

Enhanced Supports for Out-of-Care Arrangements

MCFD Core Policy	Child Safety, Family Support & Children in Care Services
Effective Date	October 17, 2022 (in North Fraser and Okanagan SDAs)
Amendment Date	n/a
Last Review Date:	n/a

A: Policy

A child/youth who is in an out-of-care arrangement and their care provider may be eligible for enhanced supports in addition to those described in the [Out-of-Care Policy](#).

Enhanced out-of-care supports are intended to:

- support the out-of-care arrangement to be successful;
- support the care provider to meet the child/youth's needs;
- support the child/youth's development and quality of life; and
- prevent the use of staffed resource homes when an out-of-care arrangement meets the child/youth's needs.

While a child/youth and their care provider are receiving enhanced out-of-care supports the [Out-of-Care Policy](#) continues to apply, in addition to the policies below.

An Enhanced Out-of-Care Support Agreement may be considered when the child is in one of the following arrangements:

- EFP Agreement under s. 8,
- Interim custody order to a person other than a parent under s. 35(2)(d),
- Temporary custody order to a person other than a parent under s. 41(1)(b) and related orders, or
- Permanent transfer of custody to a person other than a parent under s. 54.01 or s. 54.1.

Determining Eligibility for Enhanced Out-of-Care Supports

1. Confirm that the child's circle has identified a need for supports beyond what is described in the [Out-of-Care Policy](#) or available in the community.
2. As outlined in [Procedure 2](#), confirm that the child/youth has moderate to significant needs relating to:
 - (a) support needs, and/or
 - (b) mental health and wellness, including presence of trauma that has a moderate to significant impact on their day-to-day functioning.

Note: this document includes links to document posted on the ministry internal web site.

3. Confirm that the child/youth is experiencing reduced community inclusion as defined in [Procedure 3](#).
4. If the child/youth has moderate to significant functional needs comparable to those described in Policy 2, as determined with the care team, and those cannot be adequately assessed through the tools outlined in [Procedure 2](#), a Director of Operations or an equivalent position (including a Placement Review Committee, where available) may provide exceptional approval for an Enhanced Out-of-Care Support Agreement. The child/youth must be experiencing reduced community inclusion as defined in [Procedure 3](#).
5. If the child/youth is eligible for enhanced out-of-care supports, use the Kinship Assessment Tool to discuss the care provider's need for supports as identified in [Procedure 5](#).

Providing Enhanced Out-of-Care Supports

6. If the eligibility criteria above are met and available supports described in the [Out-of-Care Policy](#) are insufficient to meet the child/youth's assessed needs or to support the care provider to care for them, gather the child's circle to create a plan for enhanced out-of-care supports as outlined in [Procedure 6](#).
7. Enter into an Enhanced Out-of-Care Support Agreement with the care provider as described in [Procedure 7](#).

Reviewing and Monitoring the Enhanced Out-of-Care Supports and Services Agreement

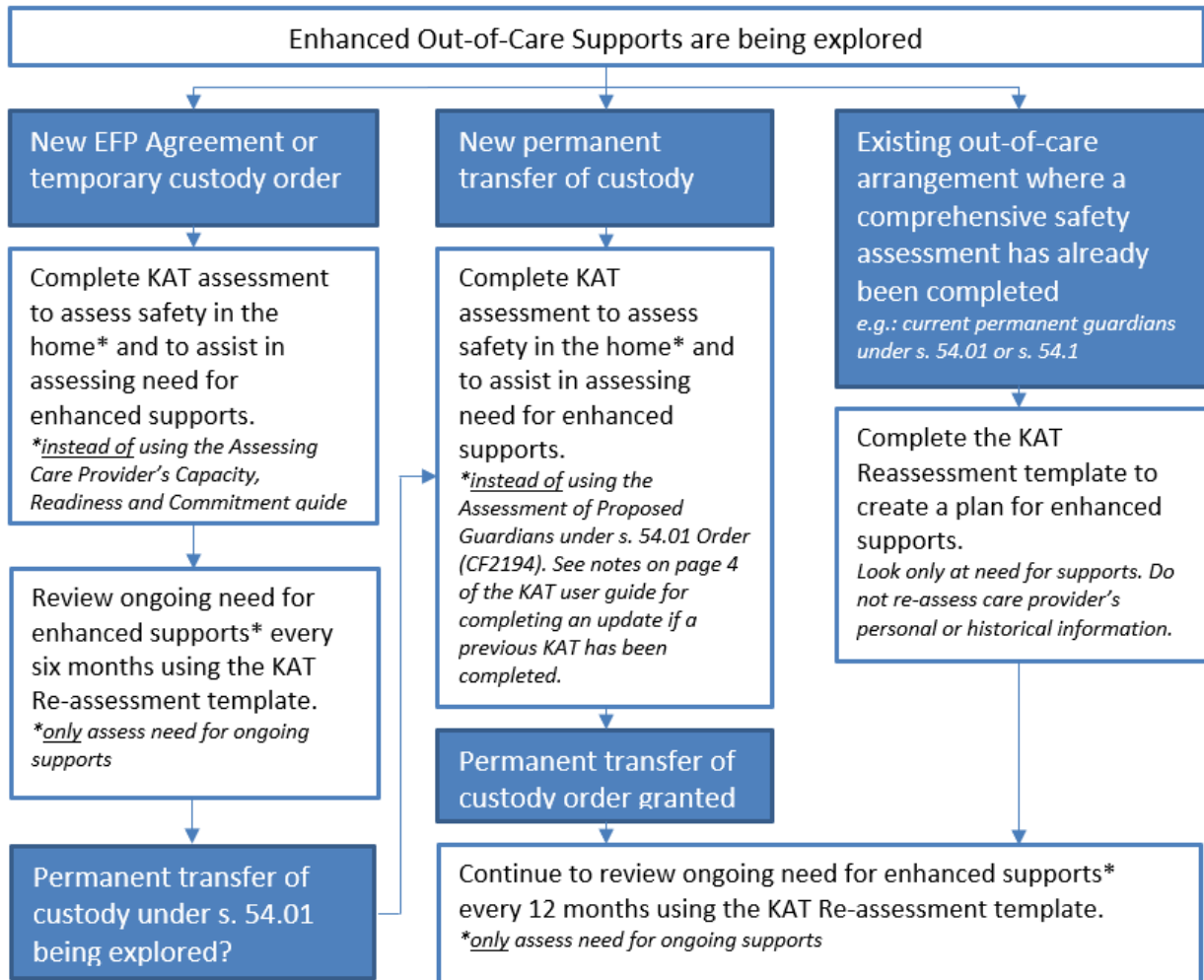
8. Review the Enhanced Out-of-Care Support Agreement as outlined in [Procedure 8](#) to determine whether the enhanced supports continue to meet the needs of the child/youth and the care provider.

