



**Arkansas Department of Human Services  
Division of Children and Family Services**

700 Main Street, Donaghey Plaza South, 5<sup>th</sup> Floor

P.O. Box 1437, Slot S560

Little Rock, Arkansas 72203-1437

Telephone (501) 682-8008 · TDD (501) 682-1442 · FAX (501) 682-6968

February 15, 2013

Honorable Mark Martin  
Secretary of State  
State Capitol Building, Room 256  
Little Rock, AR 72201

RE: Final Filing - Regular Promulgation

Dear Mr. Martin:

This is the final filing of Rules initially filed on December 17, 2012. The public comment period was from December 17, 2012 to January 15, 2013, with an effective date of April 1, 2013.

If you have any questions or comments, please contact Christin Harper, Policy & Professional Development Administrator, Division of Children and Family Services, P.O. Box 1437, (Slot S570), Little Rock, Arkansas 72203-1437; phone 682-8541; email [christin.harper@arkansas.gov](mailto:christin.harper@arkansas.gov) or fax 682-4854.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cecile Blucker".

Cecile Blucker

Director, Division of Children and Family Services

## NOTICE OF RULE MAKING

Pursuant to A.C.A. § 9-28-103, the Director, Division of Children and Family Services issues proposed changes CFS-435-B: Notification of Subsidized Guardianship Program Denial. These include:

- Adding option to deny if not enough relevant information has been received to make a determination of eligibility for a Subsidized Guardianship arrangement (though relatives may reapply once requested information is submitted).
- Removing information about requesting an administrative hearing when denied for a Subsidized Guardianship as, per current policy, program denials undergo an internal review.
- Revised to allow Permanency Specialist in Central Office to send form instead of FSWs in field in order to ensure consistency in how form is completed and take burden of completing form off of field staff.
- Revising for general formatting.

The proposed changes are available for review at the Division of Children and Family Services, Policy Unit, 5<sup>th</sup> floor Donaghey Plaza South, 7<sup>th</sup> and Main Streets, Little Rock, AR. 72203-1437. All comments must be submitted in writing to the Policy Unit no later than January 15, 2013. All the proposed changes may be viewed in their entirety at

<https://ardhs.sharepointsite.net/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx>.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 501- 682-8830 (Voice) or 501- 682-1442 (TDD). The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin.



\_\_\_\_\_  
Cecile Blucker  
Director, Division of Children and Family Services

2/13/13

\_\_\_\_\_  
Date

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Human Services  
**DIVISION** Division of Children and Family Services  
**PERSON COMPLETING THIS STATEMENT** Greg Crawford  
**TELEPHONE NO.** (501) 682-6248 **FAX NO.** (501)682-6968 **EMAIL:** greg.crawford@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** Clarifications Regarding Initial Denial of Subsidized Guardianship Program

1. Does this proposed, amended, or repealed rule have a financial impact?      Yes       No
2. Does this proposed, amended, or repealed rule affect small businesses?      Yes       No   
If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

# DCFS SUMMARY OF CHANGES FOR DECEMBER 2012 PROMULGATION

## SUMMARY OF DCFS REGULAR PROMULGATION

The purpose of this regular promulgation is to revise CFS-435-B: Notification of Subsidized Guardianship Program Denial to clarify that:

- Denial of participation in the Subsidized Guardianship program may occur if not enough relevant information has been received to make a determination of eligibility for a Subsidized Guardianship arrangement (though relatives may reapply once requested information is submitted).
- Per current DCFS Policy VIII-L, initial denial of participation in the Subsidized Guardianship program undergoes an internal review.
- Form will now be sent by DCFS Permanency Specialist in Central Office to ensure consistency in how form is completed and to take burden of completing form off of field staff.



