



<p style="text-align: center;">SOUTH DAKOTA</p>  <p style="text-align: center;">DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES</p>		POLICY NUMBER	PAGE NUMBER
		1.5.H.17	1 OF 3
		DISTRIBUTION:	Public
		SUBJECT:	Juvenile Out Of State Placement
RELATED STANDARDS:	None	EFFECTIVE DATE:	April 15, 2024
		SUPERSESION:	04/01/2023
DESCRIPTION: Juvenile – Admission and Orientation	REVIEW MONTH: March	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) Juvenile Services to adhere with requirements related to the placement of youth out of state.

II. PURPOSE

The purpose of this policy is to outline the process to be followed in the event a juvenile offender's need necessitates placement outside the state of South Dakota. The juvenile corrections agent (JCA) may be directed by the director of Juvenile Services to pursue a placement resource outside of South Dakota.

III. DEFINITIONS

Interstate Compact on the Placement of Children (ICPC):

The Interstate Compact on the Placement of Children (ICPC) is a law in all 50 states, the District of Columbia, and the Virgin Islands. The ICPC is administered by the Department of Social Services in the State of South Dakota. The Compact applies to placements of minor children made from one state to another by public and private agencies, the courts, independent placers (i.e., physicians and attorneys) and individuals.

Form ICPC-100A is the sending agency's formal written notice to the receiving state of its intention to make an interstate placement and a request for a finding as to whether the placement would or would not be contrary to the interests of the child. With most placements it is also a formal request for a home study. Following review by the receiving state, it is the official notification that the proposed placement may or may not be made. A favorable finding means that the placement can be made in conformity with the Compact. An unfavorable finding means that the placement would be unlawful.

Form ICPC-100B is used to confirm that an approved placement in accordance with the Compact has been made, withdraw a request prior to the home study, indicate that an approved resource will not be used, report a change in the placement resource and/or type of care, report a change of address, and close an ICPC case.

Form ICPC Financial and Medical Plan specifies who has responsibility for financial and medical costs.

IV. PROCEDURES

1. Placement Referral:

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- A. The JCA will evaluate all possible placement resources with-in the state of South Dakota prior to recommending out of state placement.
- B. The director of Juvenile Services will provide final approval for all out of state placement.
- C. The JCA will submit a completed admission packet to the out of state facility and obtain prior Medicaid authorization, where necessary.
- D. Upon approval of admission, the JCA will complete the necessary Interstate Compact Placement process.
 - 1. Complete DSS forms *100A* (see attachment #1), *100B* (see attachment #2), and *ICPC Financial and Medical Plan* forms (see attachment #3).
 - 2. 100B should not be completed until the date of admission.
 - 3. Upload ICJ travel permit through UNITY at the time of placement.
 - 4. Provide a copy of the order of commitment to the DOC.
- E. Provide a brief narrative summary outlining why the offender should be placed in the respective facility, along with current intake summary, any current psychological evaluation, IEP if applicable, acceptance letter from facility and submit to the juvenile services specialist or designee to process.
- F. The JCA will notify the juvenile services specialist or designee, of the date that the juvenile will transfer to any PRTF out of state facility prior to the actual transfer.
- G. Upon completion of an out-of-state program, the JCA will confirm the case is closed in UNITY.
- H. Upon completion of an out-of-state program, the JCA must notify the juvenile services specialist or designee, who will complete the case closure requirements for ICPC, to include completion of 100B update.

2. Transportation:

- A. Out of state providers may be responsible for transportation of juveniles to the South Dakota Department of Corrections statewide transportation system, consistent with contractual agreement. At such time as the juvenile is initially placed, transferred to a subsequent placement, or released from custody.
- B. The JCA will assist in the coordination of transportation in all other cases where this service is not included in the contractual agreement.