B: Procedures

1. [Exploring community supports before recommending an Enhanced Out-of-Care Support Agreement](#)
2. [Determining if the child demonstrates moderate to significant functional support needs](#)
3. [Determining if the child/youth is experiencing reduced community inclusion](#)
4. [Exceptional approvals](#)
5. [Assessing care providers using the KAT](#)
6. [Creating a plan for supports](#)
 - [Cost Estimate Guide](#)
 - [Support Matrix](#)
7. [Creating an Enhanced Out-of-Care Support Agreement](#)
8. [Reviewing an Enhanced Out-of-Care Support Agreement, including determining whether to renew or cancel the agreement](#)

C: Policy Visuals

Assessment and planning pathways



D: Procedures | Detailed

Determining Eligibility for Enhanced Out-of-Care Supports

1. Confirm that the child's circle has identified a need for supports beyond what is described in the [Out-of-Care Policy](#) or available in the community.
 - (a) Community supports must be thoroughly explored before offering enhanced out-of-care supports, including (but not limited to):
 - (i) CYMH services,
 - (ii) CYSN services, including the At Home program and Autism Funding,
 - (iii) contracted foundational programs including supported child development and early intervention therapies.
 - (b) Enhanced supports can only be considered after confirming and documenting that available supports or services do not meet the child/youth's or care provider's needs. This may include, but is not limited to, the following reasons:
 - (i) services are not available in the community,
 - (ii) waitlists prevent timely access to services (greater than six months),
 - (iii) in the opinion of the care team, the available supports and services have been considered but were found to not be appropriate for the child/youth's and/or care provider's needs.
 - (c) Obtain consent (using form CF0611) to collect any relevant information about the child/youth's functioning from school, medical, or other professionals from:
 - (i) the child/youth's parent, if the child/youth is currently living at home and an EFP Agreement is being considered, or
 - (ii) the care provider, if the child/youth is already in an out-of-care arrangement.
2. Confirm that the child/youth has moderate to significant needs relating to either of the following:
 - (a) support needs, as demonstrated by:
 - (i) a standardized functional assessment tool including, but not limited to, the Vineland or Pedi-cat, or
 - (ii) an individualized plan created in a professional context that is based on a careful assessment of the child/youth's needs. This may include, but is not limited to, an Individual Education Plan. The plan must provide a thorough analysis of the child/youth's functional needs and necessary supports.
 - (b) mental health and wellness, including but not limited to presence of trauma that has a moderate to significant impact on their day-to-day functioning, as demonstrated by:
 - (i) high needs demonstrated on the Brief Child & Family Phone Interview, or
 - (ii) evidence of severe emotional harm, consistent with the indicators as defined in s. 13 of the CFCSA and the [Structured Decision Making Tools](#) (page 15).
3. Confirm that the child/youth is experiencing reduced community inclusion as noted by members of the child/youth's circle, including the child/youth themselves.
 - (a) Reduced community inclusion is assessed relative to other children/youth their age, due to their functional support needs or presence of trauma. This includes reduced opportunities to:
 - (i) participate in recreational or social activities that are meaningful to them, and/or

