

**THERAPEUTIC
THERAPEUTIC WITH ENHANCED SERVICES
FOSTER CARE
MANUAL**

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FOSTER CARE MANUAL INDEX**

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INTRODUCTION

The R.C. Consent Decree has been a significant influence on Child Welfare practice in the State of Alabama. The goals and principles of the decree allowed and encouraged the development of the current constellation of state-of-the-art resources to meet the varying individual needs of the children and families served by the Alabama Department of Human Resources. This array consists of services from those that are provided in a child's own home to those that are provided in restrictive placement environments.

These services comply with the best practices from the Alabama Child Welfare Practice policies.

Therapeutic foster care (TFC) and TFC with Enhanced Services are essential components in the service array for emotionally or behaviorally disordered children and youth. Requirements for programs that offer TFC and TFC with Enhanced services are set forth in this *Therapeutic Foster Care/Therapeutic with Enhanced Services Manual*. Any exception to these requirements must be authorized by designated staff of the Alabama Department of Human Resources- Division of Resource Management. TFC and TFC with Enhanced Services is designed to serve children who may ordinarily be placed in a residential setting due to treatment needs but who can be maintained in a family-like setting or who may have experienced or is at high risk of multiple placements or placement in a more restrictive environment. TFC and TFC with Enhanced Services are not meant to be long-term placement services but shall be provided in a manner to enable children to step-down to a less restrictive environment in a reasonably short period of time, when it is in the child's best interest.

DEFINITIONS

System of Care: A community-based comprehensive spectrum of services organized into a coordinated network to meet the multiple and changing needs of emotionally and behaviorally disordered children and youth and their families.

Individualized Service Plan (ISP): The primary tool for working with families in identifying strengths and needs, identifying culturally responsive services to address needs, authorizing and obtaining needed

services, and measuring outcomes in areas of safety, permanency and wellbeing. It also serves as an organizer and a tool for communicating with those involved with the family.

Child and Family Planning (or ISP) Team: A group-think team focused on individual needs of the family involved in the ISP process. It may be composed of any of the following but must have significant participation to direct case planning activities that will achieve expected reasonable outcomes: the age-appropriate child(ren); the child's family; the DHR social worker; family friends, relatives or significant others; service providers; foster parents; the child's guardian-ad-litem; school personnel; etc. It is the team's responsibility to evaluate goals and steps to achieve identified outcomes in various areas, including behavior management plans, safety plans and crisis plans.

Treatment Team: A team for children in TFC/TFC with Enhanced Services that includes the TFC or TFC with Enhanced Services caseworker, the child or youth, the child or youth's family, the TFC or TFC with Enhanced Services foster parent, the DHR social worker, and others, e.g. therapist, teacher, others. The TFC/TFC with Enhanced Services Treatment Team is responsible for the development of the child's treatment plan within the TFC program and shall ensure that it is congruent with the family's ISP.

Initial Treatment Plan (ITP): A plan that is completed at the time of admission to therapeutic or therapeutic with enhanced services foster care and is based on early assessment and relationship-building efforts during the first ten (10) days. This can serve as the comprehensive treatment plan, if enough information is available to prepare an adequate plan.

Comprehensive Treatment Plan (CTP): A treatment plan that is to be completed within the first thirty (30) days of a child's or youth admittance into therapeutic foster care. The plan coordinates long-term goals and services to meet the identified goals. The Comprehensive Treatment Plan shall be developed and implemented in a manner to achieve the overall outcomes for the family identified in the ISP. Specific strategies will be employed by the TFC/TFC with Enhanced Services program to achieve the goals identified in the CTP.

Difficulty of Care Payment: The difficulty of care payment is the daily rate paid to TFC or TFC with Enhanced Services foster parents for providing services to meet the therapeutic needs of children placed in their homes and supervised by the child placing agency offering the therapeutic foster care services.

Therapeutic Foster Care: A type of service offered that is a least restrictive, community-based program for children whose special needs can be met through services delivered primarily by trained therapeutic foster parents working in full partnership with the child, the child's family and all other persons on the Child and Family Planning Team. It is not meant to be a long-term placement option but should serve to meet a child's specific treatment needs until he is ready to be stepped down to a lower level of placement.

Therapeutic Foster Care with Enhanced Services: A type of service offered to assist with placing children who have unique issues and: a) are under fourteen years of age, have a diagnosis of autism, intellectual disability and are not eligible (due to age) to be placed on the Intellectual Disability waiver waiting list and/or receive a waiver slot or; b) have a DSM diagnosis(es) and have serious mental health issues and/or a serious medical/emotional/behavioral need that would otherwise require an out-of-state placement. These placements require State DHR-Division of Resource Management (DRM), Office of Resource Development and Utilization approval prior to placement or development of a home.

Reasonable and Prudent Parenting Standard: Characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child, while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural and social activities.

PHILOSOPHY

Therapeutic foster care and Therapeutic foster care with enhanced services is a least restrictive community-based program for children whose special needs can be met through services delivered primarily by trained therapeutic foster parents working in full partnership with the child, the child's family and all other persons on the Child and Family Planning (ISP) Team. Support from all other team members allows the child to benefit from a home environment and community-based setting while receiving intensive treatment and clinical services. TFC and TFC with Enhanced services is not meant to be a long-term placement option but should serve to meet a child's specific treatment needs until he is ready to be stepped down to a lower level of placement. All children placed in TFC and TFC with Enhanced services should be continually evaluated to determine the continued need for TFC/TFC with Enhanced services. At no later than 6 months after placement in a TFC program, the TFC provider should request that the ISP team convene to determine if outcomes are being achieved, and if not, what barriers prevent such. All children placed in TFC with Enhanced Services should be evaluated on a semi-annual basis to determine progress, if outcomes are being achieved, and if not, what are the barriers. The evaluation will be conducted by State DHR, Division of Resource Management, Family Services, the county, Field Administration Division and the provider.

The following are specific philosophy statements, which guide the TFC and the TFC with Enhanced Services programs:

- A. All services provided are family-oriented and community-based for children and youth who have emotional disturbances that lead to significant behaviors that must be addressed in a therapeutic setting.
- B. All children/youth and their families have unique strengths and needs, and planning with them must build upon their strengths in helping to meet needs.
- C. All children/youth and their families shall be treated as partners in the planning and delivery of services.
- D. All therapeutic and therapeutic with Enhanced Services foster parents shall be treated as partners in the planning and delivery of services for the children and families they serve.
- E. A healthy relationship between the therapeutic/therapeutic with Enhanced Services foster parents, the children/youth in their care and the children/youth's family is a key element to the overall effectiveness of the treatment program.
- F. The supportive family setting offered through the TFC/TFC with Enhanced Services is a vital part of positive intervention with children/youth and is a key ingredient to successful outcomes in treatment.
- G. The family systems approach will focus on how interactions of all family members affect the behaviors of individual family members. It should always be considered that all treatment with families and their children in care is interrelated in achieving lasting outcomes for family reunification.
- H. Children being served by Therapeutic Foster Care/Therapeutic Foster Care with enhanced services require frequent communication between all parties involved identifying a permanent resource. The ISP team meeting is essential to discuss all concerns and evaluate the plans for the child and potential permanent resource due to the intensive needs of a child at this level.
- H. Therapeutic foster care and Therapeutic foster care with enhanced services affirms the use of an individualized behavior management plan, based on rewards, assessing the antecedent of the behavior and recognizing that most behavior is driven by needs.

- I. Therapeutic foster care/Therapeutic foster care with enhanced services shall be sensitive to cultural differences and special needs. Services shall be provided in a manner that respects these differences and attends to these special needs. All placements shall adhere to the Multi-Ethnic Placement Act (MEPA) and shall not impede permanency for any child or youth.
- J. All services are provided on the premise of unconditional care.
- K. Therapeutic foster care/Therapeutic foster care with enhanced services can be provided as a stand-alone service; however, due to the importance of families in children's lives, it may best be provided as a part of a continuum, where intensive in-home services are offered to the family while the child is receiving treatment in an out-of-home placement as the child and family prepare for reunification.
- L. Therapeutic foster care/Therapeutic foster care with enhanced services children may be prescribed psychotropic medication. DHR and the providers will be mindful of discussing side effects and the least amount of medications for these children to assist to manage their behaviors and mental illnesses. The DHR policy is derived from the Federal Guidelines for Psychotropic Medications from the Administration of Children Families Memorandum dated 4/12/2012 (see addendum.) The policy implements a comprehensive treatment policy and protocols to include a trauma-based assessment tool for children entering foster care and the treatment protocols including guidance on informed consent, minimum and maximum dosage guidelines, prior approval protocols, use of PRN medications, notification regarding medication dosage changes, and required medication testing and monitoring.

POLICY

The following policy statements are the operating procedures by which TFC and TFC with enhanced services agencies and county DHR departments work in partnership. Any deviation in policy must be approved by State DHR. Any changes in policy may be addressed as an Administrative Letter or Memorandum until it can be incorporated into the *Therapeutic and Therapeutic with Enhanced Service Foster Care Manual*.

- A. **Case Management.** The Department of Human Resources assumes the parental role for all children who are in the care or custody of the Department. In all such cases, DHR staff maintains the case management role and must have access to the children, as needed. No TFC/TFC with enhanced services program shall promulgate a policy to require its staff to be present at the time of visits between the DHR caseworker and the child/youth in placement. DHR staff shall notify TFC/TFC with Enhanced Services providers of planned visits, but DHR staff shall be able to contact foster parents on an individual basis to arrange visits or contacts or to assess the children in their care. DHR staff shall not attempt to address foster parent concerns or licensing issues unrelated to the care of a specific foster child but shall notify the licensing TFC/TFC with enhanced services provider of such concerns. Nor shall a DHR social worker discuss with a TFC/TFC with Enhanced services foster parent permanency planning, e.g. Another Planned Permanent Living Arrangement or Adoption, without prior consultation and support with the licensing agency.

- B. **Placements for Children under the Age of Six.** Good gatekeeping is essential to ensuring that TFC/TFC with enhanced services programs serves the children for which the program was designed. TFC/TFC with enhanced services programs are able to serve children from birth until they age out of the system; however in the majority of the occasions, when children under the age of six enter the foster care system, traditional foster care with the aid of wraparound services is able to provide care that can meet their individual needs. In rare circumstances, therapeutic foster care services may be required for this younger population. Before a county DHR office may place a child under the age of six in a therapeutic foster care setting, the Office of Child Welfare Consultation at State DHR must concur in writing with the placement decision. This requirement is not necessary for non-therapeutic siblings, who are placed in a therapeutic foster home with a child who needs the structure of TFC. The placement of a child under the age of 6 in **Therapeutic with enhanced services** must have permission from State DHR – Division of Resource Management- Office of Resource Development and Utilization and the concurrence from the Office of Child Welfare Consultation. Permission is also needed to place siblings that will be therapeutic or non-therapeutic in the home due to the child’s unique needs that is receiving Therapeutic with Enhanced Services. **The county department shall be the entity that initiates the exception request.**
- C. **Diagnoses for Entrance into TFC/TFC with enhanced services.** A child/youth entering into TFC or TFC with Enhanced Services must have a DSM Diagnosis that would require the treatment and structure offered through a TFC/TFC with Enhanced Services program. A DSM diagnosis alone may not warrant a placement into TFC/TFC with enhanced services. The diagnosis must have an accompanied behavior that would require the treatment and structure of TFC/TFC with Enhanced Services before a child or youth would be a candidate for TFC placement. The child will have a completed behavioral assessment (Multi-Dimensional Assessment Tool) completed or permission to place in therapeutic foster care. The DSM diagnosis should be documented by a current psychological or psychiatric evaluation completed

by a psychiatrist or Ph.D. psychologist within 24 months. **A child that is being referred to the TFC with Enhanced Services program must have significant behavior issues along with possible chronic medical problems that require frequent doctor/hospital visits, mental health issues, intellectual deficits, or emotional problems that otherwise might be referred to an out-of-state facility.** For any child being assessed by an individual employed with a TFC/TFC with Enhanced Services program, DHR must obtain a second opinion by an independent provider before the child/youth can be placed with the program providing the initial assessment. Only children in the custody of DHR may be accepted into a TFC/TFC with Enhanced Services program, unless authorized by State DHR – Division of Family Services. **Children with an IQ below 55 or who otherwise may not be rehabilitated may not receive TFC placement services. Children under the age of 14, who have a DSM diagnosis, significant behavior problems, and an IQ under 55, may be considered for a TFC with Enhanced Service placement. Before a referral is made to the provider, permission must be obtained from State DHR- Division of Resource Management.**

All children over the age of 14, receiving TFC/TFC with enhanced services that have an IQ under 69 should be placed on the waiting list for waiver services through the Department of Mental Health- Division of Developmental Disabilities. The Call Center toll free number and information is in the addendum to this manual.

- D. Services for Non-TFC Siblings.** TFC/TFC with Enhanced Services providers is able to provide homes for siblings, all of which may not have diagnoses requiring TFC/TFC with Enhanced Services. **The non-TFC sibling placed with the TFC Enhanced Services child will need to have permission from State DHR – Division of Resource Management before placement due to the unique needs of the identified child in the TFC with Enhanced Services program.** The provider may not bill for services for the non TFC/TFC with Enhanced Services siblings; however, the foster parents caring for the children will receive the traditional age appropriate

board rate. If needs for non-TFC/TFC with Enhanced Services siblings are identified through the comprehensive family assessment, the ISP must authorize the services and a DHR-1878 issued for the payment of the services. In Section C Child and Family Services, subsection 3, Placement, paragraph (a), pages 35 and 36 of the Minimum Standards for Child Placing Agencies (CPA), there is a requirement that, at the time of placement, a case/treatment plan shall be developed. Minimum requirements for that plan are clearly delineated. For children with TFC/TFC with enhanced services needs that are placed in TFC/TFC with Enhanced Services foster homes, treatment plans are routine; but for non-TFC/TFC with Enhanced Services siblings who receive no services from the Child Placing Agencies, an abbreviated plan must also be developed. Since the plan for these children and the family is the family's ISP, the information from the ISP may be developed as the case plan for the Child Placing Agencies. If the CPA is required to do nothing more than provide room and board the information as well as the strengths and needs of the child and other required information for the case plan, should be documented in the child's ISP and may be developed into the CPA's case plan for the child. If it is determined that non-TFC/TFC with enhanced services siblings have no needs at the time of the ISP, it remains the responsibility of DHR to monitor the non-TFC/TFC with enhanced services child at their monthly visits into the home.

- E. Placements in Counties Other than the Child's County of Origin.** When a TFC/TFC with Enhanced Services program places a child in a foster home outside the child's county of origin, the TFC/TFC with Enhanced Services provider **must immediately notify the receiving county DHR office of the placement.** Alabama Department of Education requests that the local school systems be notified as soon as a child from another county is to be enrolled in the system. This will enable the Alabama Department of Education to better serve our children when they are moved from the county of custody. Many county school systems and DHR offices are not aware of children who are placed within their service areas. When crises or situations that require DHR intervention arise, it is necessary to know whom to contact.

F. Licensing/Approval of Homes. A TFC/TFC with Enhanced Services provider shall notify the county DHR office when it approves/licenses a therapeutic/therapeutic with enhanced services foster home within the county. Foster parents shall not be approved by more than one agency concurrently.

G. Employment by Therapeutic/Therapeutic with Enhanced Services Foster Parents.

TFC/Therapeutic with Enhanced Services foster parents may maintain employment outside the home, if they are able to meet the needs of children placed within their homes and meet the requirements of their employment. This employment must also allow the foster parent the flexibility to meet the special needs of therapeutic/therapeutic with enhanced services foster child placed in their home. These special needs or conditions often require immediate response by the foster parent to attend school conferences, treatment or ISP team meetings, doctor or counseling appointments, etc. Due to the significant needs that TFC/therapeutic with enhanced services children have and due to safety issues around TFC/TFC with enhanced services children with emotional or behavioral disorders for young children in the home daycare setting, the TFC/TFC with enhanced services foster parents shall not operate a daycare from their home. Child Placing Agencies providing TFC/TFC with enhanced services care shall not license therapeutic/therapeutic with enhanced services foster parents who are currently licensed as home daycare providers or who are seeking dual licenses to provide home daycare and TFC/TFC with Enhanced Services. **NOTE: Child Welfare social service workers in the county DHR offices may not serve as TFC/TFC with enhanced services foster parents. Any DHR staff must have approval from State DHR Personnel and SDHR Resource Management to serve as a TFC/TFC with enhanced services foster parent in any circumstance.**

H. Recruitment. Recruiting viable homes to provide TFC/TFC with enhanced services care for children/youth is vital. State DHR encourages vigorous and innovative recruitment initiatives by Child Placing Agencies to maintain an adequate pool of foster parents to facilitate appropriate

matching of children and foster homes. Advertisements, whether by television or radio announcements, by newspaper articles or by billboards or individual signs, should be focused on the services that a respective agency is providing to vulnerable children or youth in the State. To place a dollar amount for reimbursement for services or to imply that a provider earns a wage for providing a home for a child does not appear to exhibit sensitivity for the children and families that DHR and the provider community serve. It is certainly permissible to discuss the difficulty of care payment with the prospective TFC/TFC with Enhanced Services foster parents. It is not appropriate to openly advertise rates to entice recruits. Recruitment of the foster parents of a TFC/TFC with enhanced services provider by another licensing agency or a representative of that agency is unethical and is prohibited. If a provider engages in such activity, they will be placed on a corrective action plan to cease the activity and to monitor any staff who may be involved in it. If there are two additional verifiable accounts of such activity after the agency has been warned and placed on corrective action, they will be in jeopardy of losing their contract with the State to provide TFC /TFC with Enhanced services.

- I. Movement of Foster Parents among Agencies.** When children and foster families are receiving therapeutic/therapeutic with enhanced services care prescribed by a treatment plan with one agency and the foster home changes to another agency, the service plan is disrupted and the child's progress toward his treatment goals may be impeded or regression may occur. There may be instances in which it is in the best interests of the child in care and the foster parents that a change is made, especially if the licensing agency is not providing the support services that are needed to maintain the placement or to achieve the goals of the child. Should a foster parent express to a provider the desire to leave a program, the provider should negotiate ways to improve the relationship between the provider and the foster home. **If**

negotiations fail to achieve the desired results, a meeting of foster parents, the licensing agency, the agency to become the licensing agency, the custodial county department and the Division of Resource Management at State DHR will be scheduled by the licensing agency to attempt to resolve the concerns or to facilitate a smooth transition between agencies. An ISP will be scheduled as soon as possible to address additional supports and/or services that will be initiated by the licensing agency or to address the transition process. If there are no children in the home, this protocol does not apply; however, it is strongly suggested that negotiations between the foster home and the licensing agency occur before a final decision is made. TFC/TFC with Enhanced Services foster parents must make known in writing to their licensing agency 30 days in advance that they wish to transfer to another program.

J. TFC and Sibling Group Enhanced Foster Care

TFC providers may also provide Sibling Group Enhanced Foster Care services, which are provided to foster parents in order to keep sibling groups of four or more together. (See Guideline for Enhanced Foster Care for requirements.) A sibling group of four (4), for example, may have one child that needs therapeutic services. The TFC provider will bill for the TFC child on their contract, and the county will make payment from flex funds through the ISP with an authorized 1878 to the provider for the enhanced payment to the foster parent.

