**DMCPS In-State and Out-of-State**

**Residential Care Center (RCC) Request**

**Instructions**: This form is intended to be used for a Higher Level of Care (HLOC) need for In-State or Out-of-State RCC request. When requesting a HLOC, Contracted Case Management Agencies will complete the form in its entirety and email it to the [DMCPS OSS HLOC](mailto:DCFDMCPSHLOCRequest@wisconsin.gov) Team. The Ongoing Services Section (OSS) will review and within 3 business days, the Case Management team will select a HLOC staffing date prior to placement referrals being sent out. Before the Contracted Case Management Agency requests an Out-of-State HLOC placement, In-State options must be exhausted and documented. Questions can be directed to the [OSS HLOC](mailto:DCFDMCPSHLOCrequest@Wisconsin.gov) Team. Please complete Sections A, B and C. It is expected that every effort is made to keep the child in an in-state placement. If every in-state placement option has been exhausted, complete Section D.

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| **SECTION A – CONTRACTED CASE MANAGEMENT AGENCY INFORMATION** | | | |
| Date of HLOC request | Date placement needed | | HLOC Request  In-State  Out-of-State |
| Child Welfare Agency | | Child Welfare Case Manager | |
| Child Welfare Supervisor | | Child Welfare Program Manager | |
| **SECTION B – CHILD AND FAMILY INFORMATION** | | | |
| Child Name | | Child Date of Birth | |
| Child eWiSACWIS | | Family eWiSACWIS | |
| Court Order Type (check all that apply):  TPC  CHIPS: Expiration Date | | Pro Se CHIPS: Expiration Date  JIPS: Expiration Date  Youth Justice Order (Ch. 938): Expiration Date | |
| Has the Court Ordered the Child’s CM Team to Search for HLOC?  Yes  No  If Yes, provide the court date when it was ordered:  Which court order is the search under:  Next Court Date for Placement Review/Update: | | | |
| Additional Supports:  CLTS  CCS  Other Click or tap here to enter text.  N/A | | Is DMCPS currently the appointed guardian of the child?  Yes  No  If Yes, provide type of guardianship and expiration date of guardianship: | |
| Current Placement Type (choose one)  Home with Parent  Court Ordered Kinship Care  Unlicensed Relative Placement  Unlicensed non-relative Placement  Group Home/QRTP  RCC/QRTP | Foster Home Level 1 or 2  TFC Level 3 or higher  Assessment Center Shelter Care  Shelter Care (ex. Pathfinders)  Hospital – Medical Need  Hospital – Social Admission Hold  Hospital – Behavioral Health | | Homeless  Missing from Care  Detention  Other |
| Most recent CANS completion Date | | Level of Need | |
| Child had a  Psychological evaluation  Psychiatric evaluation  Evaluation date:  If psychological/psychiatric evaluation is older than 2 years OR an evaluation is not on file, explain why: | | | |
| **SECTION C – In-State RCC Request**  Complete this section if you are requesting an In-State RCC HLOC Placement. If requesting an Out-of-State placement, skip to Section D. | | | |
| Part 1: Child’s Case Summary | | | |
| Date case came into care       Date of first out-of-home placement  List of out of home placements (include relatives and non-relatives) or attach the placement efforts list.  List school information (IEP status, grade)  Provide details about how the child was placed in the current placement. Include information on how they are adjusting to the placement | | | |
| Part 2: Current Case Placement Information | | | |
| Describe the current court-ordered permanency plan for the child  Describe who will be on the Child and Family team.  Describe in detail how the Child and Family team will be involved in the discharge planning process | | | |
| Part 3: Request for Placement Information | | | |
| Describe why a higher level of care in a RCC is necessary and why services and supports cannot be accessed in a community-based placement. Include information on treatment needs, current behavioral/mental health diagnoses or concerns, prescribed medications, and specific crisis/emergency management plans being used. Explain what has worked/working for the child and family.  Yes  No Is the child aware there is a request for HLOC placement?  Yes  No Is the family aware there is a request for HLOC placement?  Provide information on the child and family’s feelings and understanding of the residential level placement.  Explain where the child wants to be placed and why that placement is no appropriate or available. | | | |
| Part 4: Medical History | | | |
| Yes No Does the child have any current or historical medical concerns (i.e. diabetes, seizure disorder, etc.). If YES, explain:  Is the child up-to-date on:  Yes No Physical health appointment  Yes No Dental appointment  Yes No Vision appointment | | | |
| **Determination to be Completed by Ongoing Services Section** | | | |
| OSS Reviewer | | Decision date:       Note – decision expires 90 days from this date unless noted in “Comments from Approval” | |
| Comments from Approval: | | | |
| Denial Date: | | Reason for Denial | |
| **Section D: Out-Of-State Requests**  Complete this section ONLY after all In-State placement options have been exhausted. When completing this section, please review Sections A, B, and C and update any information in those sections that has changed since the initial submission. | | | |
| Part 1 – Past Placement Efforts | | | |
| Detail efforts made to locate an In-State facility. Include a list of all referrals made in-state and the list the denial date and reasons. You can attach the placement efforts list as well.  Detail what barriers exist for placement in Wisconsin.  What are the child’s specific needs that are unable to be met in an In-State Congregate Care Setting?  What specific treatment is the Child and Family team hoping to access in an Out-of-State facility? | | | |
| Part 2 – Child/Family Needs | | | |
| What does the child and their family think about an Out-of-State placement?  How will visits with the child’s natural or chosen family occur?  Who will be part of the Child and Family team engaging with the discharge planning to meet the child’s permanency goals? | | | |
| Part 3 – Child’s Medical Needs | | | |
| If the child has medical diagnosis as listed in Section C Part 4, how is an out-of-state provider appropriate to ensure the child’s medical needs will be met? | | | |
| **Determination to be Completed by Ongoing Services Section** | | | |
| OSS Reviewer | | Decision date:       Note – decision expires 90 days from this date unless noted in “Comments from Approval” | |
| Comments from Approval: | | | |
| Denial Date: | | Reason for Denial | |

When the OSS Review approves the Out-of-State/Child Specific search, the Contracted Case Management Agency must complete the “[Child Specific Congregate Care Form](https://dcf.wisconsin.gov/files/forms/doc/5731.docx)”