect (DSS-5226) shall be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Action Team meeting falls within that trial home visit period. The North Carolina Family Reunification Assessment (DSS-5227) shall be completed prior to any trial visit when the agency holds legal custody and at least one child is in placement with a goal of returning home (reunification).

Toxic Stress Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years. (Source: Center on the Developing Child, Harvard University)

Voluntary Placement Agreements (VPA) A voluntary placement agreement is required when a decision is made by the parent or caretaker to voluntarily place a child outside the home into foster care for reasons other than abuse, neglect or dependency. A VPA may be appropriate when:

- a parent or guardian is requesting time-limited placement due to a family crisis; or
- the Court orders a parent to arrange for placement for a child adjudicated delinquent or undisciplined.

No child shall be placed in foster care by the voluntary action of his or her parents or guardian unless a VPA has been signed by the parent or guardian and the agency. Voluntary placements shall be reviewed by the Court within 90 days of placement. The Court shall review and make findings about the voluntariness of the placement; the appropriateness of the placement; whether the placement is in the best interest of the juvenile; and services that have been or should be provided to eliminate the need for placement. A VPA signed by the parent or guardian shall not remain in effect longer than 180 days without the filing of a petition alleging abuse, neglect or dependency.

Well-Visit The American Academy of Pediatrics recommends that children and adolescents in foster care should be seen early and often upon entering foster care. Follow-up Well-Visits should occur within 60-90 days of placement into foster care, and subsequent visits are based on the child/youth's age:

- 0-6 months of age: Should be seen every month
- 6-24 months of age: Should be seen every 3 months
- 2-21 years and times of significant change (e.g., change in placement, reunification): Should be seen every 6 months

These Well-Visits assure that any referrals and/or treatments recommended during the 30-day Comprehensive Visit have been done. It also importantly provides an opportunity to share all information with those responsible for the care and well-being of the child/youth and to review with foster families the rational for the enhanced health schedule.

According to the current NC Health Check Billing Guide, there is no limit on the number of Well-Child Visits since these enhanced visits are medically necessary.