The TFC with Enhanced Services program will need State DHR – Division of Resource Management and Division of Family Services approval before placement of these children. If approved, the TFC/TFC with Enhanced Services program would be allowed to bill TFC/TFC with enhanced services for that child on their contract, and the county will make payment from flex funds through the ISP with an authorized 1878 to the vendor for the

enhanced payment to the foster parent. Foster parents must meet the criteria for EFC, and the decision to make EFC shall be determined by the ISP team, with approval from State DHR-Division of Resource Management if there is a therapeutic child.

K. Number of Children per Home. Due to challenging needs of children in TFC/TFC with Enhanced Services, **no more than one (1) child needing TFC/TFC with Enhanced Services** care shall be placed in a foster home. To maintain sibling groups, non-therapeutic siblings may be placed in a TFC/TFC with Enhanced Services home with a TFC/TFC with enhanced services child, after it has been assessed that the family can meet all the children's needs. **No more than two (2) siblings that are considered TFC/TFC with Enhanced Services** children can be maintained in the same TFC/TFC with Enhanced Services foster home. **The TFC provider needs to request to the county to get permission from State DHR, Division of Resource Management, Office of Resource Development and Utilization to place more than two siblings that are TFC in the same home.** The TFC provider needs permission to place more than one TFC with Enhanced Service child in the same home from State DHR-Division of Resource Management, Office of Resource Development and Utilization. Any exceptions for larger sibling groups must be approved by State DHR-Division of Resource Management. Two (2) unrelated children may not be placed in the same foster home, and a foster home, and a foster home providing TFC/TFC with Enhanced Services care for a child may not be used to provide respite for another child for over 7 days with SDHR-Division of Resource Management permission.

L. Medication Administration. The policy on the use of medication commits TFC/TFC with Enhanced Services programs to the following principles of practice.

1. The first line of intervention with children and youth should be non-medical unless clearly indicated as needed by a licensed physician. When psychotropic medications are recommended by a physician, they should be used in conjunction with other interventions. Psychotropic medications need to be continually monitored by the county worker, provider and foster parent. Everyone is encouraged to always ask about using the lowest level of psychotropic medication for the child. **Refer back to definition.**
 2. Therapeutic/Therapeutic with Enhanced Services foster parents shall be trained by medical staff to administer the medication and detect side effects of any prescribed medication used for treatment in their care. **Refer back to definition.**
- M. Discipline.** Policy as set forth in the Minimum Standards for Foster Family Home and in the Behavioral Management Policy shall guide practice in the area regarding discipline. **In addition, there shall be no corporal punishment, therapeutic holds or unusual punishment of any nature allowed for use in TFC/TFC with Enhanced Services foster homes.**
- N. Crisis Planning.** There should be an emergency care plan, including respite plan, identified in the family's ISP as a crisis plan in the event that a child's placement in a therapeutic/therapeutic with enhanced services foster home should become in jeopardy of disruption.
- O. Written Protocols.** TFC/TFC with enhanced services agencies shall have in writing protocols dealing with crisis situations to enable their foster parents to have a foreknowledge

of expected responses. These protocols will be evaluated at the time of site visits conducted by State DHR with the various therapeutic/therapeutic with Enhanced Services agencies. The TFC/TFC with Enhanced Services agencies shall develop a protocol for reporting allegations of maltreatment or misconduct toward children by therapeutic/therapeutic with enhanced services foster parents or children in their homes. Protocols involving the below incidents shall also be developed by the Program. In any of the cases below the protocol should elaborate on connecting with the appropriate DHR office and State DHR – Division of Resource Management, Office of Licensure **within 24 hours after occurrence or the first work day following the occurrence, whichever is sooner.**

1. arrest or conviction of any child or foster family member of the child placing agency.
2. allegations by a child or adult of physical injury, any type of assault or threat of bodily injury, any injury requiring emergency medical treatment in the home/away from the home/or at the child placing agency (CPA). This includes any illness of the child that occurs at the home or away from the home that requires emergency medical treatment. This would include a traffic accident involving the child using transportation provided by the home or child placing agency.
3. child is away without permission or has not returned at a designated time
4. discovery of drugs, alcohol, weapons or other illegal or dangerous material that is in the child's possession, or the foster home possession.
5. physical restraint or physical intervention that was performed on the child.
6. any litigation involving the child placing agency
7. the death of a child in DHR custody at the home or away from the home.
8. any investigation of child abuse/neglect involving the child, foster home, any

personnel from the child placing agency. This includes receiving the final disposition of the investigation.

A written explanation is to be provided to State DHR- Division of Resource Management, Office of Licensure within 5 days.

SECTION I: PROGRAM GUIDE

A. AGENCY PERSONNEL

Professional TFC/TFC with Enhanced Services personnel perform several roles and carry a wide variety of responsibilities. Primary among these is their responsibility for treatment planning and the coordination of the child's treatment team. This team is typically composed of a TFC/TFC with Enhanced Services worker, a DHR caseworker, a supervisor or clinical consultant, the child, the child's parents, the TFC/TFC with enhanced services foster parents and others closely involved with the child and family, e.g. therapists or educational personnel. Other major responsibilities required of TFC/TFC with Enhanced Services program staff include, but are not limited to, case assessment, case management, parent support and consultation, clinical and administrative supervision of staff, 24-hour crisis intervention, on-call services, participation on child and family planning(ISP) team, therapeutic/therapeutic with enhanced services foster care recruitment, orientation, training and selection, child intake and placement, record keeping and program evaluation. A written job description shall be provided to all staff and shall be maintained on site in each staff member's personnel folder. Agency personnel must adhere to, in addition to the requirements herein, any

applicable rules, regulations and standards set forth by federal, state or local governments or agencies for the purpose of governing agencies providing care or responsible for the placement of children. The program shall designate someone responsible for its administration. This individual assumes final responsibility for the provision and oversight of all essential tasks and services described in these requirements within the parameters specified.

While documented performance of the tasks and functions described here is essential, their distribution among program staff will vary according to size, nature and discretion of individual agencies. Critical responsibilities and minimum qualifications are described below for the positions of Case Supervisor and Case worker. The responsibilities ascribed to each must be met but may be allocated differently according to an individual agency's internal organization and staffing.

Requirements for training and support pertain to all professional staff.

At least one staff member with programmatic authority and responsibility for the oversight of a TFC/TFC with Enhanced Services program shall be one of the following:

- A physician licensed under Alabama law to practice medicine or osteopathy
- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A Master's level social worker licensed under Alabama law
- A Registered Nurse who has completed a Master's Degree in psychiatric nursing
- An individual possessing a Master's Degree or above from a university or college with an accredited program with a degree in psychology, social work, counseling or other area that requires equivalent clinical course work and who has completed a practicum as a part of the requirement for the degree or who has 6 months post-Master's level professional experience

supervised by a Master's level or above with 2 years of post-graduate professional experience.

1. **CASE SUPERVISOR:**

The role of the Supervisor is to provide support and consultation to the Case Worker in much the same manner as the Case Worker provides support and assistance to the TFC/TFC with enhanced services foster parents. Specifically, the Supervisor shall perform the functions and meet the qualifications listed hereafter:

a. **Responsibilities.**

i. **Casework Supervision.** The Supervisor provides regular support and guidance to the Case Worker through weekly supervisory meetings. Formal supervisory meetings shall be supplemented as needed by informal contact between Supervisor and Case Worker. The Supervisor's caseload shall not exceed 6 Case Workers.

ii. **Treatment Planning.** The Supervisor takes ultimate responsibility for the development of a comprehensive treatment plan based on a thorough case assessment for each child admitted to the program. The comprehensive treatment plan shall contain the strengths, needs and steps identified in the family's ISP as developed by the ISP team. He supervises ongoing treatment planning and implementation of services for each child.

iii. **Treatment Team.** The Supervisor oversees and supports the Case Worker as leader of the treatment team and shares ultimate responsibility for team plans and decisions.

iv. **Crisis On-Call.** The Supervisor provides coordination and back-up to assure that 24-hour on-call crisis intervention services are available and delivered as needed to the TFC/TFC with enhanced services foster parents, the children in care and their families.

b. **Qualifications.** The Supervisor shall be:

- i. a licensed certified social worker (LCSW) or licensed professional counselor (LPC) or
- ii. an individual possessing a Master's Degree or above from a college or university with

an accredited program in the respective degree in psychology, social work, counseling or other area that requires equivalent course work and who has successfully completed a practicum as a requirement for the degree or who has 6 months post-Masters level professional experience supervised by a Master's level or above with 2 years of post-graduate professional experience or

- iii. an individual who is a licensed bachelor of social work (LBSW) with 5 years' experience in children's therapeutic setting.

2. CASE WORKER

The Case Worker is the practical leader of the treatment team. As such, the Case Worker initiates the development of the treatment plans based upon the strengths and needs identified in the family's ISP; provides support and consultation to TFC/TFC with Enhanced Services foster parents, to families of children in our care and to other team members related to their role in the treatment plan; and advocates for, coordinates, and links children and their families with needed services available within the TFC agency or greater community. Specifically, the Case Worker must perform the functions and meet the qualifications listed below:

a. Responsibilities.

- i. **Treatment Plan.** Under the supervision of the Case Supervisor, the Case Worker takes the primary day-to-day responsibility for leadership of the treatment team. The Case Worker organizes and manages all treatment team meetings. If the Case Worker is prevented from participation in a treatment team meeting by a crisis or personal reason, the Supervisor takes over that responsibility. As treatment team leader, the Case Worker coordinates team decision-making regarding the care and treatment of the child and services to the child's family, as identified in the comprehensive treatment plan. The comprehensive treatment plan must be congruent with the family's ISP, and all services provided by the agency must be authorized by the ISP prior to their

provision, if compensation by DHR is expected. If services provided by the agency are not considered Core Services according to the agency's contract with DHR, the agency must have a DHR 1878 Authorization for services prior to their delivery. All services, whether Core Services or those authorized on an 1878, must be identified and authorized in the family's ISP.

The Case Worker provides information and training as needed to treatment team members, who may not be familiar with the TFC/TFC with enhanced services model.

The Case Worker prepares these individuals to work with the TFC/TFC with Enhanced Services foster parents to facilitate their participation in the treatment of the child in a manner consistent with TFC/TFC with Enhanced Services practices and values. The Case Worker shall take an active role in identifying goals and coordinating treatment services provided to the child by persons or agencies outside the TFC/TFC with Enhanced Services program, whether or not these persons or agencies participate regularly as treatment team members.

Under the supervision of the Supervisor, the Case Worker takes primary responsibility for the preparation of each child's comprehensive treatment plan. The Case Worker signs off on treatment plans and updates.

ii. Support and consultation to Therapeutic/Therapeutic with Enhanced Services Foster Parents.

Case Worker shall provide regular support and technical assistance to the TFC/TFC with Enhanced Services foster parents in their implementation of the treatment plan and with regard to other responsibilities they undertake. Fundamental components of such technical assistance will be the design or the revision of the in-home treatment strategies including pro-active goal setting and planning and the provision of ongoing child-specific skills training and problem solving in the home during home visits. This can be best

facilitated through in-home teaching, modeling, coaching and feedback.

Other types of support and supervision should include emotional support and relationship-building, the sharing of information and general training to enhance professional development, assessment of a child's progress, observation and assessment of family interactions, stress and safety issues. The Case Worker or other program staff shall provide at least weekly contact in person with the TFC foster parent of each child in his caseload. The Case Worker shall visit the TFC foster home to meet with at least one TFC foster parent no less than bi-weekly. The Case Worker shall visit the TFC with Enhanced Services foster home to meet with at least one TFC foster parent weekly. The Case Worker shall be responsible to have two weekly visits with the child, one of those being in the home. **NOTE: It is expected that the frequency of home visits will increase substantially beyond the minimum during the initial week of a child's placement, during discharge planning, during crisis or emergency situations in which the child is considered to be at greater risk, and as otherwise required by the child's individual needs and clinical status or the needs of the TFC family. It is expected that the frequency of home visits will increase substantially beyond the minimum during the first quarter of the child's placement in TFC with Enhanced Services and during crisis, or emergency situations in which the child is considered to be a greater risk, and otherwise required by the child's individual needs and clinical status or the needs of the TFC with Enhanced Service foster family.**

- iii. **Caseloads.** The number of children assigned to a Case Worker is a function of several variables, including the size and density of the geographic area served, the array of job

responsibilities assigned, and the difficulty of the population assigned. The number of children assigned to any Case Worker for TFC shall range from eight (8) to ten (10), based upon the difficulty of the caseload. The caseload for the Case Worker should range from one (1) to six (6) for TFC with Enhanced Services. If a caseload consists of more than eight for TFC children, it must contain a sibling group of children in TFC care to maximize at ten. The caseload size shall be adjusted downward if (1) the Case Worker's responsibilities exceed those described under the Case Worker's Responsibilities in this *Therapeutic/Therapeutic with Enhanced Services Foster Care Manual*, (2) the difficulty of the client population served requires more intensive supervision and training of the TFC/TFC with enhanced services foster parents, or (3) local travel conditions impede the Case Worker's ability to maintain the minimum direct contact frequencies identified in this manual. Any deviation from these guidelines will require permission from State DHR – Division of Resource Management.

- iv. Contact with Child.** The Case Worker shall spend time alone with the children in care to allow them the opportunity to communicate special concerns, to make a direct assessment of the child's progress, to monitor for potential abuse and to build relationships. Such face-to-face contact should be made weekly by the Case Worker. Due to the importance of the continuity of care for children, the use of other designated staff to make these visits should be limited to rare times when the Case Worker may be ill or on leave. On these occasions, the Supervisor or other professional staff must make the contact. These circumstances should be documented in the child's case record when they occur.
- v. Support and Consultation to Families of Children.** During a child's tenure in a therapeutic foster home, the Case Worker shall seek to support and enhance the child's relationship with family members. The Case Worker in collaboration with the DHR

caseworker shall establish regular contact and visitation between children and their parents, other family members, and significant others, as specified in the family's ISP. The Case Worker shall involve the child's parents in treatment team meetings, plans and decisions and will keep them informed of the child's progress in the program. If the child's family is not actively involved in planning, the family's ISP must identify this fact, and a copy of the ISP kept in the child's record. Any problems identified by the TFC/TFC with Enhanced Services program with maintaining family connections should be documented in the child's record and reported to the family's DHR caseworker.

vi. Community Liaison and Advocacy. The Case Worker will work jointly with the DHR caseworker and the family planning (ISP) team in identifying which community resources and/or services are required and how they may be used to achieve the goals of the child's treatment plan. The Case Worker in collaboration with these others will advocate and assist in creating and coordinating the provision of such services and shall provide technical assistance to community service providers as needed to maximize the benefit of these services to the child.

vii. Crisis On-Call. The Case Worker, together with other professional staff as designated by the agency, shall be on-call to TFC/TFC with Enhanced Services foster parents, children and their families. This coverage is on an around the clock, 7-day-a-week basis. Each Case Worker through agency procedures should be given opportunity for respite from on-call duties.

b. Qualifications. The Case Worker shall be at a minimum a person with a BSW or Bachelor's Degree in a closely related field.

3. STAFF TRAINING AND SUPPORT

It is required of all professional staff, including, the TFC/TFC with Enhanced Services

Case Worker, the TFC/TFC with Enhanced Services Supervisor, the Social Worker and all other licensed staff, to have pre-service and on-going professional development relevant to the treatment foster home care model and their individual job responsibilities. The TFC social worker and supervisor should have training regarding the individualized needs for the child in TFC with Enhanced Services. **All training must be documented in the worker's individual staff record at least annually.**

- a. Agency Staff Development.** Professional staff shall participate in twenty (20) hours of pre-service training as scheduled by the agency throughout the year. At a minimum, training shall address:
- i.** an overview of therapeutic foster home care
 - ii.** the history and development of therapeutic foster care
 - iii.** orientation to the agency's treatment philosophy
 - iv.** skill training in the specific treatment methodologies it employs
 - v.** the use of passive physical restraint
 - vi.** crisis intervention
 - vii.** grief and loss issues for children in foster care
 - viii.** the significance and value of birth families to children placed in TFC/TFC with Enhanced Services
 - ix.** cultural competence and culturally responsive services
 - x.** significance of relationship building and connections to significant others
 - xi.** specific agency policies and procedures, including documentation and evaluation requirements
 - xii.** skill building in analyzing behaviors, recognizing the behavior's antecedent and facilitating the development of skills to change the antecedent and consequent conditions. Professional staff shall also participate in the first available sequence of the agency's per-service training for therapeutic/therapeutic with enhanced services

foster parents following the start of their employment

- xiii.** the damage caused to children through multiple placements
- xiv.** staff's role in minimizing multiple placements
- xv.** staff's role in the ISP process
- xvi.** general overview of out-of-home care policy that has been developed to comply with Alabama Child Welfare Practice which includes ISP, sibling's placement, visitation, behavior-management, etc.
- xvii.** Health Insurance Accountability and Portability Act (HIPAA)
- xviii. Reasonable and prudent parenting standard**

The program shall provide a minimum of forty (40) hours of in-service training per year to professional staff. Programs may request training slots for Basic Alabama Certification Training (ACT I), Group Preparation and Selection (GPS), Deciding Together, and any other training that meets or exceeds professional licensing standards.

b. Liability Insurance. Professional staff shall be covered by liability insurance.

c. Legal Advocacy and Representation. The agency may assist staff in obtaining the legal advocacy and representation should the need arise in connection with the proper performance of their professional duties.

SECTION II: THERAPEUTIC FOSTER PARENTS

A. INTRODUCTION

The role of the TFC/TFC with Enhanced Services foster parent is central to the success in the TFC/TFC with enhanced services treatment model. TFC/TFC with Enhanced Services foster parents are viewed as colleagues and team members by all staff. They serve as in-home treatment agents, implementing strategies specified in a child's treatment plan.

1. The Fostering Role. Prospective TFC/TFC with Enhanced Services parents shall be provided with a written list of duties, clearly detailing their role and responsibilities prior to their approval into the program. A copy of the list with the date provided must be kept in the foster parents' records for documentation purposes.