- (ii) meet their goals, including cultural, educational, or rehabilitative goals.
4. If the child/youth does not meet the criteria identified in Procedure 2, determine with the care team whether the child/youth has moderate to significant functional needs that are not adequately assessed through the tools identified above. Directors of Operations or an equivalent position (including a Placement Review Committee, where available) may provide exceptional approval for an Enhanced Out-of-Care Support Agreement for children/youth who have moderate to significant needs comparable to the needs identified above.
- (a) Situations where it may be appropriate to consider exceptional approval include, but are not limited to:
 - (i) the child/youth has medical needs that require a significant level of day-to-day care, or
 - (ii) the child/youth has both support needs and mental health and wellness needs that, when assessed separately, fall just below the threshold for eligibility. This combination of needs results in a moderate to significant impact to the child/youth's day-to-day functioning.
 - (b) When requesting exceptional approval, provide the following information to the Director of Operations (or equivalent):
 - (i) a description of the child/youth's and the care provider's needs with a focus on day-to-day functioning, whether the child/youth has a functional impairment that requires additional supports, and the capacity and resiliency of the care provider,
 - (ii) the attempts that were made to assess the child/youth's needs using the assessment steps described above and, if known, information as to why the child/youth's needs were not identified as moderate to significant,
 - (iii) rationale to support the request from at least three distinct sources, which may include members of the child's care team, medical professionals, teachers, occupational therapists, or others who are familiar with the child/youth's needs, and
 - (iv) whether the child/youth would require the care of a highly skilled caregiver or staffed resource home if the child/youth were to be brought into care (or is in care already).
5. If the child/youth is eligible for enhanced out-of-care supports use the Kinship Assessment Tool to discuss the care provider's need for supports.
- (a) When planning for a new out-of-care arrangement, use the [Kinship Assessment Tool](#) to assess the care provider's ability to safely care for the child instead of the assessment tools identified in the Out-of-Care Policy procedure 3(e).
 - (b) When assessing need for enhanced supports in an existing out-of-care arrangement where a comprehensive assessment/home study has already been completed, use the Kinship Re-assessment template to gain a greater understanding of the care provider's and child/youth's current needs.

Providing Enhanced Out-of-Care Supports

6. Gather the child's circle to create a plan to provide enhanced out-of-care supports.
- (a) Ensure the following support persons are part of the child's circle when developing a plan that meets the child/youth's needs:
 - (i) the child/youth's CYSN worker, if the child/youth is eligible for enhanced out-of-care supports due to support needs (as outlined in Procedure 2(a)),
 - (ii) the child/youth's CYMH clinician, If the child/youth is eligible for enhanced out-of-care supports due to mental health and wellness needs and/or presence of

trauma that has a moderate to significant impact on day-to-day functioning (as outlined in Procedure 2(b)),

- (iii) a representative from the child/youth's Indigenous community (if applicable), consistent with the Out-of-Care Policy, and
 - (iv) any other person who is identified as a support by the care provider or other members of the child's circle.
- (b) Ensure the care provider agrees to work collaboratively with members of the child's circle. As part of the plan to meet the child/youth's needs, the care provider may be asked to complete training or engage with other resources such as trauma-informed practice to meet the needs of the child/youth in the home.
- (c) Determine with other members of the child's circle how often the circle would like to meet to discuss the child/youth's and the care provider's needs, recognizing that some care providers may request more frequent meetings as a support.
- (d) The plan for enhanced out-of-care supports should be supported by the following documentation:
- (i) The child/youth's and the care provider's needs, as identified by the care provider and/or the representative from the child's Indigenous community in the Kinship Assessment Tool,
 - (ii) The child/youth's needs, as identified in the Family Plan, and/or
 - (iii) The child/youth's needs, as identified in their Care Plan/Interim Care Plan (if the child/youth is moving from an in-care to an out-of-care arrangement).
- (e) Refer to the [Cost Estimate Guide](#) and [Support Matrix](#) for information about available supports, including approval processes.
- (f) Ensure that the care provider understands that supports provided through an Enhanced Out-of-Care Support Agreement are meant to be temporary. The agreement may be cancelled if the director determines that enhanced supports are no longer necessary.
- (g) Carefully consider whether enhanced supports that are provided to the care provider are appropriate, particularly in temporary out-of-care arrangements. The loss of certain supports may result in hardship for the care provider if child/youth leaves their care suddenly or if the director determines that enhanced supports are no longer required.
- (i) The care provider must be aware that child care compensation is intended to be a temporary support and cannot be guaranteed long-term. Workers must not encourage care providers to leave their employment or reduce their hours.
 - (ii) The care provider must be aware that ongoing accessible and inclusive housing supports are a temporary support and cannot be guaranteed long term. Care providers are responsible to have a plan to meet their housing needs if this support ends.
- (h) Inform the care provider that they are responsible to contact the Canada Revenue Agency or a tax professional to obtain information about any tax implications of receiving enhanced supports including child care compensation, if applicable. Workers must not provide tax advice.
- (i) Document and obtain approval for the enhanced support plan using the [Enhanced Out-of-Care Support Agreement Approval Request form](#).
7. Enter into an Enhanced Out-of-Care Support Agreement with the care provider.
- (a) Complete the [Enhanced Out-of-Care Support Agreement](#) including [Schedule A](#) using the information gathered in Procedure 6 to inform the terms of the agreement. Submit to Financial Services for processing along with the Contract Payment Form ([CF0025](#)).
- (i) The Enhanced Out-of-Care Support Agreement is completed in addition to the maintenance agreement that is provided as part of the Out-of-Care Policies.

