Divisions of Licensing and Certification,
Medicaid, and Family and Community Services

<table>
<tr><td colspan="2">Subject:
Certified Family Home and Foster Home
Adult Resident/Foster Child Mix</td><td>Policy number: CFH 2025-03</td></tr>
<tr><td>Effective Date: 3 / 3 / 2 5

Exclusion: None</td><td>Supersedes:
FACS PO 11-03
CFH Policy 2022-001</td><td>Approved by: Division Administrators
Juliet Charron
 
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Date: 2/18/2025</td></tr>
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January 1</td><td>Annual Reviewer:
Steve Millward</td><td>Technical Support Contact:
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<tr><td>Location: IDHW public Website
CFH Guidance Documents</td><td>Total Pages: 7</td><td>Attachment(s): Appendix A,
Exception Request Form</td></tr>
<tr><td colspan="3">Programs Affected: Certified Family Homes, Child and Family Services, Medicaid</td></tr>
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1. BACKGROUND

One of the Department of Health and Welfare's goals is to protect children, youth, and vulnerable adults. Both the Certified Family Home (CFH) and Child Youth and Family Services (CYFS) programs serve vulnerable individuals and share this department goal. The CFH program certifies homes to care for vulnerable adult residents ages 18 and older. CYFS licenses foster homes to provide foster care to abused and neglected children. Homes cannot operate as both a Certified Family Home and Licensed Foster Home at the same time without a variance/waiver, Idaho Statute §39-3505 (4). For the purposes of this policy, foster child includes children that meet the definition in Idaho code. For simplicity, children receiving personal care services (PCS) are grouped together with CYFS foster children in this policy and procedure, as the state of Idaho requires homes caring for either group of children to meet foster home licensing standards.

2. PURPOSE

The purpose of this policy is to provide guidance to request a waiver for a home to simultaneously operate as a Certified Family Home and a Licensed Foster Home. Placing foster children and adult CFH residents together, especially when they are unrelated, is only by exception, carries certain risks, and must be carefully evaluated and approved by both programs. The CFH provider must demonstrate the skills and capacity to care for the health and safety needs of both the resident(s) and foster child(ren). Communication between programs is critical to ensure the health and safety of CFH adult residents, foster children, and any other household members.

3. POLICY

The department may only grant a variance/waiver for an Adult Resident/Foster Child Mix under **one** of the following scenarios:

- The absence of a variance/waiver would prevent members of the same family from living together
  (e.g., the CFH provider desires to become a foster parent for their own relative foster child, siblings are placed in the same foster home and the aging-out foster child needs CFH services, etc.).

- The CFH provider is seeking to adopt a specific child within the foster care system.

- The CFH provider has a long-standing family-like relationship with a specific child within the foster care system; or

- The CFH provider has expressed interest in seeking a variance for foster care placement, has completed the pre-screening application, and has been approved by the department to complete the exception request process. Each element under Section 4, "Procedure," described in this document must still be completed before placement in the home of a specific foster child may occur even when the CFH provider has been placed on the pre-approval list.

CFH and CYFS program staff will use the procedures as outlined below to process a variance/wavier through their respective Program Manager. Program staff need to ensure the request is complete and contains relevant case information, including any special diagnosis, behaviors, or concerns that may affect the health and safety of household members.

Inter-Department Staffing: Due to the low-volume and potentially high risks of these types of waivers/variances, an inter-department staffing shall occur to ensure communication and to jointly conduct an in-depth review.

Background Checks: CFH adult residents are exempt from department criminal history background check requirements (IDAPA 16.03.19.009.01). However, foster care licensing rules require that all adults in the home over 18 receive and pass a criminal history background check (IDAPA 16.16.02.202). In the event a CFH provider is being considered for a variance/waiver to have a foster child placed in their home, the CFH adult resident(s) will be required to clear a department criminal history and background check. If the CFH adult resident(s) is (are) unwilling to complete the background check or lack the capacity to consent to fingerprinting and no personal representative consents on the resident's behalf, the department will not grant the waiver/variance.

Foster care licensing rules provide exceptions to completing a background check for the foster parent's biological child (IDAPA 16.06.02.202.02.a-c). However, the CFH program requires any minor child who turns eighteen (18) and remains living in the home to clear a department criminal history and background check (IDAPA 16.03.19.009.01). An exception to IDAPA 16.06.02.202.02.a-c is not permissible when the foster parent is also seeking certification as a Certified Family Home.

4. PROCEDURE

A certified family home provider or a licensed foster home may apply for an exception to IDAPA 16.03.19.100.01.b by submitting an Exception Request form to their CFH regional certifying agent with the Division of Licensing and Certification. The justification section must include which scenario in

Section 3 of this document applies to their situation.

The applicant must provide the following documentation with the Exception Request form:

- A copy of the Department of Health and Welfare's Background Check Unit clearance letter(s) for the adult resident(s).
- An updated copy of the Home Evacuation Plan, including the floor plan with room uses and sleeping arrangements for the adult resident(s) and foster child(ren).
- The current Plan of Service for the adult resident(s).

Once the Exception Request form has been submitted the following steps will occur:

1. The CFH certifying agent will review the exception request form and put final recommendations into the SharePoint site.
2. The CFH program manager will determine whether to grant or deny the variance and notify CYFS and the CFH provider of the final decision via email. If granted:
3. The CFH Program Manager shall stipulate special conditions the applicant must follow with approval of the variance, including, but not limited to, prohibiting the adult resident(s) from supervising the foster child and awaiting approval from the CFH program before accepting placement of a specific foster child.
4. The CYFS program will contact the CFH provider to initiate the foster care licensing process.
5. The CYFS program will upload the foster care license status into SharePoint and notify the CFH program when an application has been approved.
6. The CYFS program will contact the CFH program to initiate the inter-departmental staffing once a potential match has been identified.

