

## **Guidelines for the Use of Treatment Foster Care Under the Comprehensive Services Act**

**Adopted April 18, 2012**

*NOTE: The terms Therapeutic Foster Care and Treatment Foster Care are currently used interchangeably across agencies and providers. These guidelines use the term Treatment Foster Care in keeping with VDSS regulatory language.*

### **I. Definition of Treatment Foster Care Services**

Treatment foster care (TFC) means a community-based program where services are designed to address the special needs of children. Services to the children are delivered primarily by treatment foster parents who are trained, supervised, and supported by agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team. Treatment foster care focuses on a continuity of services, is goal-directed and results oriented, and emphasizes permanency planning for the child in care.

### **II. Service Needs Criteria**

Treatment foster care is indicated when a child/youth meets the following criteria:

- 1) CANS indicates the appropriateness of an intensive level of care (e.g., emotional/behavioral needs, risk behaviors, etc.), and
- 2) VEMAT indicates the need for a high level of daily supervision.

Treatment foster care must be recommended by the FAPT/MDT and included in the IFSP. Procedures for emergency placement must be followed.

NOTE: When placing sibling groups, levels of service must be matched to the individual needs of each individual child.

### **III. Placement Outcome Goals**

Successful outcomes for youth in treatment foster care include the same child welfare outcomes as for all youth. In addition to the general outcomes for which the whole system is accountable, private child placing agencies should be accountable for the following:

- a. Youth realizes step-down in intensity of services.
- b. Youth demonstrates improved functioning per CANS.

- c. Youth is successfully discharged from treatment foster care (e.g., return to biological family, adoption, college, etc.).
- d. Youth and relevant stakeholders provide positive satisfaction survey responses about the provider and services.
- e. Youth realizes stability in placement. *Stability shall be measured according to the number of homes/families with whom child resides.*
- f. Youth's length of stay is no longer than services are appropriate to meet his/her individual needs. *Length of stay shall be measured based upon the level of care. Step-down in level of care must occur to match youth's improved functioning.*

#### **IV. Uniform Contracting Requirements**

In addition to the requirements suggested in the SEC's model CSA contract, the following requirements should be included for TFC contract agreements:

- a. The private child placing agency agrees to support the permanency goal established by the local DSS/FAPT for the child/youth.
- b. The private child placing agency's prescribed levels of care must define:
  - i. Specific services and levels of supervision to be provided at each level of care,
  - ii. Client eligibility criteria for each level of care,
  - iii. Step-down criteria between levels of care,
  - iv. Preferred number of children per home for each level of care and mechanism to communicate with placing locality/localities if any home exceeds that number.
- c. The private child placing agency agrees to provide the appropriate services to each child through matching the individual needs of the child to the agency's defined levels of care.
- d. The private child placing agency will specify minimum training requirements for all treatment foster care parents including the minimum number of hours and content.
- e. The private child placing agency agrees that CSA will not duplicate the monthly Medicaid case management payment, even when a child/youth transfers across homes or agencies. Private child placing agencies should negotiate between themselves the distribution of the case management fee for transfers which occur during the month.
- f. The private child placing agency will actively support the family engagement policy of the placing locality.

NOTE: Regional contracting (i.e., multiple localities) with private providers is allowable.