- (b) The agreement may be created for a term of:
 - (i) six months, if the child is in an EFP Agreement or interim or temporary custody order to a person other than a parent, or
 - (ii) one year, if the child is in a permanent transfer of custody under s. 54.01 or s. 54.1.
- (c) Inform the care provider that they must keep all receipts and records relating to the purchase of services or supports for a minimum of three years. These may be reviewed at any time at the request of the director. If the care provider cannot demonstrate that the funds were spent as intended, they may have to return the funds.
- (d) Inform the care provider that the Enhanced Out-of-Care Support Agreement ends:
 - (i) when the child/youth leaves their care,
 - (ii) when cancelled by the director with 7 days' notice, or
 - (iii) when cancelled by the director without notice, if the director determines that the funds are not being used as intended.

Reviewing and Monitoring the Enhanced Out-of-Care Support Agreement

8. Review the Enhanced Out-of-Care Support Agreement to determine whether the enhanced supports continue to meet the needs of the child/youth and the care provider.
- (a) Meet with the care provider and other members of the child's circle at least one month prior to the agreement's expiry date.
 - (i) Agreements may also be reviewed earlier at the request of the care provider or the director.
 - (b) Obtain the care provider's consent (using form CF0611) to collect any relevant information about the child/youth's functioning from school, medical, or other professionals.
 - (c) Consider whether the child's and/or the care provider's needs continue to require the same level of support.
 - (i) Use the Kinship Re-assessment template to discuss the child/youth's and/or the care provider's needs.
 - (ii) Refer to the [Cost Estimate Guide](#) and [Support Matrix](#) for guidance.
 - (d) The care provider may be asked to provide receipts or other documentation to show that services were purchased as outlined in the agreement before determining whether to renew the agreement.
 - (e) With the approval of the Team Leader, the Enhanced Out-of-Care Support Agreement may be cancelled:
 - (i) with 7 days' notice if it is determined that enhanced supports are no longer required, or
 - (ii) without advance notice, if the funds have not been used to purchase supports or services as outlined in the agreement. The care provider may be required to return any unused funds.
 - (f) Seek approval (as outlined in the [Cost Estimate Guide](#)) using the [Enhanced Out-of-Care Support Agreement Approval Request form](#) to modify and/or renew the Enhanced Out of Care Support Agreement. An agreement may be renewed for up to:
 - (i) six months, if the child is in an EFP Agreement or interim or temporary custody order to a person other than a parent, or

- (ii) one year, if the child is in a permanent transfer of custody under s. 54.01 or s. 54.1.
- (g) When renewing an agreement that extends past the youth's 18th birthday, share information about Housing Agreements with the care provider. Ensure the care provider understands that they may be eligible to receive continued maintenance payments as part of a Housing Agreement, but other supports provided in the Enhanced Out-of-Care Support Agreement do not continue past the youth's 19th birthday. If additional supports are needed after the age of 19, encourage the care provider to consider other supports including Community Living BC.

E: Related Resources

Type of Resource	Resource
Training Resource	Trauma Informed Practice
Policy	Aboriginal Policy and Practice Framework
Handbook	Kinship Assessment Tool user guide
Training Resource	Guidelines for Enhanced Out-of-Care Support Agreements

F: Table of Changes

Amendment Date	Cliff #	Section	Change Type	Notes

Change Type

am = text amended or changed

del = text deleted

new = new section added

G: Glossary

Term	Definition
Functional impairment	<p>A psychological, cognitive, or physical impairment which results in a need for supervision and/or assistance (beyond what is expected based on chronological age) when completing day-to-day tasks. Functional impairments may be demonstrated through challenges in completing basic activities of daily living, compared to same-age peers (eating, bathing, dressing); executive functioning (planning, focussing attention, remembering, managing multiple responsibilities) and/or functioning in social and educational contexts.</p> <p>Functional impairments may be mild, moderate, or significant. Determining whether a functional impairment is 'moderate' or 'significant' requires careful analysis of how functioning is impacted in a number of environments; the level of functional limitations that is experienced</p>

compared to peers of the same age; and how often those limitations impact their ability to perform specific tasks or functions.