2. The Treatment Role. TFC/TFC with Enhanced Services foster parents are integral members of a treatment team. They are not expected to function independently. They are asked and expected to perform tasks, which are central to the therapeutic process in a manner consistent with the family's ISP and the child's comprehensive treatment plans. In addition to their basic foster parenting responsibilities, TFC/TFC with Enhanced Services foster parents performs the following tasks and functions.

a. Treatment Planning. TFC/TFC with Enhanced Services foster parents and the child's family contribute vital input based upon their observations of the child in the natural setting of the home, and they shall be considered as partners in the planning process.

b. Treatment Implementation. TFC/TFC with Enhanced Services foster parents shall assume primary responsibility for implementing the in-home treatment strategies specified in the child's comprehensive treatment plan and authorized by the family's ISP.

c. Treatment Team Meetings. TFC/TFC with Enhanced Services foster parents shall work cooperatively with the other treatment team members under the leadership of the

Case Worker and shall attend team meetings, training sessions and other gatherings required by the program or by the child's treatment plan.

d. Record Keeping. In order to allow tracking and the evaluation of services provided in the TFC/TFC with Enhanced Services foster home and of the agency's program, the TFC/TFC with Enhanced Services foster parents shall systematically record information and document activities, as required by the agency and the standards under which it operates. The TFC /TFC with Enhanced Services foster parent shall keep a systematic and descriptive record of the child's behavior and progress in targeted areas at least weekly and preferably on a daily basis. When applicable, documentation will include elements required for the Alabama Medicaid Agency.

e. Contact with Child's Family. The TFC/TFC with Enhanced Services agency in partnership with DHR will support and encourage the child to maintain connections with his family and will actively support and enhance these relationships as outlined in the family's ISP. The ISP team shall decide if there are safety issues that must be addressed in maintaining connections through visitation.

f. Permanency Planning Assistance. TFC/TFC with Enhanced Services foster parents shall assist with efforts specified by the family's ISP team to meet the child's permanency planning goals. Such efforts may include emotional support, coaching and modeling of effective child behavior management and other therapeutic interventions to the child's family, as well as the provision of support to the family and child during the initial separation period.

g. Community Relations. TFC/TFC with Enhanced Services foster parents develop a positive working relationship with service providers in the community, e.g. schools, departments of recreation, social service agencies, mental health programs and other professionals.

h. Advocacy. TFC/TFC with Enhanced Services foster parents, in conjunction with the TFC/TFC with Enhanced Services Case Worker and other staff, shall advocate on the behalf of the child to achieve the goals identified in the child's comprehensive treatment plan and the families ISP to obtain educational, vocational, medical and other services needed to implement the plan and to assure full access to the provision of public services to which the child is legally entitled.

i. Adoption Preparation/Support. TFC/TFC with Enhanced Services foster parents, in conjunction with the Provider case worker/supervisor, the county DHR social worker/supervisor and State Office of Permanency worker will provide support to the child in regards to adoption preparation by encouraging the child who is available for adoption to be open about adoption, give permission messages and assist the DHR social workers with the completion of recruitment information such as daily routines, and child's likes and dislikes, and the child's characteristics. These plans need to be addressed in the ISP by the team.

3. Qualifications and Selection of TFC Foster Parent. TFC/TFC with Enhanced Services foster parent selection is a process, which begins at the time of initial recruitment and extends through orientation and training. TFC/TFC with Enhanced Services foster parents are selected in part on the basis of their acceptance of the program's treatment philosophy and their ability to practice or carry out this philosophy on a daily basis. They need to be willing and able to accept the intense level of involvement and supervision provided by the program staff in their TFC/TFC with Enhanced Services fostering functions and understand the impact of that involvement on their family life. TFC/TFC with Enhanced Services foster parents need to be willing to carry out all tasks specified in their therapeutic/therapeutic with enhanced services foster program's roles and responsibilities, including working directly and in a supportive fashion with the families of children placed in their care.

In selection of prospective TFC/TFC with enhanced services foster parents, several

important qualities should be sought. These may include, but are not limited to, commitment, a positive attitude, willingness to implement treatment plans and follow the program's treatment philosophy, a sense of humor, enjoyment of children, flexibility, tolerance and the ability to adjust expectations concerning achievement and progress to children's individual needs and capabilities. TFC/TFC with enhanced services foster parents need to approach work with a child as a family commitment with a sense of unconditional care, informing their own children of the nature of the program. TFC/TFC with enhanced services foster families shall be financially stable and shall demonstrate emotional stability individually and as a family unit. TFC/TFC with enhanced services foster parents shall have access to reliable back up and a network of support, in addition to the professional support provided by the approving agency. **This support must be documented in the foster parent record.** TFC/TFC with enhanced services foster parent selection criteria shall also apply to the TFC/TFC with enhanced services parents who provide respite only and shall include at a minimum the following:

a. Approval/Certification. All TFC/TFC with Enhanced Services foster parents shall be subject to the same minimum standards as traditional foster parents as outlined in *The Minimum Standards for Foster Family Homes* with additional requirements prescribed by the *Therapeutic/Therapeutic with Enhanced Services Foster Care Manual*. A profile of each TFC/TFC with Enhanced Services family, which covers all the elements required by these standards and requirements, shall be compiled, as per GPS policy. The profile shall include the prospective foster family's ability to meet the special needs of the children served by the TFC/TFC with Enhanced Services program. These profiles should be very explicit as to

how the licensing agency feel's that his home can provide the type of care that is needed by children who fit the criteria for acceptance. A history of the family should be in-depth and complete. TFC/TFC with Enhanced Services agencies may not provisionally license or approve foster parents. It must be clearly documented in the foster parent record that the family has been approved prior to a child's being placed in the home. No provider number will be assigned to a TFC/TFC with Enhanced Services foster parent until the application and approval process is complete, **including receipt of the criminal history for each parent.**

- b. Checks and References.** Alabama Bureau of Investigation (ABI) and Federal Bureau of Investigation (FBI) criminal records checks and a Child Central Registry child abuse neglect (CAN) clearance shall be completed for each foster parent. A minimum of three (3) non-relative references shall be collected and evaluated by the program on each TFC/TFC with Enhanced Services foster family prior to their approval or licensure. If a prospective TFC/TFC with Enhanced Services foster parent has served previously as an approved foster parent for another agency, references and, if possible, a copy of the home study shall be obtained from that agency, as well. All TFC/TFC with Enhanced Services home studies shall be available to county DHR offices, should the foster parent step-down to a traditional foster home to be approved by the county department. At the time of renewal, one (1) letter of reference from a non-relative source will be required as documentation in the family record.
- c. Language.** At least one TFC/TFC with enhanced services foster parent shall demonstrate minimal communication in language of the child in their care at the

time of placement, and there must be a specific plan to meet a proficient level of communication, including interpretation as needed. At least one TFC/TFC with Enhanced Services foster parent must demonstrate effective communication in the language of the program treatment team with which they work.

- d. Cultural Competency.** TFC/TFC with enhanced services foster parents must be willing to become cross-culturally competent and able to understand the importance of cultural issues in planning for children, youth and families.
- e. Age.** TFC/TFC with Enhanced Services foster parents shall be at least 25 years of age.
- f. Health.** The physical health of TFC/TFC with enhanced services foster parents shall be equal to the stress inherent to the care of special needs children as evidenced by a physician's statement to that effect. TFC/TFC with enhanced services foster parents must meet the health requirement of the *Minimum Standards for Foster Family Homes*.
- g. Transportation.** TFC/TFC with enhanced services foster parents shall have access to reliable transportation. If using a car, they shall have a valid driver's license and documented ownership of liability insurance as required by the State.
- h. Discipline.** TFC/TFC with Enhanced Services foster parents must refrain from using corporal punishment with children placed in their care and to adhere to DHR's policies, e.g. the Behavior Management policy, regarding the use of punishment generally. A signed statement by TFC/TFC with enhanced services foster parents

must be placed in the family record to serve as documentation. No therapeutic holds or restraints, unusual seclusion or bizarre forms of discipline will be tolerated for children in DHR placement.

- i. Physical environment.** The TFC/TFC with Enhanced Services foster home shall meet the *Minimum Standards for Foster Family Homes*. The TFC/TFC with Enhanced Services home shall provide each child in therapeutic care a separate bed and private space for personal belongings. Each TFC/TFC with enhanced services home shall have a telephone.
- j. Respite.** TFC/TFC with enhanced service foster parents shall be willing to serve as a respite resource for other TFC/TFC with enhanced services foster parents. Each TFC foster home shall be entitled to a minimum of 48 hours of respite per month (24 hours, if a child is in step-down), which will be provided at no reduction in pay to the TFC foster parent. TFC with Enhanced Services foster parents will be required to accept a minimum of 48 hours of respite per month, with additional respite hours (up to 96 hours per month), to be authorized by the ISP in accordance with the child's needs. **Any respite for longer than one (1) week, unless provided as a result of a foster parent's temporary incapacity, may be considered a placement.** A TFC/TFC with enhanced services foster home providing care for a child may not serve as a respite provider for another home for more than seven (7) days without DHR permission. If longer respite is necessary, it must be provided by a home with no children placed in the home. A foster home in which a child is placed may not serve as a respite home for more than one TFC/TFC with Enhanced Services foster home within a thirty (30) day period.

k. Employment. TFC/TFC with Enhanced Services foster parents may be employed outside the TFC/TFC with Enhanced Services program. It is preferable, but not necessarily required unless for a special situation, that one parent is present in the home at all times. There must be flexibility in their employment position to enable them to meet a child's needs, e.g. school conferences, doctor's appointments, etc. A TFC/TFC with enhanced services provider shall not have a daycare or night-care home in their home and be approved as a TFC/TFC with Enhanced Services provider.

4. Training for Therapeutic/Therapeutic with Enhanced Service Foster Parents. Training for TFC/TFC with Enhanced Services foster parents is a planned, systematic means by which they are prepared to provide care for children with difficult behaviors prior to their having children placed in their homes and are bolstered to improve their skills for such children through a continual process of learning as they provide in-home placement services. Training for a TFC with Enhanced Services foster parent may include a hospital stay with the child to learn procedures for assisting the child with their medical needs. Training shall be consistent with the program's treatment philosophy and methods and shall equip TFC/TFC with enhanced services foster parents to carry out their responsibilities as agents of the treatment process. At a minimum, all TFC/TFC with enhanced services foster parents (including **both partners** and respite providers) must meet the following training requirements. Their completion of each requirement must be clearly documented in the family record.

a. Pre-service Training. Prior to the placement of the children in their homes, all TFC/TFC with enhanced services providers shall satisfactorily complete forty (40)

hours of primarily skills-based training consistent with the agency's treatment methodology and the service needs of children. Group Preparation and Selection (GPS) or Deciding Together (DT) will comprise 30 hours of the pre-service training. Foster parents must also meet the additional training requirements of the *Minimum Standards for Foster Family Homes*, e.g. CPR, etc. The additional 10 hours of training shall cover clinical training for foster parents' skill development. Medicaid requirements must be trained but shall not comprise any portion of the skills-building or clinical training sessions. **NOTE: Time spent completing the program's orientation or home-study/assessment shall not be considered a part of this training requirement.**

- b. In-service Training.** A written professional development plan, which describes the contents and objectives of in-service training for all TFC/TFC with Enhanced Services foster parents, shall be maintained by each agency. All TFC/TFC with Enhanced Services foster parents must satisfactorily complete at least twenty-four (24) hours of in-service training (not to include CPR, First Aid and other non-clinical training) annually, if they are maintained as a currently approved foster home. Respite parents must complete at least **twelve (12) hours** of in-service training annually. Respite parents for a child in TFC with Enhanced Services may require additional training to care for any special needs. More may be dictated, as required by the needs of a child. This training shall emphasize skill development, as well as knowledge acquisition, and may include a variety of formats, procedures, venues or means (ex. monthly meetings, Internet training, film or video, books, etc.) An agency, if using a means other than monthly meetings, must be able to ensure by

some manner that the training was actually completed by each parent. This training must be documented in the family record. (It is strongly encouraged that a spreadsheet, which shows the subject, dates and means of the training for on-site review, be maintained in each family record.) Twelve (12) hours of the in-service training must meet the annual requirements of foster parents as prescribed by the Minimum Standards for Foster Family Homes. Banquets, holiday celebrations, etc. may not substitute for in-service training. NOTE: In-home child-specific training shall be a part of the technical assistance provided to TFC/TFC with Enhanced Services parents by TFC/TFC with Enhanced Services caseworkers or others contracted by the agency.

c. Evaluation of Training. All TFC/TFC with Enhanced Services foster parents shall be provided an opportunity to evaluate training. Documentation of this feedback must be maintained by the TFC/TFC with Enhanced Services agency for inspection by State DHR.

d. Core Curriculum for Pre-service Training. The core curriculum for pre service training for TFC/TFC with Enhanced Services foster parents shall include, but shall not be limited to the following:

i. Introduction to foster care

- At-risk children and their families
- Legal issues
- Foster family rules
- **Reasonable and prudent parenting standard**
- Philosophy and characteristics of the system of care

ii. Agency Policy and Review

- Home study
- Financial
- Safety (CPR, first aid, fire safety, HIV)

iii. Minimum Standards for Foster Family Homes

iv. TFC/TFC with Enhanced Services Foster Children and Their Families

- Strengths, needs and services assessment
- ISP's, reunification, concurrent planning and permanency
- The family's role in the treatment team
- Family strengthening and visitation
- Separation and loss issues
- Special needs of the TFC/TFC with Enhanced Services child (sexual abuse issues, understanding emotional disturbance, medication management, educational and vocational needs, emotional deprivation of children)
- Rights of R.C. Class Members and their families
- Damage to children as a result of multiple placements

v. Therapeutic/Therapeutic with Enhanced Services Foster Families

- Standards and record keeping
- Team and group approach
- Partnership principles
- Parenting techniques
- Behavioral management based on positive re-enforcers
- TFC foster family strengthening (matching, non-TFC siblings' needs and services)
- Crisis prevention and intervention
- Understanding allegations of abuse/neglect and the reporting process
- Building positive relationships and interpersonal helping skills
- Stress management
- Unconditional care
- Foster parents' role in the ISP
- Health Insurance Portability and Accountability Act (HIPAA)

5. Support for TFC/TFC with Enhanced Services Foster Parents. TFC/TFC with Enhanced Services programs shall provide intensive support, technical assistance and supervision to all TFC/TFC with Enhanced Services foster parents. TFC/TFC with Enhanced Services foster parents shall be provided the support and assistance as described in Section I Program Guide, Page 20. Additional types of support services shall include the following:

a. Information disclosure. All information that the TFC/TFC with Enhanced Services program receives on a child that is to be placed within that program shall be shared with and explained to the prospective TFC/TFC with Enhanced Services foster parent prior to placement. (Please refer to the Agency and Foster Parent Agreement in the addendum.) This must be documented in the foster child's record. Agency staff shall discuss with the prospective TFC/TFC with Enhanced Services foster parents the child's strengths and assets, potential problems and needs, and the initial intervention strategies for addressing these areas. As full treatment team members, TFC/TFC with Enhanced Services foster parents will have access to full disclosure of information concerning the children to be placed in their homes. With this access goes the responsibility to maintain agency standards of confidentiality regarding such information. Exceptions to full disclosure would be client/patient confidentiality. TFC/TFC with Enhanced Services foster parents must be trained in the expectations of HIPAA.

b. Respite. TFC/TFC with Enhanced Services foster parents shall have access to both planned and crisis respite care for the children placed in their homes. This respite must occur in homes, which have been selected and trained according to the standards for TFC/TFC with Enhanced Services foster parents outlined in this document. Respite providers shall be informed of the child's comprehensive

treatment plan and will be supervised in their implementation of the plan. They shall also be provided a written explanation of the child's history. (see additional information on respite on pages 36, 37 of this manual.) Foster parents may require additional training before respiteing a child in TFC with Enhanced Services.

c. Counseling. TFC/TFC with Enhanced Services foster parents and their own children shall have access to counseling and therapeutic services arranged by the TFC/TFC with Enhanced Services program for personal issues or needs caused or complicated by their work as TFC/TFC with Enhanced Services foster parents. Such issues may include, for example, marital stress or abuse of their own children by a TFC/TFC with Enhanced Services child placed in the home.

d. Support Network. The program shall facilitate the creation of formal or informal support networks for its TFC/TFC with Enhanced Services foster parents, e.g. foster parent support groups, TFC/TFC with enhanced services "buddy" systems, etc. Foster parents will also be encouraged to join the local foster parent association.

e. Financial Network. The program financial support to TFC/TFC with Enhanced Services foster parents shall cover the cost of care as well as payment for the difficulty of care associated with their treatment responsibilities and special needs of the children they serve. TFC/TFC with Enhanced Services foster parents shall receive from the program a difficulty of care payment as designated by the TFC/TFC with Enhanced Service program and identified in the contract between the TFC/TFC with Enhanced Services provider and the foster parent. TFC/TFC with Enhanced Services foster parents shall receive the DHR reduced traditional board rate.

If the child in TFC with Enhanced Services program is placed in a hospital setting, the provider needs to contact State DHR, Division of Resource

Management, Office of Resource Development and Utilization to discuss possible payment options while the child is out of the home.

f. Damages and Liability. The program shall have a written plan concerning the availability of compensation for damages to a TFC/TFC with Enhanced Services family's personal property by a TFC/TFC with Enhanced Services child placed in their home. This plan shall be given and explained to TFC/TFC with Enhanced Services parents prior to their approval and documentation that the written plan was given and explained must be maintained for review by State DHR in the foster parent record. TFC/TFC with Enhanced Services foster parents shall document that they maintain home/apartment, automobile, property and liability insurance in addition to the liability insurance carried by the parent TFC/TFC with Enhanced Services program.

g. Legal Advocacy. The agency may assist TFC/TFC with Enhanced Services foster parents in obtaining legal advocacy for matters associated with the proper performance of their role as TFC/TFC with Enhanced Services foster parents.

6. Therapeutic Foster Home Capacity. Given the challenging nature of the child served in TFC/TFC with Enhanced Services and the intensity of the services required, the number of children placed in each TFC/TFC with Enhanced Services home shall be limited to one (1); or a sibling group with no more than two (2) of the siblings in TFC/TFC with Enhanced Services status; or a minor parent and child. There will be NO exceptions to this rule except for extenuating circumstances. Should a county DHR office request a program for an exception, the county office must send to State DHR's Division of Resource Management, Office of Resource Development and Utilization the concurrence of their respective Office of County Systems Support consultant/State DHR Family Services Division, the concurrence of the county who already has a child placed in the home, the

concurrency of the TFC/TFC with Enhanced Services program and a copy of each child's ISP, including a respite and disruption plan. **Approvals for exceptions will be very infrequent and for specific time periods.**

NOTE: Programs who disregard this policy may be held in violation of the program requirements, which may lead to licensing or financial sanctions.

SECTION III: CHILDREN, YOUTH AND THEIR FAMILIES

A. INTRODUCTION.

TFC/TFC with Enhanced Services exists to serve children and youth whose special emotional needs lead to behaviors, that in the absence of such programs, they would be at risk of placement into restrictive residential settings, e.g. hospitals, psychiatric centers, correctional facilities, residential treatment programs or out-of state facilities. A DSM diagnosis as documented by a current psychological or psychiatric evaluation completed by a psychiatrist or Ph.D. psychologist within 24 months without the associated behaviors is not necessarily an entrance criterion into the TFC program. DHR will be financially responsible for timely evaluations for children in TFC/TFC with Enhanced Services placements. TFC/TFC with Enhanced Services also aims to serve the families of the children that are placed within the program, supporting child-family relationships consistent with the permanency goals outlined in the family's ISP.