3. Case Management:

- A. The JCA will maintain contact with the placement provider on a monthly basis and record those contacts in COMS contact logs module.
- B. The JCA will maintain contact with the juvenile on a bi-weekly basis and record those contacts in COMS contact logs module. This requirement exceeds the minimum requirement for in-state programs.
- C. The JCA shall utilize video conference technology between the juvenile, their immediate family and the JCA, whenever available. The JCA shall maintain contact with the youth's family during the out of state placement, a minimum of one time per month for purposes of discussing the youth's progress, ensuring the family has received a copy of the monthly progress report and coordinating release plans. The JCA will assist the placement provider with coordinating contact with the youth's family whenever possible.

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- D. The JCA shall participate in a monthly treatment team meeting. The JCA shall use the *Monthly Reauthorization* form (see DOC policy 1.5.H.05 *Classification, Assessment and Program Planning*) to guide the meeting. The JCA shall make a written recommendation if they support reauthorization of services or if referral to a less restrictive treatment alternative or home will be pursued.
- E. A copy should be retained in the case file. The JCA shall submit the completed Monthly Reauthorization form to their supervisor. The JCA shall document in COMS using the “MRF” case note code.
- F. The assigned staff or a designee, will conduct on site bi-annual visits with all juveniles in out of state facilities and provide documentation of visit. The assigned staff will request information from the JCA regarding the juvenile or any areas that need to be addressed during the bi-annual visit.
- G. The assigned staff will forward monthly progress reports on out-of-state youth to the committing judge.
- H. The JCA should notify the assigned staff in the event assistance is required to resolve a situation with a contracted out of state provider.
- I. The JCA may access facility reports from the assigned staff as needed.

V. RESPONSIBILITY

The director of Juvenile Services is responsible for the annual review and maintenance of this policy.

VI. AUTHORITY

- A. SDCL § [26-13](#) **Interstate Compact on Placement of Children**

VII. HISTORY

April 2024
 March 2023
 April 2022
 May 2021
 March 2020
 February 2019
 February 2018
 March 2017
 April 2016
 July 2015
 February 2015
 January 2014
 April 2013
 March 2013
 January 2012

ATTACHMENTS *(*Indicates document opens externally)*

1. ICPC 100A* *(DSS Form)*
2. ICPC 100B* *(DSS Form)*
3. ICPC Financial and Medical Plan* *(DSS Form)*
4. DOC Policy Implementation / Adjustments

ICPC 100A
REV. 05/2019; EFF. 01/2020

One form per child; please type

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST
TO: FROM:

SECTION I—IDENTIFYING DATA			
Notice is given of intent to place—Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:	ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Title IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex:	Gender:	Date of Birth:	
Name of Parent 1:		Name of Parent 2:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			Email Address (optional):
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			Email Address (optional):

SECTION II—PLACEMENT INFORMATION	
Types of Care Requested: <input type="checkbox"/> Public Placement <input type="checkbox"/> Private Placement Subsidy: <input type="checkbox"/> IV-E <input type="checkbox"/> Non IV-E <input type="checkbox"/> Pending <input type="checkbox"/> None <input type="checkbox"/> Adoptive Home: Finalizing in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State <input type="checkbox"/> Pending <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child-Caring Institution <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Parent <input type="checkbox"/> Institutional Care—Article VI Adjudicated Delinquent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> Other: _____	Current Legal Status of Child: <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated—Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other: _____
Name of Person(s) or Facility Child is to be placed with:	
Address:	
Soc. Sec # (optional): Soc. Sec # (optional):	
Phone:	
If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside.	
*Name(s) of Prospective Adoptive or Foster Resource:	
Soc. Sec # (optional): Soc. Sec # (optional):	
Address:	
Phone:	

SECTION III—SERVICES REQUESTED		
Initial Report Requested (if applicable): <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study <input type="checkbox"/> Parent Study <input type="checkbox"/> Relative Home Study	Supervisory Services Requested: <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise <input type="checkbox"/> Other _____	Supervisory Reports Requested: <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Name and Address of Supervising Agency in Receiving State:		
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation		
Signature of Sending Agency or Person:		Date:
Signature of Sending State Compact Administrator, Deputy, or Alternate:		Date:

