

**Child and Family Services Policy Manual: Substitute Care for Children
Therapeutic Foster Care – Non-Medicaid**

Definition

Therapeutic Foster Care (TFOC)

Therapeutic Foster Care (TFOC) is a home based treatment alternative for youth with a serious emotional disturbance requiring specific and frequent treatment alternatives and/or supports. TFOC is provided in **therapeutic foster homes** in two levels: moderate and permanency.

Permanency level TFOC is an intensive therapeutic intervention for the foster family, intended to support the foster placement to become an adoptive home. Treatment Supervisors provide direct clinical supervision to Treatment Managers who in turn supervise specially trained treatment parents.

Licensed foster parents receive intensive training, supervision, consultation, and support services from TFOC staff. This enables the foster parents to provide care and treatment for youth whose problems cannot be adequately addressed through regular family foster care services. The TFOC program may provide services to the youth's biological family when included in the case plan.

TFOC room and board costs are not reimbursed by Montana Medicaid.

TFOC programs are licensed as Child Placing Agencies by a Child and Family Services Division (CFSD) Family Resource Specialist.

Alternative Eligibility for Assistance

Youth who are not Medicaid eligible, may be financially and clinically eligible for the Department's Healthy Montana Kids Plan or HMK (formerly called the Children's Health Insurance Plan or CHIP) or the Children's Mental Health Services Plan (CMHSP).

HMK covers youth up to 250% of the federal poverty level. The HMK Basic Mental Health Plan covers prior authorized TGH services for youth.

The HMK Extended Mental Health Plan covers limited TFOC, day treatment, respite care and CBPRS services in addition to the covered Basic Mental Health Plan services.

(CMHSP covers some outpatient mental health services for

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youth with a serious emotional disturbance up to 160% of the federal poverty level, but not TGH, TFC or TFOC.)

For more information about mental health services covered by HMK see “Family Resources” on their website at: <http://hmk.mt.gov> .

Referrals

Youth may enter this non-Medicaid paid service in two ways:

- a youth may remain in the treatment family’s home following discharge from the Medicaid paid therapeutic level of service.
- a youth may be referred directly for this service. Direct referral usually occurs when Medicaid reimbursement is not available.

Admission Criteria

The contracted provider of this service establishes admission criteria. The youth referred for this service is evaluated by the provider based, in part, on information provided on the Common Application for Residential Services or other referral information which is completed by the placing professional.

TFOC Services

Regular Therapeutic Foster Care Services may be provided to a youth that is not Medicaid eligible with full payment from General Fund. This service would have the same therapeutic expectations from the TFOC program as in Policy Section 406-1.

Assessment for Youth Needs Services

“Assessment for Youth Needs” service may be utilized when a youth enters therapeutic services for the first time, is not Medicaid eligible, and requires evaluation to identify the specific care the youth needs.

Step Down Services

This service can be used as a “step down” from the Medicaid reimbursed Therapeutic Foster Care service. (Refer to Section 406-3, Medicaid Reimbursed Therapeutic Services, Therapeutic Youth Group Homes, Therapeutic Family Care and Therapeutic Foster Care.)

Permanency Level

The Permanency Level of TFOC is intended to support Permanency Plans for youth and to provide services to families who have indicated they are willing to be the permanent family for the youth. The Permanency Team collaboratively develops a permanency plan within 30 days of admission to this level of

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services.

**Assessment for
Permanency Level
Services**

Assessment for Permanency Level services are intended to serve those youth for whom a specified period of time is necessary to gather information specific to the permanency needs of the youth, and for this information to be evaluated. The provider is responsible for providing to the Department an Assessment report within 14 days of the youth's discharge from this level of service. This report must contain specific recommendations and information supporting the youth's permanency plan.

NOTE: When considering placement in this level of service, refer to Section 402-1, Placement Procedures.

**Licensing
and
Limitations**

TFOC programs are licensed as Child Placing Agencies by a Child and Family Services Division (CFSD) Family Resource Specialist. Individual Treatment Homes receive a licensing study by the Child Placing Agency, which is then presented to the CFSD Family Resource Specialist for licensure as a Therapeutic Foster home.

Therapeutic foster families must receive training as a requirement for a foster home license; they also receive supplementary training in order to meet the requirements for the therapeutic foster home.

Professional staff of the TFOC must be available to the foster parents 24 hours a day, seven days a week.

**TFOC Home with
Provisional
Licenses**

A youth MAY NOT be initially placed in a TFOC home that has a "Provisional" Therapeutic Foster Care license. If a youth is placed in a TFOC Home with a "regular" license that is changed to a "provisional" license, the TFOC program will immediately notify the Child Protection Specialist of the license change and explain the reason for the change. If the TFOC program determines that the youth is safe and recommends continued placement with the TFOC home that has received the provisional license, the CFSD Child Protection Specialist and CFSD supervisor have the final determination regarding the placement of the youth.