Children and youth in TFC/TFC with Enhanced Service placements and their families have a right to services designed to promote interdependence. Services to children and youth should target not only the remediation of specific referral needs but also address their needs in all the major developmental domains associated with successful interdependent living. Children and their families have the right to participate in decisions about what and how services will be provided to them. These rights begin prior to the child's formal placement into a therapeutic foster family, continue through his direct involvement in treatment and other services while in the program, and extend into the period following TFC/TFC with Enhanced Service placement. Specifically they include the following:

1. Placement and Support Services. Children, youth and their families have the right to receive all supportive services described in Sections I and II above, as well as all other services identified in the ISP. The family will be adequately prepared for the child's placement into a TFC/TFC with enhanced services foster home by the county DHR office and when possible, will be a part of the placement decision. The child will be matched with the TFC/TFC with Enhanced Service family, which best meets his needs, and will receive

support to maintain and enhance their relationship with the TFC/TFC with Enhanced Service family and his own birth family.

a. Pre-placement visits. Children referred to a TFC foster home shall have overnight visits with the TFC foster family with whom they are to be placed prior to their admission into the program. **A pre-placement visit is an overnight visit. The child can have up to 3 nights for pre-placement per home.** The families of children to be placed shall have the opportunity to meet with their child's prospective TFC foster parents prior to the placement unless otherwise indicated by their ISP or court order. Other opportunities for the child and prospective foster parent are encouraged (meeting in the park, sharing photos, telephone calls, etc.) There must be documentation in the child's record that a pre-placement visit has occurred. **Payments will be made by SDHR via a DHR-724 for children who are coming from a non-contract slot or have already been discharged from a contract slot or by the DHR county department via a DHR-1878 if the child is still in a contract slot at the time of the pre-placement.** Children referred and accepted into the TFC with Enhanced Services Program may require more than one pre-placement visit into the same home. If a child is going to have more than three pre-placement visits, State DHR-Division of Resource Management needs to be contacted. These pre-placement visits are not only to develop a relationship with the family, but also to determine what additional needs (i.e., home health, behavior aide, equipment, etc.) is needed in the home. The cost of the pre-placement visit will be the cost at admission to the TFC with Enhanced Services program.

b. Placement decisions. Children, youth and their families shall be consulted as to their preference for placement with specific foster parents, whenever possible and appropriate.

c. Matching. The TFC/TFC with Enhanced Services program shall develop and maintain a written protocol on matching of children and TFC/TFC with Enhanced

Service foster families. Placement shall be made only after a careful consideration of how well the prospective Therapeutic/Therapeutic with Enhanced Services foster family will meet the child's needs and preferences. Additional resources may be necessary for the foster family to best meet a child's needs. Important matching variables include, but are not limited to:

- i. The composition of the TFC/TFC with Enhanced Services foster home.
- ii. The willingness and ability of the TFC/TFC with Enhanced Service home to work with the child's family.
- iii. TFC/TFC with Enhanced Services foster family's ability to communicate with the child.
- iv. Proximity to the child's family.
- v. Local availability and access to needed supportive resources.
- vi. TFC/TFC with Enhanced Services foster parent's skills, abilities and attitudes
- vii. TFC/TFC with Enhanced Services foster family's lifestyle

Documentation of the matching process shall be placed in the child's file.

d. Assessment and records. The DHR worker is responsible for the ISP meeting at the time of placement in order to achieve sound placement decisions. If a placement ISP is not possible, the DHR must hold the meeting within 72 hours of placement. A copy of the ISP shall be sent by DHR to the TFC/TFC with Enhanced Services provider within ten (10) days of the ISP meeting for inclusion into the TFC/TFC with enhanced services record. The TFC/TFC with Enhanced Services provider will not be held responsible if this requirement is not met, if documentation is available that a request for the ISP is maintained in the record. Other materials that should be available to the TFC/TFC with Enhanced Services program prior to placement are as follows:

- i. a strengths and needs assessment (Comprehensive Family assessment)
- ii. a discharge plan

- iii.** a social summary
- iv.** previous and current psychological assessments (within 24 months)
- v.** educational information
- vi.** a medical summary
- vii.** a summary of placement history and outcomes
- viii.** the reason for placement

For children admitted to TFC/TFC with Enhanced Services, an individual case record, including a chronological narrative shall be kept and shall include the following:

- i.** copy of birth certificates
- ii.** copy of Social Security card
- iii.** pre-admission psychological evaluation (within 24 months)
- iv.** child's social and family history
- v.** educational history, including school reports and Individual Educational Program (IEP)
- vi.** medical information, including EPSDT screening; sight, hearing and dental and dental examination report; current medications and allergies; immunization records; medical history; Medicaid number, lead screening for children under the age of six
- vii.** authorizations for routine and emergency medical care, dental care and other medical procedures
- viii.** authorization required by the State for out-of-state travel, participation in special events, etc.
- ix.** correspondence with/from agencies involved with the child
- x.** initial Individualized Service Plan (ISP)
- xi.** follow-up Individualized Service Plans (ISP)
- xii.** progress reports

- xiii.** any reports submitted by foster parents
- xiv.** case notes including contacts with child's family extended family
- xv.** incident logs or records on serious behavior problems, illnesses or injuries
- xvi.** court orders
- xvii.** measure of child specific behaviors as identified by a behavioral assessment tool implemented by the department
- xviii.** comprehensive treatment plan
- xix.** treatment plan review
- xx.** Health Insurance Portability and Accountability ACT (HIPAA) information
- xxi.** Semi-Annual summaries that are submitted to County DHR/State DHR-Division of Resource Management, and Division of Family Services regarding progress/barriers to progress on children in the TFC with Enhanced Services program and the cost plan.

e. Child's access to agency staff. Therapeutic/Therapeutic with Enhanced Services Foster children have access to designated staff at all times to discuss concerns including any problems they are experiencing in/with their therapeutic foster family. Agency staff shall provide regular face-to-face contact alone with each child. No TFC/TFC with enhanced services program shall promulgate a policy to require its staff be present at the time of visits between the DHR caseworker and the child/youth in placement. DHR staff shall notify TFC/TFC with Enhanced Services providers of planned visits, but DHR staff shall be able to contact foster parents on an individual basis to arrange visits or contacts or to assess the children in their care.

f. Child-family contact/relationships. Therapeutic/Therapeutic with Enhanced Services foster children shall have access to regular contact with their families as described in Department of Human Resources policies regarding visitation and mail and telephone access. The TFC/TFC with Enhanced Services program shall work to actively support and improve child-family relationships. Specific activities to be undertaken in this regard shall be

described in the child Individualized Service Plan (ISP).

g. Rights of children and youth in Therapeutic/Therapeutic with Enhanced Service

foster home care. Children in Therapeutic/Therapeutic with Enhanced Services foster home care have the same basic rights as all foster children including the right to privacy, to humane treatment, to adequate shelter, clothing, nutrition, essential personal care items and allowances, access to religious worship services of their choice, access to counsel and the courts, access to family members, freedom from excessive medication, freedom from unnecessary seclusion and restraint, and advocacy services. The program shall explain to each child what his/her rights are in a manner consistent with the child's level of understanding and make this information available to the child in writing and must be documented.

2. Treatment. Therapeutic/Therapeutic with Enhanced Services foster children have the right to receive direct treatment and related services planned to meet the specific needs associated with their placement in therapeutic foster care. Treatment assumes written plans based upon the family's ISP with clearly specified procedures and services designed to achieve measureable goals within a set period of time and with regular assessment of progress. All services provided above core services must be authorized in the ISP with associate 1878 (authorization).

An Intake Evaluation and a written Initial Treatment Plan shall be completed within 10 working days of admission. If initial plan is not comprehensive, a Comprehensive Treatment Plan shall be completed with 30 days of initial treatment plan to coordinate the long-term treatment and permanency planning goals with the family and/or child's ISP and the services to be provided to meet these goals. The plan also shall address specific strategy to be employed by the therapeutic/therapeutic with enhanced services foster parents in the home to meet long-term goals and to achieve short-term objectives related to current needs or treatment issues. Significant revisions or extensions of these specific treatment strategies shall be documented along with progress on long and short-term goals.

Treatment planning shall involve the child from the outset and to increase and maximize that involvement over time. The process likewise shall involve the child's family to address strategies to promote reunification and/or to enhance and maintain child-family relationships. Planning shall extend beyond the period of the child's tenure in therapeutic foster home care to guide and stabilize transitions to subsequent settings and to maximize the transfer and maintenance of treatment gains. Aftercare services shall be addressed as an integral component of the ISP planning process.

At a minimum, treatment planning shall include the following:

a. Initial treatment plan. An initial written treatment plan shall be completed within 10 working days of the child's admission to the program. The plan shall describe specific tasks to be carried out by the treatment team during the first 30 days of placement. It shall describe strategies to ease the child's adjustment to the therapeutic foster home including plans for visitation with his/her family, as well as describe the child strengths, skills, interests, and needs for treatment within the home. The initial plan shall address short-term goals for the first 30 days of placement, identify potential needs likely to be encountered with the child and specify how the treatment team is to respond to them. The initial plan shall provide a rationale for the child's placement in the particular therapeutic foster home chosen as a suitable match based upon the child's permanency plan identified in the ISP.

b. Comprehensive treatment plan. A written comprehensive treatment plan shall be completed for each child within 30 days of initial placement addressing the long-term goals of treatment including criteria for discharge, projected length of stay in the program, projected post-TFHC setting and aftercare services. It shall address the child's permanency plan, adhering to the requirements of PL96272 regarding the goals of placement. The plan shall identify and build on the child's strengths and assets as well as respond to presenting needs, as identified in the family and/or child's ISP. It shall assess the child's needs in major developmental domains, describing goals and strategies as necessary to promote pro-

social, adaptive behavior, emotional well-being, cognitive development, interpersonal skills and relationships, self-care and daily living skills. For older youth and those remaining in TFC/TFC with Enhanced Services for longer periods, independent living skills will be developed. The comprehensive treatment plan shall include proactive short-term treatment goals that are measurable and time limited along with specific strategies for promoting and regularly evaluating progress. The comprehensive treatment plan should include the following:

- i.** name of child
- ii.** identifying child data
 - a.** DOB
 - b.** custody status
 - c.** referring agency
 - d.** placement date
- iii.** family data
- iv.** treatment team members and roles
- v.** strengths/needs of child and family
- vi.** goals of treatment
- vii.** services to be provided
- viii.** tasks and steps to achieve goals
- ix.** assignment of tasks and steps
- x.** crisis plan
- xi.** evaluation and review plans
- xii.** behavior management plans, when identified as a need by the ISP team

c. Treatment Plan Review/Progress reports/updates. Each child's treatment plan shall be specific, reviewed at least quarterly by the treatment team and revised as necessary. Treatment Plan Review Quarterly reports shall document progress on specific short-term treatment goals,

describe significant revisions in goals and strategies, and specific any new treatment goals and strategies initiated during the period covered. The quarterly progress report shall summarize progress and also any changes, as identified by the ISP team, regarding long-term placement and treatment goals. A copy of this report should be sent to the appropriate county DHR.

Monthly progress notes should be sent to the county regarding the child's progress/issues for the month. **A semi-annual progress report should be completed on each child in TFC with Enhanced Services program. These reports will include but not limited to information from the ISP team, an adaptive measure tool, monthly progress notes, and recommendations in regards to the child's progress, barriers to progress, and the need to continuing the same services, reductions or addition of services.** A copy of this report should be sent to the county DHR and State DHR- Division of Resource Management, Office of Resource Development and Utilization. State DHR will distribute the report to the Division of Family Services, Division of Field Administration and other appropriate persons for review and recommendations.

d. **Aftercare plan.** All discharges from TFC/TFC with Enhanced Services shall be reviewed and discussed by the ISP team. An aftercare plan shall be prepared through the ISP and ready to be implemented for each child prior to his/her planned departure from the program. The plan shall specify the nature, frequency, and duration of aftercare services to be provided to the child and to his/her family and designate responsibility for service delivery. The TFC/TFC with Enhanced Services program may provide these aftercare services directly or provide consultation as needed to the person/agency assuming responsibility for working with the child following his/her discharge form the program.

3. **Movement within the System of Care (Step-down/Step-up Protocol)**

a. Movement within the system of care, including step-down and step-up, can take many forms and may include the following:

- A move between psychiatric hospitalization and TFC/TFC with Enhanced services foster

home.

- A move between residential treatment and TFC/TFC with Enhanced Services foster home.
- A move between out-of-state placement and TFC/TFC with Enhanced Services foster home.
- A move between DYS placement and TFC/TFC with Enhanced Services foster home.
- A move from TFC/TFC with Enhanced Services to adoption through state office placement.
- A move from TFC/TFC with Enhanced Services to foster parent adoption.
- Remaining in TFC/TFC with Enhanced Services foster home with reduced services.
- A move from TFC/TFC with Enhanced Services foster home to a traditional foster care.
- A move from TFC/TFC with Enhanced Services foster home to independent or transitional living.
- A move between TFC/TFC with Enhanced Services foster home to a home of a relative.
- A move between TFC/TFC with Enhanced Services foster home and the parent(s) home.
- A move from TFC/TFC with Enhanced Services to emancipation.

b. **Definition of Step-Down:** Step-down is the process for decreasing the level of services for a child in out-of-home care. After a child has been in placement in the TFC program for nine (9) months, an assessment of the child's behaviors and well-being will be made to determine his/her treatment needs. The recommendations from the assessment may be 1) comprehensive- therapeutic foster care (TFC); 2) Step-Down therapeutic foster care; 3) traditional foster care/or basic residential. The child will be assessed every 9 months to determine the progress of the treatment.

After a child has been in a TFC with Enhanced Services program for six (6) months, an assessment of the child's behaviors and progress will be made to determine his/her treatment needs. The child will be continually assessed every six (6) months to determine the progress of the treatment.

- In the context of the *Therapeutic/Therapeutic with Enhanced Services Foster Care Manual*

document, step-down refers to three categories of care within the TFC program, i.e., Comprehensive TFC, Step-Down TFC and Traditional Foster Care. Therapeutic with Enhanced Services program, step-down refers reviewing the case on a semi-annual basis to determine the progress of the child, and review the needs and cost.

- The criterion for assigning a child in a TFC program to a specific category of care is predetermined through the use of a standardized behavioral assessment tool.

Recommendations resulting from the standardized behavioral assessment tool will determine the appropriate category of care for the child and will be identified in the child's ISP.

Movement between the three categories of care within the same TFC foster home will then occur in accordance with the predetermined criterion established with the ISP team. If a change in the level of services is needed, an ISP will be held within 72 hours of when the needed change is identified. Categories of Care will not be used in the TFC with Enhanced Service Program but the cases will be monitored on a semi-annual basis by the provider, ISP team and Division of Resource Management who will distribute the information to different divisions with State office. These divisions are Division of Family Services and Division of Field Administration.

c. **Reasons for Step-Down within the TFC Program.** There are occasions when a child should be stepped down within a TFC program. The following conditions must be present in the decision to step-down a child within a TFC program:

- The child has established a strong bond with the foster parents and a move would adversely affect the child's stability and emotional well-being.
- The ISP team has established that there are no relative placement resources, the child cannot return home, there is no identified adoption resource, and step-down within the TFC program is the best interest of the child.
- The child can be maintained in the placement with fewer therapeutic services, as determined by the Multi-dimensional Assessment Tool (MAT) that places the child in the

Step-Down TFC category of care.

d. **Reasons for Step-Down within the TFC with Enhanced Services Program:** Step Down is a positive move for children in TFC with Enhanced Services. The following conditions must be present in the decision to step-down a child with in TFC with Enhanced Services program.

- The ISP team has established that there are no relative placement resources, the child cannot return home, there is no identified adoption resource, and step-down within the TFC with Enhanced Services program is in the best interest of the child.
- The child has established a strong bond with the foster parents and a move would adversely affect the child's stability and emotional well-being.
- The child can be maintained in the placement with fewer therapeutic services, as determined by the semi-annual reports provided by the program. The recommendations from the ISP team, provider, county DHR and State DHR will determine the step down.

e. **Categories of Care.** There will be three categories of care within the **Therapeutic Foster Care program**, 1) Comprehensive TFC, 2) Step-Down TFC and 3) Traditional Foster Care.

- As long as the child remains in the TFC system, the Multi-dimensional Assessment Tool (MAT) will be used to recommend the child to an appropriate category of care within the same foster home, thus promoting stability of placement and flexibility of services defined by individual needs of the child and family. The MAT recommendation along with the ISP team concurrence will be used to determine the appropriate placement for the child.
- State DHR has developed the MAT to be used to assess children placed in the TFC programs, along with the corresponding scores that will indicate the three categories of care.

- The admission assessment utilizing the MAT will use a timeframe of 30 days prior to admission to rate behavioral severity. In completing the rating, all available information including previous treatment records and information provided by the DHR case record, the child's parents, family, teachers, and other treatment professionals involved with the child will be considered.

Categories for care will not be used for TFC with Enhanced Services but step down will be determined by semi-annual reports. A plan for the six months will be submitted to the county, State DHR – Division of Resource Management, describing progress, barriers to progress, progress notes, an adaptive measure and a cost plan for the six months. **The MAT will not be used for the TFC with Enhanced Services program as these placements are individualized to meet the child's unique needs and behaviors.**

f. **Criteria for TFC Categories of Care:** All children entering a TFC program will be initially placed in the Comprehensive TFC category of care.

- The category of care will be re-assessed using the MAT during the child's treatment in the TFC foster home every nine months after the initial placement. TFC providers shall ensure that DHR caseworkers are invited to all treatment team meetings. The foster parent and TFC agency **along with other members of the ISP team** will be an integral part of the assessment process to determine when a child is ready to step down to a lower level of service.
- **For children in TFC with Enhanced Care a plan for each six months will be submitted to the county, State DHR-Division of Resource Management, Office of Resource Development and Utilization describing the progress made during the last 6 months, barriers to the progress made during the last 6 months, progress notes, and adaptive measure, and a cost plan for the next 6 months.**

- The criteria for TFC categories of care will primarily be the score obtained on the standardized behavioral assessment tool. The county DHR shall convene the ISP team no later than thirty (30) days after receipt of the MAT recommendations, if the MAT recommends a change in the treatment intensity level. In the event that the ISP team recommends a category of care not congruent with the behavioral assessment rating, a request for conflict resolution will be made by the county DHR office to DHR within ten (10) days after the ISP. If children are identified who need to step-down completely to traditional foster care, the TFC agency may request that the county DHR identify a provider outside the TFC agency to meet the child's needs. If the TFC agency chooses to continue to serve the child in the current foster home within their own program, the following criteria shall apply.

1. During the ISP meeting in which the decision is made to step a child down, a determination will be made by the team as to which therapeutic services need to continue, if needed, and to what degree. If therapeutic services are needed after the child has been discharged as a TFC child, they may be authorized on a DHR-1878. Services authorized on an ISP and 1878 must not surpass 25% of the contract daily rate for TFC.

2. To ensure the continued care for the child in the traditional status, the DHR social worker will visit the child at least once per month face-to-face in the therapeutic foster home. As in all cases, DHR social workers will be able to visit in TFC foster homes without the accompaniment of a TFC social worker.

3. As determined by the ISP team, all services and needs identified for the child will be assumed by the DHR following the policies for children in out-of-home placements. (See Core Services for Children in Step-Down.)

4. The requirements that a TFC foster home can provide services to only one child in the home is waived, if one of the children stepped down to traditional foster care

within the TFC program. Two unrelated TFC children can be placed in a TFC foster home when one of them is in traditional status and placement of the second child does not jeopardize the stability and progress made by the child already in the home. If a foster home has a sibling group with one TFC child and that child is stepped down to traditional care in the home, the home would be able to accept another TFC child after the program has assessed their ability to serve all the children in the home. The number of children that may be placed within the home must not exceed six and must follow the Foster Family Home Standards. Before a provider is able to place another TFC child in a foster home, where a child has been stepped down to traditional care, that foster home must have no other children placed, other than serving as a respite provider, for thirty days to ensure the stability of the stepped down child. Another TFC child that is not a sibling will not be allowed to be placed with a child in the TFC with Enhanced Services home.