SECTION IV—ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC	
<input type="checkbox"/> Placement may be made Remarks:	<input type="checkbox"/> Placement shall not be made
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date

ICPC 100B
REV. 05/2019; EFF. 01/2020

One form per child; please type

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS**

TO:	FROM:		
SECTION I—IDENTIFYING INFORMATION			
Child's Name:	Birthdate:		
Parent #1's Name:	Parent #2's Name:		
Name of Resource:			
Address:			
Type of Care:			
SECTION II—PLACEMENT STATUS			
<input type="checkbox"/> Initial Placement of Child in Receiving State	Date Child Placed in Receiving State:		
<input type="checkbox"/> Placement Change	Effective Date of Change:		
SECTION III—COMPACT PLACEMENT TERMINATION			
<input type="checkbox"/> Adoption Finalized	<input type="checkbox"/> In Sending State	<input type="checkbox"/> In Receiving State	<input type="checkbox"/> Court Order Attached
<input type="checkbox"/> Child Reached Majority/Legally Emancipated			
<input type="checkbox"/> Legal Custody Returned to Parent(s) Name:	<input type="checkbox"/> Court Order Attached		
<input type="checkbox"/> Legal Custody Given to Relative Name:	<input type="checkbox"/> Court Order Attached	Relationship:	
<input type="checkbox"/> Legal Custody Given to Other (specify) _____ Name:	<input type="checkbox"/> Court Order Attached	Relationship:	
<input type="checkbox"/> Treatment Completed			
<input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State			
<input type="checkbox"/> Unilateral Termination			
<input type="checkbox"/> Child Returned to Sending State			
<input type="checkbox"/> Child Has Moved to Another State			
<input type="checkbox"/> Proposed Placement Request Withdrawn			
<input type="checkbox"/> Approved Resource Will Not Be Used for Placement			
<input type="checkbox"/> Other (Specify):			
<u>Date of Termination:</u>			
SECTION IV—SIGNATURES			
Person/Agency Supplying Information:			Date:
Compact Administrator, Deputy, or Alternate:			Date:

ICPCFinMed.doc 02/02

**STATE OF SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES – CHILD PROTECTION
ICPC FINANCIAL AND MEDICAL PLAN**

Child's Name: _____

FAMIS#: P- _____ **SSN:** _____ **DOB:** _____

Social Worker: _____ **Date:** _____

Legal Status

Child is in Custody/Guardianship of: _____

Address: _____ **Phone:** _____

Financial Plan (Check appropriate boxes)

We will provide: Foster Care Payment Adoption Assistance Residential/Institutional Payment

This is a return to parent under trial reunification. Parent is financially responsible for the child.

Other (explain): _____

Medical Plan (Check appropriate boxes)

The receiving state will arrange for Medicaid coverage based on the provisions of the federal COBRA legislation (Title IV-E). Include IV-E documentation.

Child is not IV-E eligible. The sending agency will provide a medical card and/or reimbursement for the child's medical expenditures incurred with prior approval. Include billing for and medical emergency instructions.

This is a return to parent under trial reunification. Parent is financially responsible for the child.

Other (explain): _____

Emergency (Complete)

After hours and weekend emergency authorization to give medical treatment to the child can be obtained by a physician or hospital by calling:

Phone: _____ **Contact Person (if known):** _____

The sending agency remains ultimately responsible for the support of the child, and will retain jurisdiction over the child as mandated by the ICPC (Article 5). It shall continue to have financial responsibility for the support and maintenance of the child during the period of placement. In the event of justifiable need to return the child, the sending agency will pay the transportation cost, and expects the full cooperation of the receiving state to accomplish this return. This plan will be in effect until proper legal discharge, consistent with the provisions of the Interstate Compact on the Placement of Children:

Worker Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____