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
 Division of Children and Family Services  
**Notification of Subsidized Guardianship Program Denial**

Date \_\_\_\_\_

Name of Relative Foster Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Dear \_\_\_\_\_:

This letter is to notify you of the denial of your application to the Subsidized Guardianship Program for

*Child's Name* \_\_\_\_\_

It has been determined by the Division of Children and Family Services that: you or the child has not met the following eligibility criteria for the Subsidized Guardianship Program:

The child has not been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child/youth and, as such, the child has not been placed in DHS custody per judicial order;

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The child has not resided for at least 6 consecutive months in the fully approved foster home of the prospective relative guardian(s);

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Being returned home or adopted may be not appropriate permanency options for the child so and the Subsidized Guardianship arrangement is not in the child's best interest;

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The child does not demonstrates a strong attachment to the prospective relative guardian(s) and the guardian(s) has does not have a strong commitment to caring permanently for the child;

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Each child is has not been consulted regarding the Subsidized Guardianship arrangement; and,

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Youth 12 and older have not shall signed consent to guardianship and the court has not dispensed with the minor's consent in the best interest of the minor if he or she agrees to the Subsidized Guardianship arrangement and it is agreed that procedures to finalize the guardianship should be initiated (unless the court in the best interest of the minor dispenses with the minor's consent).

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Not enough relevant information has been received from the local county office to make a determination of eligibility for a Subsidized Guardianship arrangement.

If you have questions, you may contact the DCFS Permanency Specialist at 501-682-1585 to discuss this matter further. You also have a right to appeal this decision within 30 calendar days of receiving this

notice. To request an administrative hearing, you must mail a copy of this form along with your request to:

Office \_\_\_\_\_ of \_\_\_\_\_ Appeals \_\_\_\_\_ & \_\_\_\_\_ Hearings \_\_\_\_\_  
Slot \_\_\_\_\_ N \_\_\_\_\_ 401, \_\_\_\_\_ P.O. \_\_\_\_\_ Box \_\_\_\_\_ 1437  
Little \_\_\_\_\_ Rock, \_\_\_\_\_ AR \_\_\_\_\_ 72203

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~~Administrative hearings are conducted telephonically, unless you ask that the hearing be held in person. The request for an in-person hearing must be noted on your request for an administrative hearing.~~

Respectfully,

Family Service Worker DCFS Permanency Specialist Name \_\_\_\_\_ Foster Care  
Manager Name Family Service Worker Supervisor \_\_\_\_\_

Family Service Worker DCFS Permanency Specialist Signature \_\_\_\_\_ Family Service  
Worker Foster Care Manager Supervisor Signature \_\_\_\_\_

MARKED

Office of Appeals & Hearings  
Slot N-401, P.O. Box 1437  
Little Rock, AR 72203

Administrative hearings are conducted telephonically, unless you ask that the hearing be held in person. The request for an in-person hearing must be noted on your request for an administrative hearing.

Respectfully,

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\_\_\_\_\_  
Family Service Worker Name

\_\_\_\_\_  
Family Service Worker Supervisor

\_\_\_\_\_  
Family Service Worker Signature

\_\_\_\_\_  
Family Service Worker Supervisor Signature

MARKED



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
 Division of Children and Family Services  
**Notification of Subsidized Guardianship Program Denial**

Date \_\_\_\_\_

Name of Relative Foster Parent(s) \_\_\_\_\_

Dear \_\_\_\_\_:

This letter is to notify you of the denial of your application to the Subsidized Guardianship Program for

\_\_\_\_\_  
*Child's Name*

It has been determined by the Division of Children and Family Services that:

- The child has **not** been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child/youth and, as such, the child has not been placed in DHS custody per judicial order;
- The child has **not** resided for at least 6 consecutive months in the fully approved foster home of the prospective relative guardian(s);
- Being returned home or adopted may be appropriate permanency options for the child so the Subsidized Guardianship arrangement is **not** in the child's best interest;
- The child does **not** demonstrate a strong attachment to the prospective relative guardian(s) and the guardian(s) does **not** have a strong commitment to caring permanently for the child;
- Each child has **not** been consulted regarding the Subsidized Guardianship arrangement; and,
- Youth 12 and older have **not** signed consent to guardianship and the court has **not** dispensed with the minor's consent in the best interest of the minor;
- Not enough relevant information has been received from the local county office to make a determination of eligibility for a Subsidized Guardianship arrangement.

If you have questions, you may contact the DCFS Permanency Specialist at 501-682-1585 to discuss this matter further.

Respectfully,

\_\_\_\_\_  
 DCFS Permanency Specialist Name

\_\_\_\_\_  
 Foster Care Manager Name

\_\_\_\_\_  
 DCFS Permanency Specialist Signature

\_\_\_\_\_  
 Foster Care Manager Signature