**Authorization for
Double Placements**

Therapeutic family foster homes shall be licensed to care for a maximum of two youth. However, a maximum of one youth will be placed in a TFOC home, unless permission is granted for

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one additional youth through prior agreement of the TFOC Director and the appropriate supervisors. Authorizations to allow the TFOC home to serve more than one youth are “youth specific.” When that particular youth leaves, the TFOC home reverts to a maximum of one youth and additional youth cannot be served without a new, “youth specific” authorization. The DPHHS-CFS-031 must be completed for authorization of a double placement. Authorization must be obtained prior to the placement of the second youth in the home.

Considerations for Dual Licenses

Child Protection Specialist Supervisors should consider the level of intensity of the two youth being requested for placement in one TFOC home. If one youth is authorized for placement by Medicaid and the other is non-Medicaid, the following dictate when this may occur:

- the service is necessary to maintain an intact sibling group;
- the service is necessary to maintain a parent/ youth relationship, when the youth is authorized for TFOC placement; or
- disruption of the service would place the youth at risk of medical treatment in a more restrictive environment.

Respite Care

The TFOC must make respite care available for foster parents. Each foster parent is required to take respite an average of two days per month. The rate paid by the DPHHS contract in accordance with the Model Rate Matrix includes 38 days of respite/family annually. Payment for additional respite days must have prior approval by the Regional Administrator who is financially responsible for the youth.

Additional respite may be covered by the CMHB. CMHB reimbursed respite care services are non-Medicaid funded services. Youth must have a serious emotional disturbance and be receiving Medicaid funded mental health services, to receive CMHB reimbursed respite.

Qualifications of Respite Providers

Respite providers must be trained by the TFFC agency and must be:

- licensed therapeutic foster parents; OR

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- a member of the youth's family or other person familiar with and known to the youth who has been identified in the treatment plan as a respite provider and approved by the responsible Child Protection Specialist and/or supervisor.

Support Services

The TFOC develops contracts or agreements with psychologists, substance abuse counselors, and other therapists on a case by case basis as needed. Payment for these services is not included in the daily reimbursement.

Payment for Services

The Department contracts for TFOC services using daily reimbursement rates established on the Department's Model Rate Matrix. Payments are made from the regional foster care budgets.

TITLE IV-E Funding Restrictions

If the youth in placement is TITLE IV-E eligible, TITLE IV-E funding should be utilized for foster care payments made for therapeutic care in TYGH **ONLY IF**:

- the TYGH has a "regular" therapeutic group home license; or
- the TFOC treatment foster home has a "regular" therapeutic foster care license.

The Department may not use TITLE IV-E funding for placements with a "provisional" license. If a TITLE IV-E youth is in a TYGH or TFOC home that receives a "provisional" license, the funding source must be changed to GFO on the SERL screen for payment as of the date of the license change, or the youth may be placed elsewhere.

Clothing Allowances

A clothing allowance is included in the contracted daily rate. Youth receiving this service are eligible for additional clothing allowances **only** with prior approval of the Regional Administrator who is financially responsible for the youth.

Absent Youth

In the event a youth placed by DPHHS is absent from the TYGH or TFOC due to runaway status, home visits, or for other reasons such as admission into an in-patient medical or psychiatric facility, the appropriate Regional Administrator may authorize room and board payments for up to five days. Additional days may be authorized on a case by case basis.

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CAPS

The worker should close any existing open foster care services including respite care. CAPS Codes to be used for payment and placement are as follows:

Full TFFC services: PFTHR and PSTL2

“Assessment for Youth Needs” services: PFTHR and PSTL2

Step Down services:

‘Assessment for Permanency’ services: PTAL1 and PTXL2

“Permanency Level” services: PTAL1

Respite services (beyond that paid in the daily rate): SRETF

References

Mont. Code Ann. § 52-2-603
Mont. Admin. R. 37.50.310-320

**REQUEST FOR TWO CHILDREN TO BE PLACED
IN ONE THERAPEUTIC FOSTER HOME**

To be completed PRIOR to placement of second child and be presented with a cover letter from the requesting party describing both children's behavioral and mental health issues, and the capability of the foster parent to address the issues of both children in the home.

Name of Foster Home: _____

Expected Date of Placement: _____

Expected Length of time for license to be in effect for two children: _____

Name of Child to be Placed: _____ Age: _____

Name of Child Currently in the Foster Home: _____ Age: _____

Child Placing Agency Child Protection Specialist or Date Child Placing Agency Child
Protection Specialist or Date
Mental Health Case Manager of **Child in Home** Mental Health Case
Manager of **Child to be Placed**

All parties involved with the Request for licensure of a therapeutic foster home for two youth must agree to the following:

1. The Child Placing Agency will provide written notification to the placing workers and the Family Resource Specialist upon termination of the placement.
2. The license will be terminated immediately upon the removal of the second child from the home, and the license will revert back to one child in placement.
3. The needs and intensity of the two children listed above can be appropriately addressed in the same treatment home.

I agree that the two children listed above are appropriate for placement in the therapeutic family foster home listed above, and I agree to the provisions of this request.

Child Placing Agency Director Date Print Name

CFS Supervisor of Child in the Home Date Print Name

CFS Supervisor for Child to be Placed Date Print Name

Upon Completion of all signatures, approval page and cover letter will be submitted to the DPHHS Family Resource Specialist responsible for final approval and to modify the license of the therapeutic foster home.

CFS Family Resource Specialist or Supervisor Date Print Name