H: List of Acronyms

Acronym in Policy	Full Term
CFCSA	<i>Child, Family, and Community Service Act</i>
CYMH	Child and Youth Mental Health services
CYSN	Children and Youth with Support Needs
EFP Agreement	Extended Family Program Agreement under s. 8 of the CFCSA
KAT	Kinship Assessment Tool

I: Appendix

1. Enhanced Out-of-Care Cost Estimate Guide

All services must be supported through an assessment of the child/youth's and care provider's needs. The following expenses may be approved when considered necessary to the success of the overall arrangement.

Service Delivery Areas may set local limits that are different than is identified here, at the direction of the Executive Director of Service.

One time only expenses

Service Description	Payment mechanism	Team Leader approval Within limits authorized by the Ministry Expense Authority Delegation	Director of Operations approval or equivalent position, including PRC where available	Executive Director of Service approval
<p>Start up expenses, including accessible / inclusive housing supports or equipment.</p> <p>May be used to provide supports such as modifications to the home or vehicle that are necessary to meet the child's needs or prevent safety concerns.</p> <p>May also be used to purchase items for the child/youth that are necessary to meet their needs, such as sensory equipment or a specialized bed.</p> <p>Must first confirm whether funding is available through CYSN, the At Home Program, Autism Funding, or other sources.</p> <p>May be re-visited once per year due to wear and tear or the changing needs of the child.</p>	See note 2	Up to \$1000 per year.	Up to \$5000 per year.	<p>Any amount over the limit for DOO approval.</p> <p>EDS to consider whether a recommendation from an occupational therapist or other professional is needed.</p> <p>If total cost of accessible/inclusive housing supports exceeds \$50,000, contact Facilities and Asset Management to determine if a Conditional Contribution Agreement is necessary.</p>
<p>Training / workshops / seminars</p> <p>Training may be provided to the care provider and others who are directly involved in providing care when it will support their ability to care for the child/youth.</p> <p>First explore training available for free in the community or through online sources.</p> <p>Ensure funding has not already been provided through other sources, such as Autism funding.</p>	See note 2	Up to \$1000 per year.	Any amount over the limit for Team Leader approval.	
<p>Clinical / diagnostic assessments</p> <p>When it is determined that an assessment is needed but has not been completed, or that a previous assessment is outdated and must be completed again.</p> <p>Must explore publicly-funded assessments that are available through other sources, including school.</p> <p>Must confirm whether the assessment is covered through extended health coverage plans.</p>	See note 4	<p>Neuro-psychological: up to \$4300 lifetime maximum.</p> <p>Psycho-educational: up to \$2900 lifetime maximum.</p>	Any amount over the limit for Team Leader approval.	

Service Description	Payment mechanism	Team Leader approval Within limits authorized by the Ministry Expense Authority Delegation	Director of Operations approval or equivalent position, including PRC where available	Executive Director of Service approval
<p>Functional assessments and intervention plans</p> <p>Must explore publicly-funded assessments that are available through other sources, including school and CYSN.</p> <p>Must confirm whether the assessment is covered through extended health coverage plans.</p> <p>May include assessments and follow-up supports/intervention plans including (but not limited to):</p> <ul style="list-style-type: none"> behavioural consultant physical therapy occupational therapy speech therapy 	See note 4	Up to \$5000 See note 5	Any amount over the limit for Team Leader approval.	
<p>Discretionary</p> <p>May include (but not limited to):</p> <ul style="list-style-type: none"> Repairing damage to the home caused by the child/youth Additional home insurance <p>Provide detailed information about purpose of the funds.</p>	See note 2	Up to \$1000 per year.	Up to \$5000 per year.	Any amount over the limit for Director of Operations approval.

Ongoing monthly expenses

Service Description	Payment mechanism	Team Leader approval Within limits authorized by the Ministry Expense Authority Delegation	Director of Operations approval or equivalent position, including PRC where available	Executive Director of Service approval
<p>Counselling / psychologist</p> <p>Counselling may be available to the child/youth, care provider, and/or family if related to the child/youth being placed in the home or to support the child/youth's functioning.</p> <p>Ensure that counselling services are not available from other sources such as CYMH and extended health coverage plans.</p> <p>May include other forms of evidence-based therapy.</p>	See note 3	<p>Non-Psychologist (Clinical Counsellors):</p> <ul style="list-style-type: none"> up to \$120 per hour up to 52 hours per year <p>Psychologist:</p> <ul style="list-style-type: none"> up to \$225 per hour up to 52 hours per year <p>Other therapy (include rationale):</p>	Any amount over the limit for Team Leader approval.	