5. Foster parents will receive the traditional foster care board rate for children who are in traditional foster care in their home.

6. As TFC programs will receive no compensation for children who are in traditional foster care in their program, face-to-face visits with these children and all support activities for the foster child and foster parents will be identified in the ISP and arranged by DHR and made by the county DHR staff or a provider with whom DHR vendors or contracts.

7. The TFC agency will be represented in attendance at all ISP's involving children in step-down or traditional foster care within their respective programs.

8. If a child is stepped down to traditional foster care within a program and another TFC child is placed in the home, the child-placing agency must retain liability for the home.

g. Process for Changing Category of Care: If an ISP team member feels that there is a need

for change in the category of care, the following will occur: An ISP is to be requested. The ISP team will determine if a MAT reassessment or new MAT needs to be requested. The change in category of care and reimbursement rate will be effective the first day of the month following the month the ISP is held, i.e., ISP month is June, August 1st the category will change.

h. Services Addressed in Comprehensive TFC Category of Care: The core services list for the Standard TFC category of care is attached as Addendum A. The Core Services for TFC with Enhanced Services is attached as Addendum A. **Always review the current contract for the Addendum A Core Services.**

i. Services Addressed in Step-Down TFC Category of Care. The core services list for the Step-Down TFC category of care is attached in the Addendums. The core service for TFC with Enhanced Services is attached in the Addendums. **Always review the current contract for the Addendum A Core Services.** These services are contingent on a 50% reduction in the TFC provider's daily rate. The rate for TFC with Enhanced Services will be determined on a quarterly basis and the submission of a cost plan by the provider.

- At a minimum, the child in Step-Down TFC category of care will be seen face-to-face in-home twice per month by the TFC provider. The child in TFC with Enhanced Services care will be seen at a minimum bi-monthly but may need to be seen more often. The responsibility for funds to support extracurricular activities, children's allowances, additional clothing, counseling family support, and tutoring above the Core Services for children in step-down will be assumed by DHR and paid from local flex funds.

j. Definition of Step-Up: Step-up is the process of providing more extensive services for children, when it is assessed that these services are needed.

- In the context of the *Therapeutic/Therapeutic with Enhanced Services Foster Care Manual*, step-up refers to the three categories of care within the TFC program.

- Whenever a child steps down to the Step-Down TFC or traditional foster care category of care, the possibility that he/she may have to step back up to the Comprehensive TFC category of care is understood and should be addressed as a crisis plan in the ISP. Likewise, a child in traditional foster care may have to step up to Step-Down TFC. It is expected that a child would step up no more than one level, except in very rare circumstances as determined by a MAT assessment/reassessment. If the ISP team feels that a child's behaviors have escalated to need more intensive treatment, the county DHR staff shall call SDHR-Division of Resource Management, Office of Resource Development and Utilization to request a MAT assessment/reassessment. The process for stepping-up in care for TFC with Enhanced Services will be completed in the six month assessments by the provider or by special request from the provider, and county DHR and reviewed and concurrence made by State DHR-Division of Resource Management, Division of Family Services and Division of Field Administration.

k. Policy:

- Therapeutic/Therapeutic with Enhanced foster care is a temporary placement to address children's emotional and behavioral disorders.
- The need for TFC/TFC with Enhanced Services will be evaluated at each ISP team meeting. If a child has been in TFC care longer than 9 months, a new MAT will be completed and the ISP team will evaluate barriers to the child's return to parent or other identified permanency goals and the need for continued TFC services. **The child in TFC with Enhanced Services will be assessed on a semi-annual basis, involving the provider, county DHR, ISP team, and State DHR.**
- The number of children placed in each therapeutic/therapeutic with enhanced services foster home shall be limited to one: or a sibling group with no more than two (2) of the siblings in therapeutic/therapeutic with enhanced services status; or a minor parent and

child. In the event of an exception, a case-specific exception will be required from State DHR-Division of Resource Management, Office of Resource Development based on clinical data and input from all children affected and the foster parent. **The county DHR office holding custody of the child shall request this exception.**

- The TFC provider will be represented in attendance at all ISP's involving children in either Standard TFC, Step-Down TFC categories of care, and TFC with Enhanced Services care.

l. TFC Reimbursement:

- When a child meets the criteria for Step-Down TFC category of care, the rate to the TFC provider will decrease by 50% effective the date identified in the ISP.
- Medicaid services will be reduced according to the reduced needs of the child.
- The foster parent will receive the TFC foster care board rate (up to \$8 per day) for children who are in the Step-Down TFC category of care in their home in addition to the 50% of the standard difficulty –of-care rate established by the TFC provider.
- The foster parent will receive a rate determined by the provider and State DHR, Division of Resource Management for Therapeutic with Enhanced Services, which is based on the decision of the ISP team, county DHR, State DHR Divisions of Family Services, Resource Management and Field Administration on a semi-annual basis.

m. Therapeutic Foster Parents:

- All TFC foster parents must be apprised as a part of their training that 1) there are three categories for care, i.e., Comprehensive TFC, Step-Down TFC and traditional foster care, in the TFC program and 2) that Step-Down TFC may occur with the children they serve. They must understand and sign an agreement that they understand the categories of care, the process of changing categories of care, and will abide by any decisions made.
- Therapeutic foster parents understand that they may be asked by their provider to

become a Therapeutic with Enhanced Services foster parent for a child that has multiple issues which may include several DSM diagnoses, medical issues, significant behavioral issues and have numerous needs that require multiple therapies, behavioral aides and other services not mentioned here.

- Annually, the in-service training for TFC foster parents will reiterate the categories of care, the process of changing categories of care, and related policies including the introduction to TFC with Enhanced Services.
- TFC foster parents will be an integral part of the ISP team in making decisions regarding children in their care. They will be adequately prepared jointly by the TFC social worker and the DHR social worker prior to the ISP meetings. Their strengths and needs will be assessed during the ISP process to maintain stability in the placement of children in their homes.
- Foster parents with children in the Step-Down TFC category of care will continue to be approved by the child-placing agency and will receive the core services for the Step-Down TFC category of care, as described in Addendum B, for the children in Step-Down TFC from the TFC provider.

n. Reports: Monthly reports from TFC providers will be modified to show the number of children that are in each category of care, i.e., Standard TFC, Step-Down TFC and traditional foster care, within their programs. An average length of stay for children served in each category shall be reported, as well.

o. Caseload Standards for Standard TFC and Step-Down TFC Categories of Care:

- The number of children assigned to a Case Worker is a function of several variables, including the size and density of the geographic area served, the array of job responsibilities assigned, and the difficulty of the population assigned.
- The maximum number of children in the Comprehensive TFC category of care assigned to any Case Worker shall not exceed eight (8). The case load for the Case Worker

should range from one (1) to six (6) for TFC with Enhanced Services.

- Children in the Step-Down TFC category of care will count as one-half (.50) case for purposed of caseload count.
- The maximum number of children in the Step-Down TFC category of care assigned to any Case Worker shall not exceed sixteen (16).
- The caseload size shall be adjusted downward if (1) the Case Worker's responsibilities exceed those described under the Case Worker's Responsibilities in the *Therapeutic/Therapeutic with Enhanced Services Foster Care manual*, (2) the difficulty of the client population served requires more intensive supervision and training of the TFC foster parents, or (3) local travel conditions impede the Case Worker's ability to maintain the minimum direct contact frequencies identified in the manual.

SECTION IV: PROGRAM EVALUATION

A. PROGRAM EVALUATION

Evaluation is essential for programmatic self-knowledge, self-improvement and accountability. Information concerning service delivery and outcomes shall be collected, reviewed and analyzed to maintain, improve and document sound therapeutic foster home care program operations. This information will be needed for subsequent review and revision of these requirements. At a minimum TFC/TFC with Enhanced Services program evaluation efforts should address the following:

- 1. Documentation of service delivery.** A therapeutic/therapeutic with Enhanced Services foster home care program shall clearly document delivery of all services in its program statement as well as compliance with all minimum-operating standards.
- 2. Individual treatment.** TFC/TFC with Enhanced Service programs shall document the implementation of all treatment plans and track progress and outcomes on all long and short term goals throughout each child's stay in care. Specific areas to track are specific behaviors (examples of tools which may be used are the Global Assessment Scale, Achenbach & Edelbroch, etc.), child's educational status, law enforcement status, and family involvement. If goals are not achieved in a specified time frame, the treatment plan will be changed in accordance with the ISP.
- 3. Follow-up to individual treatment.** TFC/TFC with Enhanced Services programs shall track children discharged from their care for a minimum of 6 months following their discharge. Areas to track are placements, behaviors, educational and work status, law enforcement status, and family involvement.
- 4. Performance evaluations.** TFC/TFC with Enhanced Services programs shall provide TFC parents and Professional staff with written performance evaluations at least annually which include descriptive assessments of their performance and specific job responsibilities and goals for improved performance.
- 5. Quality assurance.** TFC/TFC with Enhanced Services program shall have a written QA plan to monitor the performance of each program of therapeutic foster care. Each TFC/TFC

with Enhanced Services program will designate the composition of the persons who conduct the annual QA review. It is recommended the following persons be appointed to serve on the QA team; TFC/TFC with Enhanced Services parents, family members of child in care, youth in care, DHR social worker, TFC/TFC with Enhanced Services staff member, and other community partners such as teachers, therapists, behavior specialists, nurses, etc. The QA system is intended to provide an independent check on the daily decisions concerning TFC/TFC with Enhanced Services as well as monitor outcomes for children and youth in TFC/TFC with Enhanced Services. The QA system must operate with a sufficient degree of independence to accomplish its mission.

The TFC/TFC with Enhanced Services QA system will regularly collect and analyze data, conduct case studies, special studies and site visits to evaluate the problem's performance according to the goals and principles of the R.C. Consent Decree. Data may be collected on a continuous basis or by sampling techniques. "Case studies" are general studies of the functioning of TFC/TFC with Enhanced Services performed through reading case files and interviewing significant persons. "Special studies" are studies focused on the functioning of specific aspects of TFC/TFC with Enhanced Services. They should be based on a review of case files and interviews of significant persons in the case, among other data. "Site visits" are visits to the TFC/TFC with Enhanced Services homes for the purpose of observing the TFC/TFC with Enhanced Services parents and staff interacting in the TFC/TFC with Enhanced Services setting.

6. Satisfaction surveys. Surveys will be completed at the end of 90 days after a child enters the TFC/TFC with Enhanced Services program. The following surveys will be completed, thereafter, annually, or at a child's discharge from the program:

- a. Therapeutic/Therapeutic with Enhanced Services foster parent
- b. child or youth
- c. family

d. placing agency

B. PROGRAM SUMMARY

The Therapeutic/Therapeutic with Enhanced Services Foster Care program is intended to provide an intensive therapeutic environment for children and youth in a home-like setting. On a continuum of services, it lies between a residential setting and a traditional home setting, whether it is a foster home, a relative placement or the child's birth family's home. The service should be provided when a child's therapeutic needs cannot be met in his own home due to significant safety issues that cannot be resolved with an appropriate safety plan. As soon as safety issues can be resolved, continued therapy should occur in the child's own home through intensive in-home treatment services. Step-down from therapeutic foster care is to be expected, as a child reaches his treatment goals and permanent living arrangements are identified. The TFC/TFC with Enhanced Services programs are an integral part of Alabama's continued efforts to provide a true continuum of services for its children and families to assist in becoming self-sufficient, safe and stable functioning units.

APPENDICES

CORE SERVICES FOR STANDARD TFC/TFC WITH ENHANCED SERVICES CATEGORY OF CARE

SERVICES TO FOSTER CHILDREN FROM THE TFC AGENCY

A. *Facilitate a matching process for children and their families identifying needs of the child/family and strengths of prospective TFC/TFC with Enhanced Services parents for initial placements and moves within a TFC/ TFC with Enhanced Services program. This includes a screening process to determine if a TFC/ TFC with Enhanced Service referral is appropriate for therapeutic foster care services.

B. *Conduct pre-placement visits (up to 3 nights per home). As placements in TFC/TFC with Enhanced Services should not be a crisis placement, pre-placement visits should occur to make sound decisions for appropriate matching. Pre-placements visits must be documented as such in the child's and foster parent records at the TFC agency. *Note: Multiple pre placement visits may be necessary with a TFC with Enhanced Service child.*

C. *Schedule and coordinate the child's treatment plan; initial treatment plan within (ten) 10 days, comprehensive treatment plan within thirty (30) days and reviews every ninety (90) days. All treatment plans developed by the agency should be coordinated with the DHR county social worker and based upon the goals established in the child's Individualized Service Plan (ISP). The TFC/TFC with Enhanced Service agency is required to obtain a copy of the Comprehensive Family Assessment/Intake Evaluation form and an ISP from the referring county DHR office. **(DHR staff is required to complete intake evaluations on all children in TFC/TFC with Enhanced Service placements. Copies of the assessment and ISP MUST be provided to TFC/TFC with Enhanced Service agencies within ten [10] days.)**

D. *Conduct individual, weekly visits with the TFC/TFC Enhanced Service child. **(This contact does not negate the requirement for DHR staff to make face-to-face contact once per month [minimum] with children in TFC/TFC with Enhanced Service placements.)** TFC with Enhanced Service children will require two or more visits per week, one of which must be in the home. The provider must have a social worker available to the family twenty-four (24) hours per day, seven (7) days per week.

E. Conduct monthly (minimum) face-to-face or telephone contact with schools to monitor the child's progress. TFC with Enhanced Service children will require two or more contacts per month.

F. Conduct monthly (minimum) face-to-face or telephone contact with child and/or family therapist to monitor progress in counseling. TFC with Enhanced Service children will require two or more contacts per month.

G. *Assist in referral to other programs/services the TFC/ TFC with Enhanced Services child may need, as identified in the family's ISP, including the coordination of transportation to appointments, family visits and activities.

H. * Assist the child with the development or maintenance of skills by the provision of no more than ten (10) hours weekly of individual basic living skills training /structured daily activities and no more than three (3) hours per week of group basic living skills training/structured daily activities including the development, improvement and reinforcing of age-appropriate social, communication and behavioral skills. Individual goals in each of these therapeutic areas must be taken from needs identified as deficits for the child and should be authorized in the context of the ISP. Note: Children in TFC with Enhanced Services may require more than what is listed above in accordance with the ISP.

I. Coordinate the child's involvement in at least one extracurricular activity, e.g., band, karate, various sports, Boy or Girl Scouts, etc. per the family's ISP. **(This does not include paying for the activity or materials required in the performance of the activity. DHR will be responsible for payment of the activity from flex or other available local funds.)**

J. *Attend the ISPs and IEP's along with the child and therapeutic/therapeutic with enhanced service foster parents.

K. Assist in the development of independent living skills, as identified in the ISP. **(DHR will accept the fiscal responsibility for purchasing individual items to accomplish ILP goals.)**

L. Provide monthly group therapy (counseling) sessions for TFC/ TFC with Enhanced Service children by a qualified child and adolescent services professional in a face-to-face interaction where interventions are tailored toward achieving specific goals and/or objectives as identified in the family's ISP.

M. Provide crisis intervention services, as needed, to alleviate a crisis for the child or to assist the family to alleviate a crisis for the child.

N. *Conduct the discharge planning, which shall be a part of the agreement/ISP when a child first enters care with the TFC/TFC with Enhanced Service program.

O. Maintain a no-reject/no-eject policy for children who meet program criteria. If a child is rejected or ejected from the program a written explanation must be provided to State DHR Resource Management Division within five (5) days. The explanation must be forwarded via email to the Division of Resource Management. This does not eliminate the need for the provider to obtain permission for discharge.

P. In the event a disruption should occur, the vendor must have written approval to discharge the child from State DHR Division of Resource Management and send a thirty (30) day notice to the county DHR office.

Q. Regularly administer outcome measures, at a minimum of every ninety (90) days.

R. Provide monthly reports to DHR describing services provided during the month and the child's progress toward achieving goals that are outlined in the treatment plan. *Note: Monthly reports for TFC with Enhanced Services children must be sent to the County DHR office and to the State DHR Division of Resource Management via email to the Division of Resource Management, Office of Resource Development and Utilization.*

S. Maintain regular communication with DHR, counselors, teachers and other persons relevant to the child that is being served by the program.

T. Develop and maintain a quality assurance component, which includes outcomes and measures for all children in the TFC/ TFC with Enhanced Services program.

U. Ensure program compliance with the *Minimum Standards for Child Placing Agencies*, the *Minimum Standards for Foster Family Homes*, and the *Therapeutic/Therapeutic with Enhanced Services Foster Care Manual*.

V. *Provide assistance in creating a behavior management plan for the child with the other members of the ISP team. All TFC/TFC with Enhanced Service agencies shall maintain staff that has expertise in the development of such plans. **(DHR will assume responsibility for ensuring that behavioral management plans have been completed on all children that require them.)**

W. *Maintain active participation in the ISP team in determining goals for children and their families, including allowances, need for clothing, observance of special occasions, etc. **(DHR will be fiscally responsible for clothing, allowances, gifts for special occasions, etc. Copies of the assessment and ISP MUST be provided to TFC/TFC with Enhanced Services agencies within ten [10] days)**

X. Provide individual counseling, as needed, to meet the child's treatment goals. Individual counseling must be provided by a qualified professional that meets the definition as described in Chapter 105 of the Medicaid Manual. Counseling services may be offered by vendors, if their staff meets the requirements mentioned above. Vendors are not mandated to provide or pay for this service as a part of core services.

Y. Provide medication administration and monitoring. Medication administration may be provided by the provider if qualified staff to meet Medicaid Chapter 105 requirements is available. Vendors are not mandated to provide or pay this service as a part of core services. Please review the DHR Psychotropic Drug Protocol/Federal Policy.

SERVICES TO BIRTH FAMILIES OR RELATIVES OF CHILDREN IN TFC/TFC WITH ENHANCED SERVICES PLACEMENTS

A. *Maintain active participation in the assessment of parental functioning to assist the ISP team in determining treatment goals for a safe placement of the child back with the family, when return to parents is the goal or with relatives, when relative placement is the goal.

B. *Assist with the implementation of the goals of the family as identified in the ISP to expedite the child's safe return home. This will include making referrals to appropriate resources, when the agency is not able provide the service in-house.

C. *Provide at least two (2) hours of therapeutic visitation coaching with families and their children who are in TFC/TFC with Enhanced Service placements, per week to assess the parents' ability to safely care for their children and to determine the progress (or lack thereof) in attaining the goals for re-unification or relative placement.

D.*Provide family support to the birth family as outlined in the ISP/Treatment Plan. This support includes the provision of services to assist the child's family members to understand the nature of the child's illness and how to help the child be maintained in the community by providing education about the child's illness, expected symptoms, medication management, parenting support, educational advocacy and/or to encourage school success, as identified in the family's ISP.

SERVICES TO TFC/TFC WITH ENHANCED SERVICE FAMILIES FROM THE TFC AGENCY

A. Provide a daily difficulty of care payment as identified in the contract between the agency and the foster parent. A minimum daily rate of \$16.00 per day is required. There is no requirement regarding the maximum a foster parent may be paid as a daily difficulty of care payment. All contracts between foster parents and the TFC agency are considered subcontracting arrangements and, therefore, require prior approval from State DHR. The standard document, not each individual document, is subject to approval.

