Guide for Specialized Foster Care

Level 3: Mild/ Moderate/ Severe Treatment Foster Care: Mild/ Moderate/ Severe

Purpose:

The Specialized Foster Care form aides in the identification of both a child's needs, as well as the interventions resource parent(s) must have in place so that a child can receive needed services in the resource/foster home and prevent the need for placement in a higher level of care.

Format:

The form reviews needs and behaviors in six categories. The categories are:

- Safety and Risk
- Mental Health
- Behavioral Status

- Medical Status
- Education
- Transportation

The "Specialized Foster Care form" is completed by the social worker/clinician with assistance from resource parent(s) or others with knowledge of the child/youth. This form is intended to document behaviors and/or needs over the past 30 days only. When a behavior and/or need is identified, the main reasons for the identification should be included in the area provided, clarifying what happens, how often it occurs, and what has been tried to address it. All of this information will then be used in the payment decision-making process.

While strongly encouraged for Level 3 placements, the CALOCUS <u>must</u> be administered on all children/youth being considered for placement in a treatment foster home. The CALOCUS composite score must be at Level 5 (23-27) or higher for a child/youth to be placed in Treatment Foster Care. An exception to this requirement would be where a child/youth is transitioning into a lower level of care.

Process:

In cases where resource parent(s) and the social worker/clinician decide "Specialized Foster Care" may be appropriate, the following steps should be followed:

Document Behavior

The social worker/clinician will complete the form, with the assistance of the resource parent or other involved parties, to document the child/youth's behaviors and/or needs over the past thirty days. This form could be completed at any point where Specialized Foster Care is being considered. If a portion of the form is not relevant to the child, complete that portion with an "n/a" or "not applicable".

Create an Action Plan

The resource parent(s) and social worker/clinician will review the form together and will create an **action plan** (included on the form) to address the identified needs. The resource parent should also get a copy of the action plan. This plan identifies the child's needs and behaviors, and what actions the resource parent(s) will take to address the child's needs and behaviors. For Level III placements, the plan also includes how the department will

support the resource parent(s) in the implementation of the plan, such as training or information, monitors, providing lock boxes for medications or sharp objects, more frequent contact, etc. The "support needed" section is not applicable for Treatment Foster Care placements as on-going support to the resource parents is already incorporated as part of the Treatment Foster Care model. In reviewing the information, the resource parent(s) and social worker/clinician will make a mutual decision whether or not to request Specialized Foster Care

Incorporate a Safety Plan

Once a child's needs are identified, there is a responsibility to address those needs. Therefore, resource parent(s) will be expected to follow the actions of the action plan whether or not Specialized Foster Care payment is approved. Depending on the case, a safety plan may be incorporated as part of the action plan. A **safety plan** is an organized system of rules and guidelines used to supervise and structure time and space, due to the behavior and/or needs of the child. A safety plan is for the safety and well-being of the child, as well as for the other members of the family, pets, and property.

☑ Check the safety plan box in if the item is part of the Safety Plan. Remember to share the safety plan with all caregivers, including short term babysitters.

Program Manager Review

The social worker/clinician will submit the Specialized Foster Care form to the Program Manager for approval.

On-going Authorization

Level III Foster Care payments will be reviewed at least every six (6) months, though regions may decide to review payments at shorter intervals. Treatment Foster Care payments will be reviewed at least every three (3) months.

When approved, the Specialized Foster Care form will identify the date the authorization expires. For Specialized Foster Care placements, when authorization has expired, payment will resume at the foster care base rate unless the social worker/clinician has requested and received a renewal of Specialized Foster Care prior to the date of expiration.

Level III Specialized Foster Care Payment Schedule Guideline:

Please refer to the following distinctions for Level III Specialized Foster Care as they are identified in IDAPA 16.06.01.484. Determinations of mild/ moderate / severe are based on these distinctions:

Level III Mild

For children that require the resource parents to expend **extra amounts** of time and energy to meet the child's needs.

- chronic medical problems
- Base Rate frequent time-consuming transportation for parental visits or appointment

+ \$90

- behaviors requiring extra supervision and control
- the need for preparation for independent living

Level III Moderate

Base Rate

+ \$150

For children with conditions which require **considerable amounts** of time, energy and commitment on the part of the resource parents to meet the child's needs.

- ongoing major medical problems
- behaviors which require immediate action or control
- alcohol or drug abuse

Level III Severe

For children with conditions which will require <u>extraordinary amounts</u> of time, energy and commitment on the part of the resource parents to meet the child's needs.

Base Rate + \$240

- Axis I Diagnosis
- severe developmental disability
- severe physical disability such as quadriplegia

Treatment Foster Care Payment Schedule Guideline:

IDAPA ______ states that the range for payment for Treatment Foster Care is up to \$1,800. However, actual payment amount will be based on the services, interventions, and supervision provided by the treatment foster parent in order to meet the safety and well-being of the child and prepare the child for permanency. Treatment Foster Care has been divided into three levels: treatment mild, treatment moderate, and treatment severe. These levels provide guidance for statewide consistency in developing Treatment Foster Care payment schedules.

All children considered for Treatment Foster Care must score a Level 5 (23-27) or higher on the CALOCUS. The social worker/clinician and treatment resource parents must develop a strategic intervention plan designed to meet the child's needs and prepare the child to be successful in a less restrictive environment. This plan will be implemented by the treatment resource parents, and monitored by both the social worker/clinician and treatment resource parents.

Treatment Mild

The needs of the child at this level would necessitate additional supervision and/or intervention by the treatment foster parent that would extend beyond Level III Severe. Treatment Mild Level may include:

\$800 -\$1,000

- Coordinating intervention strategies with multiple service providers and involving multiple systems, which would also include working with the child/youth's parent/guardian.
- Safety plans are in place and monitored by the resource parent
- Weekly behavioral tracking of the child and documentation by the resource parent

Support by the CFS social worker/clinician or contracted designee that would included a minimum of one monthly face-to-face contact with the child and

treatment resource parent, and phone contact with the treatment resource parent at least every seven days. This pattern of contact may be more frequent if determined necessary by the Department based on the needs of the child/youth.

Treatment Moderate

\$1,200 -\$1,400 The needs of the child at this level would necessitate additional supervision and/or intervention by the treatment resource parent that may involve:

- Coordinating comprehensive intervention strategies with multiple service providers and involving multiple systems, which would also include working with the child/youth's parent/guardian.
- Daily behavioral tracking and documentation
- Support by the CFS social worker/clinician or contracted designee that would included a minimum of face-to-face contacts with the child and treatment resource parent every other week, and phone contact with the treatment resource parent at least every seven days. This pattern of contact may be more frequent if determined necessary by the Department based on the needs of the child/youth.

Treatment Severe

\$1,600 -\$1,800 The needs of the child at this level would necessitate constant supervision and or intervention by the treatment resource parent that may involve:

- Coordinating comprehensive intervention strategies with multiple service providers and involving multiple systems, which would also include working with the child/youth's parent/guardian. The complexity of the child's needs would necessitate an intervention plan that was highly flexible, creative, and adaptive while maintaining communication will all relevant individuals so that interventions are consistent throughout the child's experience.
- A safety plan that is not intermittent, but must be continuously maintained throughout the placement period
- Behavioral tracking and documentation that monitors incremental periods throughout the day (ie. Hourly)
- Support by the CFS social worker/clinician or contracted designee that would include face-to-face contacts with the child and treatment resource parent at least every seven days, and an additional phone contact with the treatment resource parent at least every seven days. This pattern of contact may be more frequent if determined necessary by the Department based on the needs of the child/youth.