Service Description	Payment mechanism	Team Leader approval Within limits authorized by the Ministry Expense Authority Delegation	Director of Operations approval or equivalent position, including PRC where available	Executive Director of Service approval
		<ul style="list-style-type: none"> up to \$4160 per year 		
Inclusive recreation/camp Ensure that inclusive recreation is not already being provided through other sources, such as CYSN.	See notes 2, 3	Up to \$500 per month or \$6000 per year.	Any amount over the limit for Team Leader approval.	
Child care expenses For amounts above Affordable Child Care Benefit and surcharge which are not covered through other sources such as inclusive child care supports/supported child care. Consider any requests for child care expenses in conjunction with requests for respite, to ensure that funding for child care/respite is not covered from both sources.	See notes 3, 5	Up to \$2,000 per month	Any amount over the limit for Team Leader approval.	
Respite Ensure that respite is not already being provided through other sources such as CYSN. Informal respite may also include babysitting. Consider any requests for respite in conjunction with requests for child care expenses and/or child care compensation to ensure that funding for child care/respite is not covered from both sources.	See note 3	Up to three days per month with a foster caregiver, or up to \$294.09 per month to purchase informal respite.	Up to 14 days per month.	
Home support services Home support services can be used to purchase services that provide support to the care provider, including (but not limited to): <ul style="list-style-type: none"> homemaker services (housekeeping) yard maintenance services meal preparation services. Ensure that home support services are not already being provided through other sources, such as CYSN.	See notes 3, 5	Up to \$5000 per year.	Any amount over the limit for Team Leader approval.	
Transportation Eligible transportation costs are related to the child's need for supports. Typical day-to-day transportation is not reimbursed and is expected to be covered as part of the basic maintenance rate. Ensure that funding is not already provided from other services such as At Home Medical Benefits or the BC Travel Assistance Program .	See notes 2, 3	\$0.51 per kilometer for travel that exceeds 325 kilometers per month. Reasonable costs for food and accommodation may be included when the child/youth and/or care provider must travel away from their home community.	Any amount over the limit for Team Leader approval.	

Service Description	Payment mechanism	Team Leader approval Within limits authorized by the Ministry Expense Authority Delegation	Director of Operations approval or equivalent position, including PRC where available	Executive Director of Service approval
		Up to \$5000 per year.		
Cultural support Includes travel to home community, cultural events, cultural camps, gifts for elders who are mentoring the child/youth, regalia, language, and other lessons.	See notes 2, 3	Up to \$4,000 per year	Any amount over the limit for Team Leader approval.	
In-home specialized staff and behavioural support Attach detailed plan and costs, including rationale for why the child/youth's needs require specialized staff. Before recommending in-home specialized staff, consider with the care team the level of education or experience that is needed to meet the child/youth's needs. In-home specialized staff and behavioural support services should typically be purchased from professionals who are equipped to meet the needs of the child/youth. Ensure that in-home support is not already provided through other sources, such as CYSN or Autism funding.	See notes 3, 5	Up to \$6500 per year.	Up to \$26,000 per year.	Any amount over the limit for Director of Operations approval.
Accessible / inclusive housing supports May be provided if the care provider must move to a larger or more accessible home in order to provide care for the child/youth. Any accessible/inclusive housing supports must be carefully considered, and care provider must be aware that supports are meant to be temporary and may be cancelled at any time.	See note 1	n/a	Up to \$1000 per month.	Any amount over the limit for Director of Operations approval.
Child care compensation If child care compensation is provided at a rate that is equal to service payments for foster caregivers, the care provider may also be responsible to purchase their own relief and child care. Workers may refer to policy 8.16 in the Resource Work Policies as a guide to determine if additional funding for respite and child care is necessary.	See notes 1, 3	May approve up to 8 hours per month at the care provider's normal net wage if the care provider is required to take unpaid leave from work due to the child/youth's needs. Must provide documentation including rationale for missed work and proof of lost wages. Upper hourly limit applies to all children in the home and is not applied per child/individually. Or May approve service payments consistent with L1 foster care rates if the child/youth's needs require a moderate amount of care that is beyond the level of	May approve up to 40 hours per month at the care provider's normal net wage if the care provider is required to take unpaid leave from work or reduce their scheduled hours due to the child/youth's needs. Must provide documentation including rationale for missed work and proof of lost wages. Upper hourly limit applies to all children in the home and is not applied per child/individually. Or May approve service payments consistent with L2 or L3 foster home rates if the child's needs are such that the care provider must engage in a significant amount of care that is beyond the level of	Any amount over the limit for Director of Operations approval. May be appropriate if the child/youth requires an significant level of care which prevents the care provider from working. Recommended limit of the care provider's normal net income as demonstrated on their Notice of Assessment.

Service Description	Payment mechanism	Team Leader approval Within limits authorized by the Ministry Expense Authority Delegation	Director of Operations approval or equivalent position, including PRC where available	Executive Director of Service approval
		care that is typically expected of care providers.	care that is typically expected of care providers. Examples may include having to reduce employment because the child cannot attend school/daycare full time.	
Discretionary funds not captured above Must provide detailed plan, including rationale for why additional funds are necessary.	See note 3	Up to \$500 per month or \$6000 per year	Up to \$1000 per month or \$12,000 per year	Any amount over the limit for Director of Operations approval.

Notes:

1. May be paid as part of an ongoing monthly payment in the Enhanced Out-of-Care Support Agreement.
2. Preferred method of payment is for the care provider to purchase service and provide invoice and supporting documentation (receipts) for reimbursement. Identify this as an expense that is eligible for reimbursement in the Enhanced Out-of-Care Support Agreement. If the care provider cannot wait for re-imburement, payment may be provided in advance as a one-time-only accountable advance payment. In this case, the payment should be based on a well-supported estimate of the cost and the care provider must keep receipts.
3. Preferred method of payment is for the care provider to purchase service and provide invoice and supporting documentation (receipts) for reimbursement. Identify this as an expense that is eligible for reimbursement in the Enhanced Out-of-Care Support Agreement. Payment may be provided in advance as part of the ongoing monthly payment if the expense is regular and predictable, and the care provider cannot wait for reimbursement. In this case, the payment should be based on a well-supported estimate of the cost and the care provider must keep receipts/supporting documentation.
4. Provide payment directly to the service provider on invoice. This support is not documented on the Enhanced Out-of-Care Support Agreement with the care provider.
5. When professional support staff are necessary to work with the child/youth, payment should be consistent with the wages identified in the [wage grid](#) for the Community Social Services Employers Association of BC. This includes, but is not limited to,
 - Early childhood educators
 - Asleep or awake residential night workers
 - Housekeeper
 - Activity worker
 - School-aged child worker
 - Residential child and youth worker.

2. Support Matrix

Providing supports that meet the needs of the child/youth and care provider is a care team decision, with the approval of local leadership as identified in the Cost Estimate Guide. Supports are tailored to the child/youth and care provider's specific needs. Supports are provided as part of a comprehensive plan to improve the child/youth's functioning and the care provider's capacity to respond to the child/youth's needs.

(a) Some supports are based largely on the self-identified needs of the child/youth, the care provider, and/or the care team. These supports may be available if necessary to promote the well-being of the child/youth and the out-of-care arrangement, and after all community supports have been explored:

- Cultural supports
- Child care expenses above and beyond Affordable Child Care Benefit and Supported Child Care
- Training / workshops
- Counselling / therapy
- Transportation
- Accessible and inclusive housing supports
- Inclusive recreation
- Start-up expenses, tailored to the child/youth's specific needs and considering the recommendations of relevant professionals (occupational therapist, CYSN worker, etc)

(b) Other supports may be provided after identifying the appropriate level of support that is needed. The support matrix (below) may be referenced when care teams are considering which level of supports may best meet the needs of the child/youth and care provider.

This matrix is a guide only. Care teams may recommend other levels of support after carefully considering the child's and the care provider's needs, using their clinical judgement and in collaboration with the care provider.

This matrix must not be used to suggest that a child/youth and care provider would automatically receive certain supports based on associated indicators.

				Care provider's needs		
	Care provider and care team indicate that the family is doing well.	Care provider and care team indicate that the family is struggling at times but managing.	Care provider and care team indicate that the family is, or is likely to be, unable to manage without significant supports.			
	Care provider does not report feeling stressed, or only reports mild/occasional stress.	One or more of the following indicators may apply:	One or more of the following indicators may apply:			
	Care provider likely has sources of natural supports, including family connections.	<ul style="list-style-type: none"> • Care provider has few opportunities for self-care ('a break') i.e.: child in school only part time; care provider has some services and/or natural supports. • Care provider has some health concerns, but they do not significantly impact care of child. • Care provider has limited opportunities to relieve stress due to needs of child. 	<ul style="list-style-type: none"> • Care provider has limited or no opportunities to pursue own interests outside of caring for the child/youth. • There are little to no natural supports in place (ie child not in school due to behaviours or medical needs) 			

			<ul style="list-style-type: none"> Care provider reports moderate stress some or most of the time. Care provider may lose sleep occasionally but is not sleep deprived due to caring for child. 	<ul style="list-style-type: none"> Care provider has significant underlying medical or physical condition requiring assistance to manage day to day care of child. Other children in the home are very negatively impacted by the needs of the child/youth. Care provider has no opportunity to relieve stress due to needs of child/youth. Care provider has high stress; is not coping even with supports in place. Care provider is very sleep deprived due to the needs of the child/youth. The care providers' relationship is breaking down due to the child/youth's support needs.
Child's needs	<p>Child/youth:</p> <ul style="list-style-type: none"> can complete some steps in daily living activities independently needs some support to prevent minor harm to self/others or property. Behaviours occur weekly or less than weekly. needs regular support to make sure they are safe in home and community. can be left alone for short periods of time (age-dependent). 	<ul style="list-style-type: none"> child care compensation up to 8 hours per month or consistent with L1 foster caregiver rates, if the care provider experiences disruption to their ability to work. One of: <ul style="list-style-type: none"> Respite (up to three days per month) home support services (up to five hours per month) in home specialized staff (up to five hours per month) 	<ul style="list-style-type: none"> child care compensation up to 8 hours per month or consistent with L1 foster caregiver rates, if the care provider experiences disruption to their ability to work. Two of: <ul style="list-style-type: none"> Respite (up to three days per month) home support services (up to five hours per month) in home specialized staff (up to five hours per month) 	<ul style="list-style-type: none"> child care compensation up to 8 hours per month or consistent with L1 foster caregiver rates, if the care provider experiences disruption to their ability to work. Two of: <ul style="list-style-type: none"> Respite (up to six days per month) home support services (up to 10 hours per month) in home specialized staff (up to 10 hours per month)
	<p>Child/youth:</p> <ul style="list-style-type: none"> can complete partial steps in daily living activities independently and needs at least partial assistance for all areas of daily living activities. needs support to keep safe from significant harm to self/others or property damage. Behaviours occur daily or weekly. needs support of a skilled care provider during most waking hours (age-dependent). 	<ul style="list-style-type: none"> child care compensation up to 20 hours per month or consistent with L2 foster caregiver rates, if the care provider experiences disruption to their ability to work. One of: <ul style="list-style-type: none"> Respite (up to three days per month) home support services (up to 10 hours per month) in home specialized staff (up to 20 hours per month) 	<ul style="list-style-type: none"> child care compensation up to 20 hours per month or consistent with L2 foster caregiver rates, if the care provider experiences disruption to their ability to work. Two of: <ul style="list-style-type: none"> Respite (up to three days per month) home support services (up to 10 hours per month) in home specialized staff (up to 40 hours per month) 	<ul style="list-style-type: none"> child care compensation up to 20 hours per month or consistent with L2 foster caregiver rates, if the care provider experiences disruption to their ability to work. Two of: <ul style="list-style-type: none"> Respite (up to six days per month) home support services (up to 20 hours per month) in home specialized staff (up to 60 hours per month)
	<p>Child/youth:</p> <ul style="list-style-type: none"> needs exceptional level of care in all activities of daily living and complex medical support but does not require Nursing Support Services (NSS). lives with complex and unstable mental health and or behaviour challenges (i.e. treatment resistant psychosis, complex mental health). needs support to keep safe from serious harm or prevent serious risk to others and/or significant property damage. Behaviours occur multiple times a day or daily 	<ul style="list-style-type: none"> child care compensation up to 40 hours per month or consistent with L3 foster caregiver rates, if the care provider experiences disruption to their ability to work. Two of: <ul style="list-style-type: none"> Respite (up to three days per month) home support services (up to 20 hours per month) in home specialized staff (up to 40 hours per month) 	<ul style="list-style-type: none"> child care compensation up to 40 hours per month or consistent with L3 foster caregiver rates, if the care provider experiences disruption to their ability to work. Respite (up to six days per month) home support services (up to 20 hours per month) in home specialized staff (up to 80 hours per month) 	<ul style="list-style-type: none"> child care compensation up to 40 hours per month or consistent with L3 foster caregiver rates, if the care provider experiences disruption to their ability to work. Respite (up to 10 days per month) home support services (up to 20 hours per month) in home specialized staff (up to 160 hours per month)

	<ul style="list-style-type: none"> needs highly skilled and trained care providers during all waking hours and sometimes at night. 			
	<p>Child/youth:</p> <ul style="list-style-type: none"> requires Nursing Support Services (NSS). needs specialized caregivers constantly day and night. 	<ul style="list-style-type: none"> child care compensation consistent with L3 foster caregiver rates or at the discretion of the EDS, if the care provider experiences disruption to their ability to work. Create a plan that best meets the child's/care provider's needs which may include the following: <ul style="list-style-type: none"> in home specialized staff respite home support services 	<ul style="list-style-type: none"> child care compensation consistent with L3 foster caregiver rates or at the discretion of the EDS, if the care provider experiences disruption to their ability to work. Create a plan that best meets the child's/care provider's needs which may include the following: <ul style="list-style-type: none"> in home specialized staff respite home support services 	<ul style="list-style-type: none"> child care compensation consistent with L3 foster caregiver rates or at the discretion of the EDS, if the care provider experiences disruption to their ability to work. Create a plan that best meets the child's/care provider's needs which may include the following: <ul style="list-style-type: none"> in home specialized staff respite home support services

Description	This policy guides workers through assessing and planning for Enhanced supports to out-of-care care providers who are caring for children/youth with moderate to significant functional support needs.
Keywords	Enhanced out-of-care; Enhanced out of care; Enhanced OOC; E-OOC; EOOO; Enhanced supports; Enhanced Out-of-Care Support Agreement; Enhanced Out of Care Support Agreement
Synonyms	