B. Provide forty (40) hours of pre-service training, including GPS, to TFC/TFC with Enhanced Service families prior to licensure. *Note: TFC with Enhanced Service homes will be required to attend medical/therapy training as required by the Medical team prior to child being placed in their home.*

C. Provide twenty-four (24) hours of annual training to each TFC/TFC with Enhanced Service parents.

- D. Conduct monthly support groups/meetings for TFC/TFC with Enhanced Service parents.
- E. Ensure that homes comply with Minimum Standards for Foster Family Homes.
- F. Conduct annual license renewal and semi-annual visits.
- G. Provide weekly face-to-face contact/support to foster families to strengthen their ability to provide a safe nurturing environment for children. *Note: TFC with Enhanced Service children will require two or more visits per week.*
- H. Provide on-call crisis intervention.
- I. Provide forty-eight (48) hours respite per month. For respite periods longer than forty-eight (48) hours, the agency and foster parents shall have in their contractual agreement how respite will be paid. The county department will not be billed for respite. **Note: TFC with Enhanced Service will be required to accept a minimum of 48 hours of respite per month, with additional respite hours (up to 96 hours per month), to be authorized by the ISP in accordance with the child's needs.**
- J. *Provide reimbursement for mileage to the TFC/TFC with Enhanced Service child's appointments, visits, etc. if the destination is outside a fifty (50) mile radius from the foster home. **(For special circumstances, which are clearly delineated in the ISP on rare occasions, county departments may authorize mileage to be paid through the county department.)**
- K. Provide assistance with transportation of child, when needed.
- L. Provide assistance and ensure that required Medicaid documentation of billable services provided is being properly maintained, in compliance with all policy and billing guidelines per the Medicaid Provider Manual, Medicaid Rehabilitative Services, Chapter 105.
- M. Provide sufficient staff to be available to TFC/TFC with Enhanced Service families and children seven (7) days per week, twenty-four (24) hours per day, and 365 days per year.

***All bulleted points (*) require intense collaboration with DHR.**

DHR will be responsible for many services that have traditionally been provided by TFC vendors. These are highlighted in BOLD within the bulleted section above. Should the ISP team agree that these services are needed, and the TFC/TFC with Enhanced Service vendor agrees to provide them, they must be authorized by the ISP document and an 1878 must be completed to authorize payment. All services, whether core or ancillary, must be authorized by the ISP document with outcomes identified to a specific area of need.

RESPONSIBILITIES OF THE DEPARTMENT OF HUMAN RESOURCES

1. DHR is responsible for visiting each child at least once a month. Additional visits could be warranted if directed in the ISP or if a child's status changes
2. DHR is responsible for conducting ISP's per policy and distributing a copy of the plan within the required 10 days.
3. DHR is responsible for participating in the treatment plan when possible and reviewing the child's treatment plan and incorporating into the ISP.
4. DHR is responsible for all aspects of a child's medical care. This includes the following:
 - Prescription medications – the county is responsible for ensuring that each child receives prescribed medication through Medicaid, payment through child's earmarked funds, payment through flex funds and etc. No child should be without medicine due to lack of funds. If a child is prescribed psychotropic medications the county department is responsible for monitoring these medications and following the Drug Protocol Policy that is mandated by the Federal government (see addendum)
 - Doctor's appointments – the county is responsible for ensuring that each child receives the required medical treatment needed.
 - Surgery – the county is responsible for being present when a child is having surgery of any type when that is planned. The county is responsible for the decisions and the follow up. The county is responsible for discharge planning. The Code of Alabama gives the Department full authority to make health and medical decisions without court approval. The county may sign health forms as agent of DHR consenting to medical procedures. For children in the Department's permanent custody, the adoption consultant should be notified of new information such as medical changes/issues per Adoption Policy – section on Termination of Parental Rights page 11.
 - Emergency treatment – providers will initiate emergency attention and treatment for a child requiring immediate medical attention, but the county is responsible for seeing the child as soon as possible and determining that appropriate care is being received. The county is responsible for follow up and discharge planning.
 - The county department is responsible for ensuring the child's eligibility for Medicaid and or private insurance coverage if not eligible for Medicaid.
 - The county department is responsible for the EPSDT periodic screening and inter-periodic screenings for children in custody. The county department is responsible for the initial medical exam which can be obtained through the periodic screening.
 - Psychological – a current psychological is required for placement in TFC, Moderate, Intensive or Intensive Enhanced types of placements. The psychological should be updated every two years after the initial placement, which should support either step down or movement up in intensity of care.
5. VISITATION/TRANSPORTATION – Core services requires that the provider assist with local transportation. The county is responsible for transportation that is not local. The county is responsible for assessing the progress or lack of progress of family visits. If a provider is supervising visits the worker should be reviewing the reports of the visits and periodically observe the interactions themselves due to required court testimony to support any recommendation made by the county.
6. CLOTHING – The county department is responsible for ensuring that the child has the required initial clothing and works with the provider to address any specific clothing needs over the time of the placement, such as for extracurricular activities, school requirements, and etc.

Community resources should be accessed if there are no private earmarked funds or other funding sources to cover the expenditures needed for the child.

7. EXTRA CURRICULAR ACTIVITIES - Consistent with the ISP, ensure the child's involvement in at least one extra-curricular activity of the child's or youth's own choosing, e.g. band, karate, various sports, Boy or Girl Scouts, etc. DHR will be responsible for payment of the activity, while the contracting agency will provide the transportation and support for the child's participation. The Department can use a child's private earmarked funds, the foster care trust fund, ILP funds, or flex funds to pay for items such as musical instruments, lessons, sports equipment, etc. The ISP should address the activity for the child.

8. Provide up to \$50.00 per month for special needs and occasions, e.g. haircuts, feminine hygiene products, oral and body hygiene products, over-the-counter medications, gifts for birthdays, Christmas or other special occasions, etc. **Anything above \$50.00 per month must be paid by the county DHR office.**

9. The county is responsible for requesting to exceed the Medicaid limits from State Office (OCWC) if the child requires that level of services.

CORE SERVICES FOR STEP-DOWN TFC/TFC WITH ENHANCED SERVICE CATEGORY OF CARE

(Contingent on 50% reduction in TFC/TFC with Enhanced Service vendor's daily rate for step-down TFC/TFC with Enhanced Service category of care)

SERVICES TO FOSTER CHILDREN FROM THE TFC/TFC WITH ENHANCED SERVICE AGENCY

A. *Facilitate the matching process for children and their families identifying needs of the child/family and strengths of prospective TFC/TFC with Enhanced Service parents for initial placements and moves within a TFC/TFC with Enhanced Service program. This includes a screening process to determine if a TFC referral is appropriate for therapeutic foster care services.

B. *Schedule and coordinate the child's treatment plan; initial treatment plan within ten (10) days, comprehensive treatment plan within thirty (30) days, and reviews every ninety (90) days. All treatment plans developed by the agency should be coordinated with the DHR county social worker and based upon the goals established in the child's Individualized Service Plan (ISP). The TFC/TFC with Enhanced Service agency is required to obtain a copy of the Comprehensive Family Assessment/Intake Evaluation form and an ISP from the referring county DHR office. **(DHR staff is required to complete Intake Evaluations on all children in TFC/TFC with Enhanced Service placements. Copies of the assessment and ISP MUST be provided to TFC/TFC with Enhanced Service agencies within ten [10] days.)**

C. *Conduct individual, bi-Monthly visits with TFC/TFC with Enhanced Service children. **(This contact does not negate the requirement for DHR staff to make face-to-face monthly [minimal] contact with children in TFC/TFC with Enhanced Service placements.)** *Note: Visits for TFC with Enhanced Services will require more than bi-monthly visits until Tier VI is reached.*

D. Conduct quarterly (minimum) face-to-face or telephone contact with school to monitor the child's progress. *Note: TFC/TFC with Enhanced Service will require more than quarterly visits until Tier VI is reached.*

E. Conduct quarterly (minimum) face-to-face or telephone contact with the child and/or family therapist to monitor progress in counseling. *Note: TFC with Enhanced Services will require more than quarterly visits until Tier VI is reached.*

F. *Assist in referral to other programs/services the TFC/TFC with Enhanced Service child may need, as identified in the family's ISP, including the coordination of transportation to appointments, family visits and activities.

G. Assist the child with the development or maintenance of skills by the provision of no more than five (5) hours weekly of individual basic living skills training, and no more than one and a half (1.5) hours per week of group basic living skills training to include but not limited to behavior education, money management, shopping, healthy lifestyles, stress management, meal preparation, personal hygiene, house-keeping, medication management, laundry and using public transportation. Individual goals in each of these therapeutic areas must be taken from needs identified as deficits for the child and should be authorized in the context of the ISP. *Note: TFC with Enhanced Service children may require more services than listed above, in accordance with the ISP.*

H. Coordinate the child's involvement in at least one extracurricular activity, e.g., band, karate, various sports, Boy or Girl Scouts, etc. per the family's ISP. **(This does not include paying for the activity or materials required in the performance of the activity. DHR will be responsible for payment of the activity from flex or other available local funds.)**

I. Attend ISPs and IEPs along with the child and therapeutic/therapeutic with Enhanced Service foster parents.

J. *Provide family support to birth family and supervise family visitation as outlined in the ISP/Treatment Plan. This support includes the provision of services to assist the child's family members to understand the nature of the child's illness and how to help the child be maintained in the community by providing education about the child's illness, expected symptoms, medication management, parenting support, therapeutic visitation support, educational advocacy and/or to encourage school success, as identified in the family's ISP. It is expected that if the child's permanent plan is to return home, more time may be spent in family support when a child has reached a step-down level. **(DHR has the responsibility to recruit traditional foster homes for children who do not have the option to return home or placement with relatives. It is not expected that all children in TFC will step-down within the TFC program.)**

K. Assist in the development of independent living skills, as identified in the ISP. **(DHR will accept the fiscal responsibility for purchasing individual items to accomplish ILP goals.)**

L. Provide face-to-face group therapy (counseling) sessions, only as needed by TFC/ TFC with Enhanced Service children. This therapy must be provided by a qualified child and adolescent service professional, where interventions are tailored toward achieving specific goals and/or objectives as identified in the family's ISP.

M. Provide crisis intervention services, as needed, to alleviate a crisis for the child or to assist the family in alleviating a crisis for the child.

N. *Conduct discharge planning.

O. Maintain a no-reject/no-eject policy for children who meet program criteria. If a child is rejected or ejected from the program, a written explanation must be submitted to the State DHR Resource Management Division within five (5) days. The explanation must be submitted via email to the Division of Resource Management Director..

P. In the event a disruption should occur, the vendor must have written approval to discharge the child from State DHR Division of Resource Management and send a thirty (30) day notice to the county DHR office.

Q. Regularly administer outcome measures, at a minimum of every ninety (90) days. **Note: Outcome measures will be completed monthly by Resource Management Division.**

R. Provide monthly reports to DHR describing services provided during the month and the child's progress toward achieving goals that are outlined in the treatment plan. *Note: Monthly reports for TFC children must be sent to the County DHR office and also to the State DHR Resource Management Division via email to the Division of Resource Management, Office of Resource Development and Utilization..*

S. Maintain regular communication with DHR, counselors, teachers and other persons relevant to the child that is being served by the program.

T. Develop and maintain a quality assurance component, which includes outcomes and measures for all children in the TFC/TFC with Enhanced Service programs.

U. Ensure program compliance with Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes, and the Therapeutic/Therapeutic with Enhanced Service Foster Care Manual.

V. *Provide assistance in creating a behavior management plan for the child with the other members of the ISP team. All TFC/TFC with Enhanced Service agencies must maintain staff that has expertise in the development of such plans. **(DHR will assume responsibility for ensuring that behavioral management plans have been completed on all children that require them.)**

W. *Maintain active participation in the ISP team in determining goals for children and their families, including allowances, need for clothing, observance of special occasions, etc. **(DHR will be fiscally responsible for clothing, allowances, gifts for special occasions, etc. Copies of the assessment and ISP MUST be provided to TFC/TFC with Enhanced Service agencies within ten [10] days)**

X. Provide individual counseling, as needed, to meet the child's treatment goals. Individual counseling must be provided by a qualified professional that meets the definition as described in Chapter 105 of the Medicaid Manual. Counseling services may be offered by the vendor, if their staff meets the requirements mentioned above. Vendors are not mandated to provide or pay for service as part of core services.

SERVICES TO TFC/TFC WITH ENHANCED SERVICE FAMILIES FROM THE TFC AGENCY

A. Provide a daily difficulty of care payment as identified in the contract between the agency and the foster parent. A minimum daily rate of \$8.00 per day is required. There is no requirement regarding the maximum a foster parent may be paid as a daily rate for care. All contracts between foster parents and the TFC/TFC with Enhanced Service agency are considered subcontracting arrangements and, therefore, require prior approval from State DHR. The standard document, not each individual document, is subject to this approval.

B. Provide twenty-four (24) hours of annual training to each TFC/ TFC with Enhanced Service parent. Conduct monthly support groups/meetings for therapeutic/therapeutic with enhanced service foster parents.

C. Ensure that homes comply with Minimum Standards for Foster Family Homes.

D. Conduct annual license renewal and semi-annual visits.

E. Conduct bi-weekly face-to-face contact/support to foster families to strengthen their ability to provide a safe nurturing environment for the child. TFC with Enhanced Service children will require more frequent visits until Tier VI is reached.

F. Provide on-call crisis intervention.

G. Provide twenty-four (24) hours respite per month. For respite periods longer than forty-eight (48) hours, the agency and foster parents shall have in their contractual agreement how respite will be paid. The county department will not be billed for respite.

Note: TFC/TFC with Enhanced Service will be required to accept forty-eight (48) hours of respite per month, with additional respite hours (up to 96 hours per month) to be authorized by the ISP in accordance with the child's needs.

H. *Provide reimbursement for mileage to the TFC/TFC with Enhanced Service child's appointments, visits, etc. if the destination is outside a fifty (50) mile radius from the foster home. **(For special circumstances, which are clearly delineated in the ISP on rare occasions, county departments may authorize mileage to be paid through the county department.)**

I. Provide assistance with transportation of child, when needed.

J. Provide assistance and ensure that required Medicaid documentation of billable services provided is being properly maintained in compliance with all policy and billing guidelines per the Medicaid Provider Manual, Medicaid Rehabilitative Services, Chapter 105.

K. Provide sufficient staff to be available to TFC/TFC with Enhanced Service children seven (7) days per week, twenty-four (24) hours per day, and 365 days per year.

***All bulleted points (*) require intense collaboration with DHR.**

DHR will be responsible for many services that have traditionally been provided by TFC/TFC with Enhanced Service vendors. These are highlighted in BOLD within the bulleted section above. Should the ISP team agree that these services are needed, and the TFC/TFC with Enhanced Service vendor agrees to provide them, they must be authorized by the ISP document and an 1878 must be completed to authorize payment. All services, whether core or ancillary, must be authorized by the ISP document with outcomes identified to a specific area of need.

Monthly Report Grid

CHILD OR YOUTH SATISFACTION SURVEY

Name of Program: _____

TO THE CHILD OR YOUTH: Please answer the following questions which will be used to improve our service to other foster children and youth. A member of the family may complete the survey for young children. Return in the enclosed envelope.

- 1. Were you offered the opportunity to meet with the foster parents prior to placement?
(Check One) Yes No
- 2. Were you allowed at least one overnight visit with the foster family prior to placement?
(Check One) Yes No
- 3. Did anyone talk with you after your overnight visit to see if you wanted to be placed with the foster family? (Check One) Yes No
- 4. How often does the agency case worker meet with you (at any location)?
(Check One)
 Daily
 Every Week
 Less than every week but at least once a month
 Other Please specify how often _____
- 5. How often does the agency case worker visit you in your foster home?
(Check One)
 Daily
 Every Week
 Less than every week but at least once a month
 Other Please specify how often _____
- 6. Are you allowed regular contact with your family as described in your Individual Service Plan? (Check One) Yes No
If no, please explain how it is different
- 7. Do you participate in any organized activities such as: scouts, choir, band, sports, or clubs?
(Check One) Yes No
If no, why not? _____
- 8. Have your parents been involved in planning for you? (Check One)
 Yes No
- 9. Do you believe that the services provided by this program have been helpful for you? (Check One)
 Yes No
Why or why not? _____
- 10. What do you do for fun? _____

PLEASE RESPOND TO THE REMAINDER OF THE SURVEY BY USING THE FOLLOWING RATING SCALE

- 1 = Completely Dissatisfied 5 = Slightly Satisfied
- 2 = Dissatisfied 6 = Satisfied
- 3 = Slightly Dissatisfied 7 = Completely Satisfied
- 4. Neither Satisfied or Dissatisfied

1. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) try to be fair when you earn and lose points and privileges? _____ Rating
Comments: _____

2. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) clearly explained what skills you are expected to learn in order to complete the program? _____ Rating
Comments: _____

3. How satisfied are you that you had a chance to express your own ideas, ask questions, and help make decisions about the program? _____ Rating
Comments: _____

4. How satisfied are you that if you wanted to, you could have talked with _____ and _____ (please fill in name of foster mother and father) about your problems? _____ Rating
Comments: _____

5. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) care about you and your success in the future? _____ Rating
Comments: _____

6. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) have been able to teach you important skills such as how to accept criticism, how to follow instructions, how to get along with other people, how to care for your belongs, and good study habits? _____ Rating
Comments: _____

7. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) taught you skills that will help you when you leave the program? _____ Rating
Comments: _____

8. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) were usually pleasant? _____ Rating
Comments: _____

9. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) teach all the youth in the home to be pleasant to each other? _____ Rating

Comment: _____

10. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) tried to help you get along better with your parents? _____ Rating

Comments: _____

11. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) tried to help you get along better with your teachers? _____ Rating

Comment: _____

12. How satisfied are you that _____ and _____ (please fill in name of foster mother and father) tried to help you do your best to learn and benefit from this program? _____ Rating

Comment: _____

13. How satisfied are you with this program as compared with others (e.g., training school, therapeutic camps, etc.) in which you have participated or about which you have heard? _____ Rating

Comments: _____

14. Are there any changes or improvements you think should be made in the program?

Check One: Yes No

If yes, what are they? _____

Agency Name _____ Date _____ Reviewer _____

CHILD'S CASE RECORD CHECKLIST

Child's Name _____ County of Origin _____

Race _____ Sex _____ Religious Preference, if applicable _____

Referral Source _____ Date of Placement _____

Reason for Referral _____

CPA Caseworker _____

Current Foster Parents _____

TFC Residential/Shelter [MSCCF (Child Care Facility)] Regular FC Adoptive

**TFC must also meet the Minimum Standards for Child Placing Agency (CPA) as well as Family Foster Homes*

STANDARDS/GUIDELINES	YES	NO		TFC	CPA	CCF
<input type="checkbox"/> Application on File (CCF only)			Date	X	X	50
<input type="checkbox"/> Face Sheet, including parents names				CPA	36	25
<input type="checkbox"/> Pre-placement Visit			Date	46	36	26
<input type="checkbox"/> Current ISP			Date	47	30	26
<input type="checkbox"/> ISP Participants Listed (CCF only)				X	X	28
<input type="checkbox"/> Initial Treatment Plan			Date	5,48	30	28
<input type="checkbox"/> Comprehensive Treatment Plan (TFC only)			Date	5,49	X	X
<input type="checkbox"/> Treatment Plan Reviews			Date(s)	49	30	29
<input type="checkbox"/> Long Term Goal (listed on treatment plans)				49	30	28,29
<input type="checkbox"/> Strengths and Needs (listed on treatment plans)				48	30	28,29
<input type="checkbox"/> Progress notes; daily, weekly, etc.				48	36	27-29
<input type="checkbox"/> Court Order Custody Held by:			Date	49	30	26
<input type="checkbox"/> Social History			Date	48	36	26
<input type="checkbox"/> Psychological Assessment(s) Previous and Current			Date(s)	48	36	26
<input type="checkbox"/> Psychiatric Report(s)			Date(s)	CPA	36	26
<input type="checkbox"/> Placement History				48	36	26
<input type="checkbox"/> Educational History/School Information			Grade	48	36	26
<input type="checkbox"/> Special Education/IEP			Date	48	36	26
<input type="checkbox"/> Current Medical Examination/Information			Date	48	36	26,32
<input type="checkbox"/> Current Immunizations			Exp. Date	48	36	26
<input type="checkbox"/> Current Dental Examination			Date	48	36	26,33

<input type="checkbox"/> EPSDT Referral with Approval for Services (TFC)			Date	48	X	X
<input type="checkbox"/> Birth Certificate			DOB	48	36	25
<input type="checkbox"/> Social Security Card				48	X	26
<input type="checkbox"/> Financial Arrangements				CPA	30	26
<input type="checkbox"/> Placement Agreement Forms			823 (IAA) <input type="checkbox"/> 824 (private pay) <input type="checkbox"/>	X	30	27
<input type="checkbox"/> Authorization for Routine and Emergency Medical Care				48	30	27
<input type="checkbox"/> Authorization for Out-of-State Travel				49		X
<input type="checkbox"/> Correspondence to/from Agencies				49	36	26
<input type="checkbox"/> Incident Logs				49	X	58
<input type="checkbox"/> Discharge/Aftercare Plan, if applicable				54	31	26,31
<input type="checkbox"/> Pre-admission psychological eval (within 24 mos.)				45	X	X
<input type="checkbox"/> Exception Letter for child under 6 in TFC				10	X	X
<input type="checkbox"/> Multi-dimensional Assessment Tool completed prior to admission			Date	11	X	X
<input type="checkbox"/> behavioral assessment completed at 9 mos.			Date	49	X	X
<input type="checkbox"/> All services, core/1878, authorized/identified in ISP				24	X	X

Comments/Recommendations:

FOSTER PARENT RECORD CHECKLIST

Date of Review: _____ Reviewer: _____

Child Placing Agency and Location: _____

CPA Case Worker: _____ Name of Foster Parents: _____

County of FP Residence: _____ Marital Status: Single Married Separated Divorced

Address of FP: _____ Telephone Number: _____

Date of Application: _____ Current Approval Date: _____ Original Approval Date _____

TFC Regular FFH Adoptive

STANDARDS/GUIDELINES	YES	NO	COMMENTS	TFC	FFH	CPA
<input type="checkbox"/> Approved before child placed-placement date			See FFH application, Dated _____			
<input type="checkbox"/> Home Study completed-by Whom:						
<input type="checkbox"/> Financial Report on File (Total Income)						
<input type="checkbox"/> Smoke Alarms/Fire Extinguisher/Emergency plan						
<input type="checkbox"/> List of children placed in the home, including dates of placement and removal, on file						
<input type="checkbox"/> Annual Renewal/Evaluations						
<input type="checkbox"/> Separate bed and space per child						
<input type="checkbox"/> Written list of duties			See FFH application, Dated _____			
<input type="checkbox"/> Agrees not to use corporal punishment						
<input type="checkbox"/> Assist in development of treatment plan/implementation			See FFH application, Dated _____			
<input type="checkbox"/> Agree to attend team meetings			See FFH application, Dated _____			
<input type="checkbox"/> Keeps Required Documentation						
<input type="checkbox"/> Supports contact between child and birth family						
<input type="checkbox"/> Agrees to 14 day notice for removal of child						
<input type="checkbox"/> Documentation on matching of children in file						
<input type="checkbox"/> Planned and crisis respite available						
<input type="checkbox"/> Document home/apartment insurance w/liability coverage			Exp. Date			
<input type="checkbox"/> Automobile Insurance			Exp. Date			
<input type="checkbox"/> Compensation agreement, include difficulty of care payment						

<input type="checkbox"/> Correspondence on file						
<input type="checkbox"/> Record of support/Supervisory visits by professional staff						
<input type="checkbox"/> Number of foster children in home						
<input type="checkbox"/> Number of biological children in home						
<input type="checkbox"/> Adoption: Record of contacts prior to placement						
<input type="checkbox"/> Adoption: Record of Placement and Subsequent Supervision						
<input type="checkbox"/> Adoption: Legal Documents (MAR., DIV., Citizenship, etc)						
<input type="checkbox"/> Adoption: Home Study & Disposition of Application						

Standards /Guidelines	Foster Father	Foster Mother	Others	TFC	FFH	CPA
<input type="checkbox"/> Criminal Records Check ABI <input type="checkbox"/> After 11-2000 FBI	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<input type="checkbox"/> Central Records Clearances	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<input type="checkbox"/> 3 Non-Relative References (original approval)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<input type="checkbox"/> 1 Non-Relative References at annual renewals	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<input type="checkbox"/> Foster Parent "shall be able to read and write"	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
<input type="checkbox"/> Current Physicians statement of Health on File (renewed every 2 years) Dates	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<input type="checkbox"/> 40 hrs. Pre-Service Training (TFC only) <input type="checkbox"/> 30 hrs. Pre-Service Training (RFC only)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
<input type="checkbox"/> General safety rules on play areas, pools, chemicals, firearms & ammunition storage	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
<input type="checkbox"/> CPS Trained	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
<input type="checkbox"/> 24 hrs. Yr. In-Service Trning (TFC only) <input type="checkbox"/> 15hrs. Yr In-service Training (RFC Only)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
<input type="checkbox"/> Driver's License Exp Date: Date of Birth:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			

<input type="checkbox"/> Number of Pets _____ Inoculations Current	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
<input type="checkbox"/> Demonstrates minimal communication in language of child	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
<input type="checkbox"/> Agreement signed/3 categories of care, step down may occur	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
<input type="checkbox"/> Pre-placement occurred/documented						
<input type="checkbox"/> Exception letters/approval filed in record						

Comments/Recommendations:

Therapeutic Foster Care Program Checklist

Date of Review: _____ **Reviewer Name:** _____

Person(s) Interviewed and Title: _____

TFC Program Name: _____

TFC Guidelines	Yes	No	Comments	Page(s)
STAFFING				
<input type="checkbox"/> 1 Supervisor per 6 workers				22
<input type="checkbox"/> 1 worker per 8-10 children				25
<input type="checkbox"/> 1 staff = Medicaid signoff status				71
List of Supporting Staff (Optional)	N/A	N/A		X
<input type="checkbox"/> Supervisor = LCSW, Master's, LBSW + 5 years				21
<input type="checkbox"/> Worker(s) = LBSW, other				22
<input type="checkbox"/> Written job descriptions on site for staff				20
<input type="checkbox"/> Annual evaluations for staff				20,65
<input type="checkbox"/> Supervisor meets weekly with each worker				21,22
<input type="checkbox"/> Enrolled for Medicaid Rehab Services Certification				X
TRAINING				
<input type="checkbox"/> 20 hrs. pre-service training for professional staff				27
<input type="checkbox"/> 40 hrs. year in-service training for professional staff				28,29
<input type="checkbox"/> Maintain written plan for all foster parent training				38
<input type="checkbox"/> 40 hrs. pre-service training for foster parents				38
<input type="checkbox"/> 24 hrs. year in-service training for foster parents				38
<input type="checkbox"/> 12 hrs. year in-service training for respite parents				38
<input type="checkbox"/> Foster Parents have opportunity to evaluate training				39
PRACTICE:				
<input type="checkbox"/> Written list of duties for foster parents				30
<input type="checkbox"/> Annual evaluations for foster parents				65
<input type="checkbox"/> Intake evaluation and treatment plan within 30 days				5
<input type="checkbox"/> Written protocol on matching and doc.to support				47
<input type="checkbox"/> 1 child per home[siblings excluded (no more than 2 therapeutic siblings in one home)]				43
<input type="checkbox"/> 1 overnight visit prior to placement				46
<input type="checkbox"/> Birth families have opportunity to meet foster parent				47
<input type="checkbox"/> Worker meets weekly face-to-face with child				24,25
<input type="checkbox"/> Worker meets weekly with foster parents				24
<input type="checkbox"/> Worker visits home at least biweekly				24

<input type="checkbox"/> 24 hours on call provided to foster parents				20
<input type="checkbox"/> Written protocol for reporting abuse/neglect				18
<input type="checkbox"/> Program carries liability coverage				29
<input type="checkbox"/> Doc that foster parents have home/auto insurance				35
<input type="checkbox"/> Discharges reviewed and discussed				53
<input type="checkbox"/> After care plan prepared prior to planned discharge				65
<input type="checkbox"/> Written plan re: compensation to foster parents for damage by child				43
QUALITY ASSURANCE				
<input type="checkbox"/> Written quality assurance plan				66
<input type="checkbox"/> Track children for 6 months after discharge				65
<input type="checkbox"/> Satisfaction surveys [child, birth parent(s), foster parent(s), and referring agency]				66
<input type="checkbox"/> Documentation of child placed outside county of origin				13
<input type="checkbox"/> Monthly reports received timely				64

Comments/Recommendations:

Therapeutic Foster Child Interview

1. How long have you been in TFC?
2. What skills have you learned from being in this program?
3. Did you have at least one overnight visit with your foster parents before you went to live with them?
4. Were you involved in the decision for placement with your current foster parents?
5. Do you have your own bed?
6. Where do you go when you want to be alone?
7. What is the best thing about your foster parents?
8. What do you like least about your foster parents?
9. What activities/sports are you involved with?
10. How many different TFC caseworkers have you had?
11. How often do you see your TFC caseworker?
12. How often does he/she visit you in your TFC home?
13. How often does he/she visit your school?
14. If you have a problem, whom do you discuss it with?
15. Are you allowed to call your TFC caseworker if you need to talk with him/her?
16. Are you currently going to counseling? If so, how often? Who attends counseling with you?
17. How often do you visit with your birth family?

18. Who is present at your visits?

19. (If age appropriate) Do you participate in your ISP's and treatment plans?

20. How often do you have contact with your DHR caseworker?

21. (If age appropriate) What are your plans when you leave this program?

22. (If age appropriate) Have you ever filled out a satisfaction survey regarding the TFC program?

23. If you could live with anyone you wanted, who would that be?

Agency and Foster Parent Agreement

Instructions: This agreement is to be reviewed and acknowledged by the foster parent and Therapeutic Foster Care Child Placing Agency during the initial approval/licensure process. This form is to be signed and placed in the foster home file. A copy must be sent to State Department of Human Resources.

_____, foster parent(s), and _____, Therapeutic Foster Care agency, agree to carry out the points of this agreement as follows:

A. THE FOSTER PARENTS:

1. Agree that our home will be approved/licensed in accordance with the rules and regulations of State of Alabama- Minimum Standards for Foster Family Homes & Alabama Therapeutic Foster Care Manual and will abide by these policies. This agreement is intended to supplement these policies and not override or replace them.
2. Agree to notify TFC agency within 24 hours of the following:
 - o any criminal offense or any conviction sought against the foster parent or any resident of the home
 - o legal proceedings, such as eviction or divorce
 - o change in the family composition (individuals who move in or out of the home, births, deaths, etc.)
 - o plans to move
 - o structural issues related to remodeling or damage created by events such as fire, flood, or natural disaster
 - o out of state or extended out-of-county travel plans (for more than three days)
 - o death or debilitating illness of a foster parent
3. Agree to notify the TFC agency immediately of any serious illness, death, hospitalization, accident of a child placed in the home or a member of the foster family wherein she or he lives.
4. Agree to keep specific financial, clothing, allowance, school, medical, calendar/daily logs, monthly report, life book, immunization and other records as required by the child and family Individualized Service Plan (ISP) and the TFC agency. The foster parents will submit daily logs and billing information at least monthly and other reports as required by the child placing agency at the prescribed frequency.
5. Agree to assist in the development and implementation of an appropriate plan for the provision of care and supervision of the child at all times, to include such times as the foster parent's absence from the home. This plan is covered in the Treatment Plan, which is individualized for each child in care.
6. Agree to respect the confidentiality of information concerning the child's (or his/her family's) physical, mental and social background, or problems and to share this information with only appropriate persons specifically authorized.
7. Agree to admit representatives of the TFC agency or DHR representative into the home at any reasonable time, or whenever circumstances require their presence.
8. Agree to participate with TFC agency and DHR personnel, the child and his/her family and other team members in the development and review of the treatment plan and to encourage the child to participate in their treatment plan. The foster parents agree to disclose all information about the child, which might be significant to continue planning and to complete all of their assigned tasks from the child's treatment plan.
9. Agree to accept and support the final decision to remove a child when in the opinion of the ISP team, such removal is indicated as necessary.
10. Agree to notify the TFC agency in writing 30 days in advance, when possible, (but no less than 14 days) of any condition which requires termination of the care of a particular child, unless an emergency situation arises within the family or home so that the physical care of a child could no longer be provided.
11. Agree to participate in foster parent training provided by the TFC agency or their designee. Foster parent training is required for the benefit of the foster family and the child in their care and failure of the foster parent to receive the required number of hours of training could result in their disqualification for re-approval. At least fifty (50)% of the training should be focused on the needs

associated with the specific child's diagnosis and treatment for associated behaviors. Foster parents are expected to monitor and maintain the required number of training hours annually to be eligible for re-licensure.

12. Agree to participate in planned visits or placement with the child's primary family or significant other, as authorized in the family's ISP. The foster parent agrees to be an integral part of the reunification process, including being active participants in coaching and modeling appropriate parenting in the setting agreed upon in the family's ISP.
13. Agree to notify the TFC agency whenever a child leaves the foster home without permission or the foster parents suspect a child has run from the home. The foster parent will also notify the TFC agency when children in care will not accompany them on trips away from the home, so alternative arrangements can be made for the child.
14. Agree in the event of an emergency to transport or arrange transportation through Emergency Medical Services to the hospital emergency room and to accompany or arrange for an adult to accompany the child and remain as long as needed.
15. Agree to administer and document prescription or over-the-counter medicine as prescribed by a health care provider and in accordance with Chapter 105 of the Medicaid Manual and DHR policy. Agree to consult with a doctor or pharmacist regarding appropriate over-the-counter medications to use with children who are on other prescribed medications and to document on a daily medication log when over-the-counter and prescription medications are given to a child.
16. Agree to allow a child to attend or not attend religious services, including services different from those attended by the foster parent, as agreed upon in the family's ISP. Children are not to be coerced in any way into accepting the foster family's religious beliefs or practices. Foster parents agree to arrange transportation for children to attend services with a religious group with which they choose to be affiliated or to a secular alternative of the child's choosing.
17. Agree to demonstrate consideration for, and sensitivity to, the racial, cultural, ethnic, and religious backgrounds of children and their families receiving agency services and to encourage and assist the child's maintenance of documentation of significant life events through the use of scrap books, Life Books, etc.
18. Agree to transport each child to routine appointments, school, employment, primary family visits, court appearances, social events and any other destinations within a fifty mile radius of the home as the child's needs dictate and/or as determined by child's ISP and to attend these events, when necessary.
19. Certify as to having all necessary insurance coverage to protect home, automobile (in accordance with current State law) and personal liability. The foster parents' home insurance is expected to be the first source of compensation in the event that the foster child damages property. The foster parent may also pursue a claim for compensation through the Board of Adjustments initiated through the child's county DHR office. Foster parents also agree to supply appropriate driving records, including proof of insurance, valid driver's license and reports of motor vehicle citations, during their annual certification process and to follow laws or regulations regarding passenger restraint systems in the vehicles used to transport youth.
20. Agree to recognize that each child has rights and to educate the child regarding their rights and the grievance procedure.
21. Agree to ensure that each child who is not capable of meeting his own personal hygiene needs is clean and groomed daily. Foster Parent agrees to provide children with their own age appropriate personal toiletry supplies.
22. Agree to give instructions on good habits of personal care, hygiene, and grooming appropriate to child's age, sex, race, and cultural background. Foster parents will maintain a working knowledge on the hygiene and daily care needs of various ethnic backgrounds, e.g. hair care and skin care products, etc.
23. Agree to accept as reimbursement for care of the child the amount of _____ per diem as the difficulty of care payment. The board payment is to be utilized by foster parents to pay such things as food, clothing, personal hygiene products, school fees/expenses, and other costs. In the event of overpayment, the foster parent agrees to notify the TFC agency when they notice an error.
24. Agree to request written permission or court order for a child to travel out of state (or out of county or specific area according to contract requirements). Foster parents agree to notify the TFC agency and obtain **prior** approval in situations when a child will be out of the foster home (i.e., camp, primary family visit, vacation with the foster parents, an overnight at a friend's house, etc.).
25. Agree to enroll each child in extracurricular activities as agreed upon by the treatment team and/or indicated by ISP team and contract (i.e., Alabama requires a minimum of one activity per month, authorized in ISP and paid from county funds) and to ensure that the child has means of transportation to and from the activity.
26. Agree to provide a pleasant, safe, and nurturing family atmosphere, nutritious meals and snacks, and an orderly daily schedule that promotes positive participation in appropriate school and community activities.

27. Agree to identify and report suspected abuse and neglect according to state law, to employ positive discipline techniques according to DHR Behavior Management Policy, and to refrain from using corporal or any degrading type of punishment.
28. Agree to give the respite provider an information packet containing child's information and paperwork for documentation to the respite provider for each episode of respite and to gather the packet and the required documentation from the respite provider at the end of respite. All requests for respite must be made **prior** to the respite and approved by the TFC agency.
29. Agree to ensure that each child attends the therapy and psychiatric services as outlined in the family's ISP. If the foster parent cannot provide transportation, they will be required to notify the TFC agency in advance to make appropriate alternative transportation plans.
30. Agree to acknowledge and support the three categories of care (traditional, standard TFC, and step-down TFC).
31. Agree that step-down will occur when a child has met treatment goals identified as appropriate in the ISP through the use of the Multi-dimensional Assessment Tool (MAT). Agree to accept the step-down rate for children, who no longer need the regular TFC level of service, unless an exception is granted by State DHR.
32. Agree to ensure that proper safety equipment is used to protect the child during daily activities, e.g. a helmet for bicycling, a life vest for boating, etc. The physical facilities of the foster home shall present no health hazards to the child; and the child must have his/her own bed. Car seats provided by DHR will be used for all age-appropriate children.
33. Agree to consider any child that is referred as a match by the TFC agency; any rejection must be accompanied by a written explanation, which will be maintained in the foster parents' file, as to the reason for the rejection.

B. THE TFC CHILD PLACING AGENCY:

1. Agrees to fully disclose all known information regarding a child to the foster parent(s).
2. Agrees to ensure that all TFC foster parents understand and comply with requirements outlined in The Minimum Standards for Family Foster Homes, The Minimum Standards for Child Placing Agencies, and the Therapeutic Foster Care Manual.
3. Agrees that foster parents have the right to accept or refuse any referral. However, a written notice from the foster parents as to the reason for a refusal must be documented in the foster parents' record.
4. Agrees to provide regular services to support the client and foster family, including a first contact within one week after placement, as prescribed by the Therapeutic Foster Care Manual.
5. Agrees to provide foster parents access to 24-hour crisis intervention.
6. Agrees to pay the foster parents at the agreed upon rate, stated in writing pursuant to article 23 above to the foster parents at the time of a child's placement, and to ensure that such payments are made promptly and regularly.
7. Agrees to make available a written medical release or plan authorizing the foster parents to obtain routine and emergency medical services when appropriate. The TFC agency will assist foster parents in obtaining medical and dental services as required and in obtaining prior approval from the referring agency. The TFC Agency also agrees to obtain necessary written permission for surgery from the child's parent or guardian. DHR should provide the agency with this written permission, which will be given to the foster parent providing care for the child.
8. Agrees to obtain written permission from the placement agency when a child is to be taken out-of-state or out-of-county for extended periods of time according to referring agency's requirements. The agency will also ensure that the foster parents will have a written letter from the custodial agency guaranteeing payment for emergency medical services while traveling out-of-state.
9. Agrees that, after receiving the appropriate written notification from the foster parent, the agency will remove the child within 24 hours or before the deadline of the notice. In the event of an emergency an agreed upon plan will be negotiated.
10. Agrees to give the foster parent information from contracts for which the foster parent will be responsible (i.e., reporting requirements, training requirements, specific services for the child, etc.).
11. Agrees to reimburse foster parents for mileage outside a radius of fifty miles for transporting children to appointments, visits and any other places required by the TFC agency or ISP team.

12. Agrees to provide at no cost to the TFC foster parents 48 hours of respite per month. Payment for any respite above 48 hours shall be negotiated with the foster parent. No foster parents who have children placed within their homes shall provide respite for more than forty-eight (48) hours during any one month.
13. Agrees to support in-house step-down, when it is in the child's best interest, and to encourage TFC foster parents to step-down with the child as to minimize the trauma of an unnecessary movement.

I have read the Agency and Foster Parent Agreement and have had my questions regarding this agreement answered. By signing, each party agrees to abide by the stipulations of this agreement.

Foster Parent _____ Date _____

Foster Parent _____ Date _____

Agency Representative _____ Date _____

Copies to: Foster Parent
TFC Agency Foster Home File
State DHR Resource Management Division

Effective Date: 10/1/05

DO NOT USE LIST

The Department of Human Resources has implemented a “Do Not Use” list, which delineates the names of foster families with whom the Department will choose to not place children. A protocol was developed to determine when the names of foster parents will be added. The Program Manager over the TFC program will make recommendations to the Director of the Resource Management Division, who will approve or reject the recommendation, based upon the facts of the situation. If approved, the names of the foster parents will be added to the list. The provider approving the foster home will be notified of the decision. **The Department is not recommending the closure of the home or the denial of approval or licensure, only that DHR will not place children in the home.** When a provider has received an application to approve a foster home, they should check with the Resource Management Division to determine if a person’s name is on the Do Not Use list prior to GPS and the associated licensing procedures. The agency will use the information received in determining whether they choose to approve the home or not; the decision to license the home is left up to the Child Placing Agency. If a situation arises in a home currently licensed and SDHR decides to add the foster parents’ names to the Do Not Use list, the Child Placing Agency will be notified and will have ten (10) working days to file a response, if there is disagreement. If children are placed into a home on the Do Not Use List, the Department will not pay the provider for the provision of care in that home. Examples of reasons that names may be added to the list are as follows, but are not limited to, will not step down with children to Step-Down TFC , have been closed by one program for failure to follow TFC guidelines; has been determined to use unauthorized types of discipline in the home, etc.

New Renewal Closure

FACTS Foster Home Input Information Form

Agency: _____ Date: _____
Provider#: _____

Foster Father Name: _____ DOB: _____
SSN: _____ Education level attained: _____ ABI clearance date _____
Religion: _____ Marital status: _____ FBI clearance date _____
Race: _____ Income (Type and amount): _____ CAN clearance date _____

Foster Mother Name: _____ DOB: _____
SSN: _____ Education level attained: _____ ABI Clearance date _____
Religion: _____ Marital status: _____ FBI clearance date _____
Race: _____ Income (type and amount): _____ CAN clearance date _____

Other persons in home:

Names, relationship to foster parents (not foster children), DOBs, SSNs and Race:

Home phone #: _____ Father work #: _____ Mother work#: _____

Home Mailing address: _____

Physical address, if different: _____
(include name of county where home is located)

Number of children to be served: _____ Ages: Male _____
Female: _____

License Information

Approval date: _____ Service Type: _____
Check all that apply
TFC _____ Traditional _____ M& I _____
Crisis _____ Enhanced _____ Transitional Living _____
Respite _____ Other _____

Closure date, if request to close: _____ Reason for closure: _____

Instructions for FACTS Foster Home Input Form

***** The FACTS system does not share the codes that had previously been used in ACWIS. DO NOT USE codes on this form but fill in the blanks using numbers and words, as appropriate. All blanks must be filled in or the form will be rejected and returned to provider. There will be no turnaround documents or provider numbers sent to the provider. Information will be input within 3-5 working days. Providers are encouraged to maintain a copy of the form faxed to SDHR in their records as documentation that the information was sent to SDHR. Please print legibly. If forms cannot be read, they will be returned to provider.**

1. Check either renewal or new on all forms. If the home is to be closed, check renewal and explain closure at the bottom of the form.
2. Agency name and date sent must be completed. If the FAX cover sheet does not have the agency telephone number, please put by agency name.
3. All sections under father's section must be completed. No blanks will be accepted.
4. All sections under mother's section must be completed. No blanks will be accepted.
5. All other persons living in the home, **except foster children**, must be listed with all the required information, including relationship, date of birth and social security number. If the person listed is the biological child of the mother and the stepchild of the father, please specify that.
6. In the address area, please put the county where the home is located. If the mailing and physical address is the same, just complete the mailing address section and put the county in the physical address area.
7. The number of children for whom the home is licensed shall be entered in the blank for "Number of children served". The ages of males and females or both that will be accepted shall be placed in the appropriate blanks. Make sure that ages are placed in the blanks and not just a check mark.
8. The approval date is the date that the licensed has been issued to the foster parent. This date on renewals can be in the future up to 30 days.
9. Under Service Type, check all that apply.
10. Under closure, put the effective date and a description of the reason.

For educational level fields, use: 6th grade or less, 7th through 12th grade, Bachelor's Degree, College graduate, GES classes, Master's degree, no formal education, Ph. D. Degree, Post graduate work, some college, trade school

For religion fields, use: agnostic, Amish, atheist, Bahai, Buddhist, Christian, Christian Scientist, Hindu, Islam, Jehovah's Witness, Jewish, Jewish-Conservative, Jewish-Orthodox, Jewish-Reform, Mennonite, Mormon, no preference, non-denomination, Orthodox, other religion, Protestant, Quaker, Roman Catholic, Seventh Day Adventist, Shinto

For marital status, use: common law marriage, divorced, legally separated, married and living with spouse, married but involuntarily separated, married but separated from spouse without legal action, single-cohabitating, single-never married, widowed

For relationship describe the relationship to male head of household. If son, for example, use biological, step, adopted, legal, alleged, son-in-law. Also relationship to foster mother shall be linked.

Under race, regardless of race, if they consider themselves Hispanic, add that information as well. Major choices include American Indian/Alaskan Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White

#####: For income type, use: Aid to Blind, Annuities, Alimony, Armed Forces pay, Black Lung, Campus, Cash bonuses, Child Support, Commissions, Contribution from others, Disability income, Dividends/interest, Grants, Income from estates or trusts, Self-employed net income, Rental net income, Lump sum, Pensions or retirement,

Public assistance, Railroad retirement, Social Security (retirement, disability or survivors), Other, Royalties, SSI, Strikers benefits, Support from others, Tips, Tribal assistance, Unemployment compensation, United Mine Workers, VA Assistance, Veterans pension, Wages, Workers compensation. **Make sure the dollar amount is annotated as to frequency, such as yearly, weekly, monthly, etc.**

Until March 1, 2010, all fields must be completed on all renewals and new cases. After March 1, 2010, all fields must be completed on new foster parents only, with only the foster parent's names, address in the system, county and updated fields completed on renewals.

IMPORTANT NOTE!!!!!!!!!! Beginning April 1, 2009, on all new registrations, copies of the ABI, FBI and Central Registry CAN clearances must be faxed along with the form to register the foster parents into FACTS. If the clearances are not sent with the registration forms, the foster home will NOT be entered into FACTS and cannot be used by the county DHR offices as placements.

Regional Community Services Offices

Region I — serving north Alabama
401 Lee Street NE,
Suite 150
Decatur, Alabama 35601
256-552-3720
Director: LaGretta Ratliff

Region II — serving west central Alabama
1700 University Boulevard East
Post Office Box 1730
Tuscaloosa, Alabama 35403
205-554-4155
Director: Cassandra Odom

Region III — serving southwestern Alabama
3290 Dauphin Street,
Suite 600
Mobile, Alabama 36606
251-478-2760
Director: Jerryln London

Region IV — serving southeastern Alabama
8476 US Highway 231
Post Office Box 670
Wetumpka, Alabama 36092
334-514-4300
Director: Mike Martin

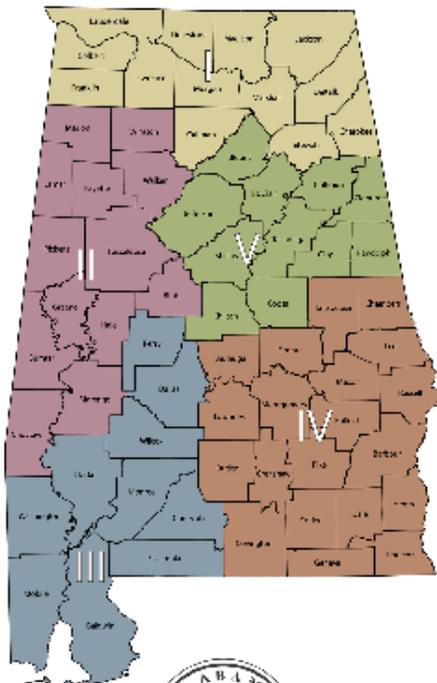
Region V — serving east central Alabama
11 West Oxmoor Road,
Suite 210
Birmingham, Alabama 35209
205-916-0400
Director: Barbara Brunson

Statewide Advocacy Services

ADMH Office of Rights Protection & Advocacy
1-800-367-0955

Alabama Disabilities Advocacy Program ADAP
1-800-826-1675

Map of Community Service Regions



STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
DIVISION OF INTELLECTUAL DISABILITIES
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
WWW.MH.ALABAMA.GOV

Alabama
ADMH
Department of Mental Health
lifting life's possibilities

Call Center

Hours: 8 am - 5 pm, Monday - Friday
Fax 334-353-5998

Statewide Waiver Waiting List:

How to Complete an Application
Administrative Review Options

Call Center
1-800-361-4491

1-800-361-4491 Call Center

Alabama Department of Mental Health, Division of Intellectual Disabilities

How to Complete an Application

Those seeking services for persons with intellectual disabilities through the Alabama Department of Mental Health should:

Contact the Division of Intellectual Disabilities Call Center at 1. 1-800-361-4491.

Within the next business day, an initial contact form will be 2. faxed to the local designated 310 agency (case management agency) or other designated point of entry.

Once contacted by the 310 agency, you will need to do the 3. following:

Describe the needs and preferences of the applicant A. (person for whom services are being requested).

Provide information on the applicant's current situation, B. personal and family history, and Medicaid eligibility status.

Additional information to be completed by the designated 310 4. agency:

Criticality summary completed within 90 days of • application;

A psychological evaluation with the IQ range of • the applicant (IQ score below 70 documented by a standardized intelligence test) including a review of all past intellectual assessments and IQ scores;

Documentation that the applicant has challenges with • adaptive functioning (significant limitations in the applicant's effectiveness in meeting the standards of maturation, learning, personal independence, and/or social responsibility that are expected for his/her age level and cultural group, as determined by clinical assessment, and usually, standardized scales) such as the ICAP (Inventory for Client and Agency Planning);

When there is cause to question the ICAP score, an additional clinical adaptive functioning assessment and other documentation may be requested;

Documentation that the applicant's level of adaptive and • intellectual functioning occurred prior to the age of 18 (developmental history).

The 310 agency will submit the completed informational packet 5. for review to the regional community services office that serves the applicant's county and, if approved, the applicant's name will be placed on the waiting list. ADMH will make a determination of eligibility within 30 days of the receipt of the completed application. **Note:** the date of application, is the day a completed packet is received at the regional community services office.

Administrative Review Options

Once the 310 agency has provided a complete application to the regional community services office, the division will make a

determination of eligibility no later than 30 business days after receipt. **Note:** if the application has to be sent back to the 310 agency for more information, it is not considered complete.

If the applicant is determined eligible, his/her name will be added to the waiting list. The applicant will receive a memorandum (an Initial Notification of Preliminary Determination of Eligibility) from the division stating they have been added to the waiting list indicating the service groups for which the applicant is shown to be waiting. This notification will also explain how the waiting list works.

A second page describes how to request a review if the applicant disagrees with being entered on the waiting list or with the specified service groups. The instructions for requesting a review are very specific as to whom the applicant should contact, that the request must be in writing, and that the request needs to be received within 15 days after the date the notification was sent to the applicant. The review process — first review is with the regional community services office, and then, if there is still disagreement, the second review is with the Associate Commissioner of the Division of Intellectual Disabilities. Also described are the types of reviews that may occur (in-person interview, teleconference, or just a review of documents) and who can participate with the applicant in the review.

A third page describes the eligibility requirements for the Medicaid Home and Community Based Waiver Programs for individuals with intellectual disabilities.

If the applicant is determined ineligible, the applicant will receive a memorandum regarding denial of eligibility. This notification will state that the application has been denied specifying the reason why (it will describe the statutory and/or regulatory requirement that has not been met).

The appeal process — begins with a written request from the applicant, either to the Division of Intellectual Disabilities or to the Alabama Medicaid Agency, with specific timelines involved for each. If the applicant appeals first to the Division of Intellectual Disabilities, he or she will be entitled to a review by the Associate Commissioner, who will produce a written determination. If the individual is dissatisfied with that determination, he/she has the right to appeal to the Alabama Medicaid Agency. The notification fully explains the process of appeal to both agencies. **Note:** the applicant is not required to appeal first to the Division of Intellectual Disabilities but may appeal initially to the Medicaid Agency.



State of Alabama
Department of Human Resources

S. Gordon Persons Building
50 Ripley Street
P.O. Box 304000
Montgomery, Alabama 36130
334.242.1310
www.dhr.alabama.gov



ROBERT BENTLEY

Governor

Nancy T. Buckner

Commissioner

Memorandum
February 5, 2013

To: County Directors of Human Resources

From: Paul J. Butler, Director

Family Services

Re: Psychotropic Medication

Dr. Brent Wilson with Child Welfare Collaborative, through funding from Casey Family Programs, is currently working with Family Services to assist with policy development that will include guidelines for medication monitoring and methods to analyze foster child usage based on data obtained from the State Medicaid Office. As presented to you all at the AACDHR meeting in December, 2012, there is a federal expectation that each state have clear policy around dosage, usage, and monitoring of psychotropic medication for our children in foster care. These federal expectations are partly in response to national data indicating a disproportionate number of foster children being prescribed psychotropic medications.

The attached Alabama Medicaid prescription claims data graphs include data on medication usage in October, 2012. It would be helpful if you and your staff began a dialogue now around how these psychotropic medications are being prescribed; how outcomes are currently being monitored, etc.

It is important that we have county staff as part of the team as we work toward the development of policy and guidelines. We are eager for this to be a collaborative effort as we craft policy and make plans for implementation. The Division is assessing, among other things, data from FACTS; Medicaid prescription claims; and data around psychiatric hospitalization of our children in care. We value your thoughts, ideas, concerns and suggestions regarding these youngsters, and look forward to our work together. Thank you.

PB:fb

Cc: Buckner, Nancy T.
Lapsley, Carolyn B.
Slaughter, James
DAS
Family Services Management Team
Wilson, M.D., Brent

ACF Administration for Children and Families

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families

INFORMATION MEMORANDUM

To: State, Tribal and Territorial Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act, Indian Tribes and Indian Tribal Organizations

Subject: Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care

Purpose: To serve as a resource to State and Tribal title IV-B agencies as they comply with requirements to develop protocols for the appropriate use and monitoring of psychotropic medications in the title IV-B plan. This Information Memorandum (IM) defines the issues surrounding psychotropic medication use by children in foster care, highlights available resources for States to consider when developing their Annual Progress and Services Report (APSR), and encourages increasing access to clinically appropriate screening, assessment, and evidence-based interventions for foster children with mental health and trauma-related needs.

Legal and Related References: Section 422(b)(15) of the Social Security Act (the Act)

Statutory Background:

Recent statutory mandates require States, Territories and Tribes that administer title IV-B, subpart I programs to address some of the most pressing issues related to psychotropic medication prescription oversight and monitoring for children in foster care. These include:

- The **Fostering Connections to Success and Increasing Adoptions Act of 2008** (Public Law (P.L.) 110-351) amended title IV-B, subpart I of the Social Security act to require State and Tribal title IV-B agencies **to develop a plan for ongoing oversight and coordination of health care services for children in foster care, in coordination and consultation with the State title XIX (Medicaid) agency, pediatricians, and other experts in health care, as well as experts in and recipients of child welfare services.** The plan must describe how it will ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and provide for continuity of health care services, which may include establishing a “medical home” for children who are in foster care. **The purpose of these requirements is to ensure that children in foster care receive high-quality, coordinated health care services, including appropriate oversight of any needed prescription medicines (section 422(b)(15) of the Act).**

- The **Child and Family Services Improvement and Innovation Act** (P.L. 112-34) amended the law by adding to the requirements for the health care oversight and coordination plan. Whereas the law had previously required that the plan address “oversight of prescription medicines,” the new provision builds on this requirement by specifying that the plan must include an outline of “protocols for the appropriate use and monitoring of psychotropic medications.” In addition, P.L. 112-34 requires that the health care oversight and coordination plan outline “how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child’s maltreatment and removal from home” (section 422(b)(15)(A) of the Act).

Although not initially mandated by statute, it should be noted that the Children’s Bureau (CB) has always encouraged title IV-B agencies to address oversight of psychotropic medications in the plan for ongoing oversight and coordination of health care services since the first guidance on the health care plan was issued in 2009 (see ACYF-CB-PI-09-06 and ACYF-CB-09-07). With the amendments made by P.L. 112-34, it is now a statutory requirement that oversight of psychotropic medications be explicitly addressed in the health care oversight and coordination plan. States and Tribes will need to address how they are responding to these new requirements in their Annual Progress and Services Reports (APSRs) which are due on June 30, 2012.

Link to complete Information Memorandum is (<http://www.acf.hhs.gov/sites/default/files/cb/im1203.pdf>)