Inter-Department Staffing: Prior to approving the placement of a specific foster child into a CFH, a staffing shall occur to receive input from all affected department programs. These include both the CFH and CYFS programs, and if the adult resident is a Medicaid participant, staff from either the Medicaid Bureau of Developmental Disabilities (BDDS) or Bureau of Long-Term Care (BLTC) as appropriate. See appendix A for an Inter-Department Staffing Checklist, which includes a recommendation of approval/denial and will be provided to the Program Managers for review/final approval.

Approval: Placement of the foster child(ren) or CFH adult resident(s) may occur once the final approval is completed by the CFH Program Manager. The CYFS Regional Field Program Manager must approve the request as must the Medicaid Program Manager if the adult resident(s) is a (are) Medicaid participant(s).

Adoption: If a CFH provider is adopting a child within the foster care system, CYFS will include the CFH regional certifying agent in the permanency selection/decision process.

5. OUTCOMES AND MONITORING

The CFH Program, upon annual re-certification, will review the variance and will be responsible for working with the applicant to submit an updated exception request. An inter-department staffing is not necessary as part of the renewal. However, the CFH certifying agent will complete a collateral contact with the foster child(ren)'s case manager and appropriate Medicaid staff, if applicable, to inquire whether there were any significant changes during the previous year.

A copy of the variance shall be kept in the CFH provider file and the CYFS foster care licensing file.

CYFS has the responsibility of monitoring the safety of the foster child(ren) and CFH has the responsibility for monitoring the adult resident(s). If there are any issues either program identifies that could impact the status or prudence of the variance, the CYFS and CFH Program Managers will coordinate an inter-department staffing and identify next steps.

The basis for revoking a waiver or variance is found in the Certified Family Home Rule Chapter at IDAPA 16.03.19.121.01.a-c.

6. REFERENCES

Idaho Code, Title 39, Chapter 35, "Idaho Certified Family Homes"
Certified Family Homes IDAPA 16.03.19
Rules Governing Standards for Child Care Licensing IDAPA 16.06.02
Medicaid Enhanced Plan Benefits IDAPA 16.03.10.305

APPENDIX A: INTER-DEPARTMENT STAFFING CHECKLIST

PARTICIPANTS

Name	Role

ASSESSMENT QUESTIONS

Are there any compliance issues with the applicant's CFH certification?

Comments

Are there any compliance issues with the applicant's foster care licensure?

Comments

Have the required background checks referenced in this policy been completed?

Comments

Does the adult resident understand why the background check is needed?

Comments

Are there any physical, mental, or developmental barriers to the foster child and/or adult resident when evacuation of the home is needed?

Comments

Are there any behaviors by the foster child and/or adult resident that could pose a health or safety risk to either client?

Comments

What is the provider's time, skill level, and ability to meet the special care needs of the foster child, adult resident, and any other household members?

Comments

What is the provider's plan of supervision for the foster child and adult resident?

Comments

If parental rights are intact, have the foster child's biological parents been informed of the proposed placement?

Comments

Has the adult resident or his/her representative been informed of the proposed foster child placement? Have any concerns been raised?

Comments

TEAM RECOMMENDATIONS

Comments

Recommendation ☐ Approve ☐ Deny

EXCEPTION REQUEST FORM

PROVIDER

The provider is the adult responsible for ensuring compliance with rules governing certified family homes.

Provider Name:		Telephone:
Address:		
City:	State:	ZIP:

RULE

The rule for which the provider is requesting an exception.

Rule Reference: IDAPA 16, Title 03, Chapter 19, Section/Subsection:

JUSTIFICATION

Narratives that justify to the Department reasons for granting an exception to the rule identified above.

Good Cause/Extenuating Circumstance: *Please explain why you are seeking an exception, including why your specific situation makes it difficult for you to meet the rule.*
Compensating Factors: *Please explain how you will ensure the safety and wellbeing of your resident(s) in place of complying with the rule.*

SPECIAL CONDITIONS (To be completed by Department staff only)

Requirements that will be in place as conditions for the provider to operate the certified family home in non-compliance with the rule identified above.

RESIDENT ACKNOWLEDGEMENT

Confirmation that the residents have been made aware of and agree in principle to the request for this exception.

My signature indicates the following:

- I have been informed of this exception request;
- I understand an exception to this rule may affect my living arrangement;
- I have been informed or will be informed of any special conditions in connection to this exception;
- I am competent to make choices about my living arrangement;
- I request this specific living arrangement; and
- I have not been coerced into making this request.

RESIDENT NAME(S)	RESIDENT OR REPRESENTATIVE SIGNATURE(S)

APPLICATION VERIFICATION

Confirmation that the provider agrees to abide by the special conditions and ensure the health and safety of residents.

In requesting this exception, I am assuring that the health and safety of the residents will not be jeopardized if the exception is granted.	
I agree to abide by any special conditions the Department attaches to granting this exception.	
I understand that this exception expires as indicated below, and I must submit a new request to extend this exception upon its expiration. If an exception expires without renewal, I will comply with the rule.	
I understand that should the Department grant this exception, it is not considered a precedent and will not be given any force or effect in any other proceeding.	
Provider Signature:	Date:

DEPARTMENT DETERMINATION (To be completed by Department staff only)

The Department's review and determination of whether or not to grant this request for an exception

Determination: This request for an exception is ☐ Approved ☐ Denied	
Effective Date:	Expiration Date*:
*If there is no expiration date, the Department is granting a permanent waiver to the provider for this rule.	
This exception is effective as indicated above unless the Department revokes this variance or waiver.	
Program Manager Signature:	Date: