

P-2355 Case Management Procedures for Temporary Absence(B23-08)

General Procedures

Refer to Reach Up [P2270.pdf \(vermont.gov\)](#) for more information about Temporary Absence, such as granting absence, BPS support and transferring a temporary absence case to a different district.

Case Management Responsibilities

Continue to administer the services component of the Reach Up Program even after a temporary absence has been granted, including work with families on identifying their short- and long-term goals and use GPDR/R to support participants in breaking these goals down into manageable steps.

Increased contact with the participant and service providers is encouraged to support the steps towards reunification. Frequent revisions of the plan for reunification may be necessary. Continue to review the timeframe with the participant, to ensure they are aware of the time limit.

Participant goals should be supported, unless they are in direct conflict with what is being required of the participant by Family Services Division (FSD). FDP activities that support the parent's engagement with FSD is recommended.

When contacting members of the household, service providers and other supports it is important to keep reunification in the conversation.

- Are there steps and behavioral changes that need to be taken to increase the chance of reunification?
- What is the parent/caretaker's living situation? (Are they maintaining a home for the child's return? Up to date on rent? Looking for housing if "homeless"? ...etc.)

Share information necessary for the coordination of services from Eligibility or an institution with the FSD social worker when one is assigned. Medical and Substance Use information obtained from a treatment provider (including specialized the Reach Up Mental Health Substance Abuse case manager/clinician) or health care provider, cannot be shared without the participant's written authorization to release specified information.

Report any changes to Eligibility that might affect continuing eligibility for the Reach Up benefit.

If it is unlikely that reunification will occur before the 180 days is completed and an extension of the temporary absence does not seem appropriate, help the participant plan for their transition from Reach Up after their 180-day period has expired. This could include referrals to additional supports or resources for housing and income.

Temporary Absence of Child(ren)

Case Management Responsibilities

Assist in obtaining a [201WC](#) release from the parent/caretaker in situations where the child's absence is due to incarceration (of the child), medical care, or a voluntary placement. Contact the appropriate parties (including the parent/caretaker) two or more times per month including face to face, phone, and email contact.

In cases of FSD custody, have contact two times or more per month with the parent/caretaker and the FSD social worker. This could include a monthly team meeting, such as a safety planning meeting, as well as phone and email contact. Can ask for a copy of the case plan "actions steps" this will outline safety concerns that need to be address for FSD to support reunification.

The month prior to the 180 days deadline. Send the FSD worker the below questions to gather information regarding progress and timeframe for reunification. If the FSD worker reported reunification will occur by the deadline, follow up with them again the following month to confirm that child/ren are home with their parent/caregiver at least 50% of the time, if so, send a TODO message to eligible to add the child(ren) to the grant and end the temporary absence.

Extending Temporary Absence

Temporary Absence extensions are determined on an individual basis. Not all cases will need to request an extension. An extension should only be requested if the participant or case manager/service provider feels additional time will help the family to be reunited and reunification should be occurring in the next several months. The request for the extension should be requested the month prior to the 180th day.

To request an extension, the below questions need to be completed by the FSD worker and case manager. Responses need to be emailed to Reach Up Central office. AHS.DCFESDCOReachUp@vermont.gov

Questions that need to be completed by the Reach Up case manager when requested a temporary absence extension.

Questions for RUCM:

1. What is the original expiration date of the 180-day temporary absence?
2. Has AOPS already granted an extension?
3. Has the household member(s) been meeting with their RUCM consistently?
4. Is the family making progress on their goals?
5. Is there any information related to the family's housing that should be noted (are they in a GA hotel, waiting for a voucher, etc.)?

Questions that need to be completed by the Family Service worker when requesting a temporary absence extension.

Question for Family Service Worker:

1. Is the case plan goal still reunification? If yes, when is FSD recommending the child(ren) return home 50% of the time or full time?
2. Has reunification been delayed due to a circumstance beyond the parent(s) control or a catastrophic event? (Please be as specific as possible)
3. Has the parent(s) been consistently engaged with FSD and making progress on case plan goals?
4. Are unsupervised visits occurring? If so, where, and how often? If not, is there a plan for this to happen in the next 30 days?
5. Are unsupervised overnights occurring? If so, what is the plan? If not, is there a plan for this to happen in the next 30 days?

Temporary Absence of Parent/Caretaker

Case Management Responsibilities

When possible, assist in obtaining a [201WC](#) from the parent/caretaker and contact the hospital, substance abuse treatment facility or other medical institution where the participant is receiving care.

Code absent parent/caretaker as medically deferred.

Have a minimum of contact two times per month with the absent parent/caretaker, if the facility and situation permit, in part to monitor the parent/caretaker's continuing ability to return within 180 days. This requirement can be waived in situations where it has been verified with the hospital, substance abuse treatment facility or other medical institution, that contact is not allowed, would be unreasonably difficult to arrange, or would be detrimental to the parent/caretaker's treatment plan.