



<p style="text-align: center;">SOUTH DAKOTA</p>  <p style="text-align: center;">DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES</p>		POLICY NUMBER 1.6(4).A.4	PAGE NUMBER  1 OF 4
		DISTRIBUTION: Public	
		SUBJECT: Juvenile Out Of State Placement	
RELATED STANDARDS:	None	EFFECTIVE DATE: April 01, 2023	
		SUPERSESION: 04/19/2022	
DESCRIPTION: Admission and Orientation		REVIEW MONTH: March	 <b>KELLIE WASKO</b> <b>SECRETARY OF CORRECTIONS</b>

## 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 may be directed by the Director of Juvenile Services to pursue a placement resource outside of South Dakota.

## III. DEFINITIONS

### Comprehensive Offender Management System (COMS):

A DOC data management system which stores pertinent offender information.

### Interstate Commission for Juveniles (ICJ):

The Interstate Commission for Juveniles (ICJ) is charged with overseeing the day-to-day operations of the Interstate Compact for Juveniles, a formal agreement between member states that seeks to promote the proper supervision or return, of juveniles, delinquents and status offenders who are on probation or parole and who have absconded, escaped, or run away from supervision. The ICJ website is <http://www.juvenilecompact.org>.

### 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.

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

### **Uniform Nationwide Interstate Tracking for Youth (UNITY):**

The Uniform Nationwide Interstate Tracking for Youth (UNITY), is a web-based system that facilitates the supervising, transferring, accepting, tracking, and returning of juveniles from one state to another. UNITY enables the fifty states and two territories that comprise the Interstate Compact for Juveniles (ICJ) to manage workflow and communications, as well as provide consistent services to juveniles. UNITY provides users with the ability to quickly complete ICJ forms, notify compact offices of new information and requests, and track cases and juveniles.

## **IV. PROCEDURES**

### **1. Placement Referral:**

- 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 as required by SDCL § 26-13.
  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.

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.
- E. 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.
- F. Upon completion of an out-of-state program, the JCA will confirm the case is closed in UNITY.
- G. 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**

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- 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.
- D. The JCA shall participate in monthly treatment plan meetings and record in COMS contact logs module. The JCA shall review the youth's progress on the treatment plan goals and evaluate the effectiveness of the services based on results of the risk/needs assessment, through the staffing process and contact with the youth and family as required. 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. The JCA shall use the *Monthly Reauthorization* form (See DOC policy 1.6(3).G.1 *Program Planning*) to guide the meeting. 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**

SDCL § 26-13

## **VII. HISTORY**

March 2023  
April 2022  
May 2021  
March 2020  
February 2019  
February 2018  
March 2017  
April 2016  
July 2015

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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"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <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			
<b>Types of Care Requested:</b> <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: _____		<b>Current Legal Status of Child:</b> <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:			Soc. Sec # (optional): Soc. Sec # (optional):
Address:			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.			
<b>*Name(s) of Prospective Adoptive or Foster Resource:</b>			Soc. Sec # (optional): Soc. Sec # (optional):
Address:			Phone:
SECTION III—SERVICES REQUESTED			
<b>Initial Report Requested (if applicable):</b> <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study <input type="checkbox"/> Parent Study <input type="checkbox"/> Relative Home Study	<b>Supervisory Services Requested:</b> <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 _____	<b>Supervisory Reports Requested:</b> <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:			
<b>Enclosed:</b> <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 <input type="checkbox"/> Placement shall not be made			
Remarks:			
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:
<b>SECTION I—IDENTIFYING INFORMATION</b>	
Child's Name:	Birthdate:
Parent #1's Name:	Parent #2's Name:
Name of Resource:	
Address:	
Type of Care:	
<b>SECTION II—PLACEMENT STATUS</b>	
<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:	
<b>SECTION III—COMPACT PLACEMENT TERMINATION</b>	
<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) <input type="checkbox"/> Court Order Attached Name:	
<input type="checkbox"/> Legal Custody Given to Relative <input type="checkbox"/> Court Order Attached Name:	
<input type="checkbox"/> Legal Custody Given to Other (specify) _____ <input type="checkbox"/> Court Order Attached Name:      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):	
<b><u>Date of Termination:</u></b>	
<b>SECTION IV—SIGNATURES</b>	
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:** 3/24/2022

**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:** \_\_\_\_\_