Basic Service Level

Any child and/or young adult with a Basic Service Level will be placed in a consistent and supportive family home with foster/adoptive parent(s) who have been trained in meeting the therapeutic needs of children and/or young adults in foster care using the PRIDE program provided by Refuge House (RH).

Children and/or young adults with a Basic Service level need to experience love, affection, and reassurance from a nurturing foster/adoptive family in a home that is safe and welcoming. In the foster/adopt home children and/or young adults will receive consistent guidance and supervision which will ensure their sense of security and comfort. Foster/adoptive parent(s) will encourage the children and/or young adults in the home to participate in developmentally age appropriate leisure, recreational, and educational activities to promote their self-confidence, social skills, and well-being. All children and/or young adults, with the approval of their managing conservator, will be provided the opportunity to maintain communication and connections with biological family members and other significant persons in order to help them maintain a sense of their identity and culture. All children and/or young adults will also have access to medical, therapeutic and rehabilitative services provided by professionals or paraprofessionals as necessary to promote healthy development in both mind and body.

Characteristics of a Child at the Basic Service Level

- A child needing basic services is characterized as capable of responding to limit-setting or other interventions.
- Characteristics of the child may include:
    - Transient difficulties and occasional misbehavior
    - Acting out in response to stress but episodes of acting out are brief
    - Behavior that is minimally disturbing to others, but the behavior is considered typical for the child's age and can be corrected
- A child with developmental delays or mental retardation whose characteristics include minor to moderate difficulties with conceptual, social and practical adaptive skills.

SUPERVISION

The foster/adopt parent(s) provide(s) a consistent and supportive family setting that is designed to maintain or improve the child's functioning by:

1. Establishing clear rules appropriate to the developmental and functional levels of the child: *Foster/adopt parent(s) will establish written rules for the foster home. A copy of these rules will be kept in the RH family file and will be shared with the child and/or young adult at time of placement or the following day. Each child and/or young adult will have the family rules verbalized to them in words they can understand and will be given the opportunity to discuss the reasons for the rules and how each rule will apply to them based on their age, developmental level, and level of functioning. In addition, these rules will be discussed and evaluated with the*

treatment team during the development of the Individual Service Plan as to their appropriateness for the specified child and/or young adult.

(1) Establishing a clear system of rewards and consequences:
Foster/adopt parent (s) will establish written rules for the foster home. All rules will be shared with each child and/or young adult. In addition, each child and/or young adult will be provided the opportunity to learn how compliance with the rules will result in positive consequences such as but not limited to additional privileges, one on one time with foster/adopt parent(s), etc. Each child and/or young adult will also be informed that non-compliance with rules may result in negative consequences such as but not limited to time out, loss of privileges, etc.

(2) Supervising a child through guidance to ensure the child's safety and sense of security:
A child and/or young adult at the Basic Service Level will receive supervision that is age-appropriate in nature and geared towards the child's developmental and functional level. Supervision and guidance will be provided in a way that fosters a child's natural need to strive for independence while providing structure and support that allows them to feel comfortable and safe in seeking assistance and direction when needed.

CHILD TO CAREGIVER RATIO

The child to caregiver ratio for a Basic Service Level child must meet the applicable licensing standards.

REFUGE HOUSE FOSTER HOME

May care for up to 6 children, including biological, adopted and foster children, adults in care, and children for whom the Refuge House foster home is providing a mini-break, in home substitute care, or Intermittent Alternative Care.

CHILD CARE SERVICES

- *In a Refuge House foster home providing care for only Child Care Services children, the ratio is 1:6 unless there is 1 or more children under the age of 5 in which case the ratio is 1:5.*

In a Refuge House foster home, no more than 2 children under 18 months may reside, unless the children are in a sibling group. If 2 children 18 months and under are placed in the same home, no more than 2 additional children ages 5 and under may reside in the home. These restrictions include biological and adopted children and children in the home for a mini-break, in home substitute care, or Intermittent Alternative Care.

TREATMENT SERVICES

- *In a Refuge House foster home providing care for 1-2 Treatment Services children where all children are 5 and older, the ratio is 1:6.*
- *In a Refuge House foster home providing care for 1-2 Treatment Services children, where any child is below the age of 5, the ratio is 1:5.*
- *In a Refuge House foster home providing care for 3 or more Treatment Services children, the ratio is 1:4.*

REFUGE HOUSE GROUP HOME

May care for up to 12 children, including biological, adopted and foster children, adults in care and children for whom the Refuge House group home is providing a mini-break, in home substitute care, or Intermittent Alternative Care.

CHILD CARE SERVICES

- *In a Refuge House group home providing care for children identified as Child Care Services, the ratio is 1:8 unless there are 1 or more children under the age of 5, in which case the ratio is 1:5.*
- *When placing a child under the age of 5 in an Agency group home, Intake Department must document that a less restrictive setting cannot meet the needs of a sibling group.*

TREATMENT SERVICES

- *In a Refuge House group home providing care for 1-2 Treatment Services children where all children are 5 and older, the ratio is 1:8*
- *In a Refuge House group home providing care for 1 – 2 Treatment Services children, where any child is below the age of 5, the ratio is 1:8*
- *In a Refuge House group home providing care for 3 or more Treatment Services children, the ratio is 1:4*

During the time children in care are away from an agency home, the caregivers are not required to maintain ratio. However, at least one caregiver must be available by phone to 1)respond to emergencies, changes in schedule or unplanned events; 2) provide care and supervision whenever a child and/or young adult needs the attention of a caregiver, including when a child and/or young adult returns home.

MEDICAL & DENTAL SERVICES

Foster/adopt parent(s) are responsible for all medical and dental examinations needed for each child placed in their home and must meet the requirements set forth. Foster/adopt parent(s) are responsible for encouraging young adults in care to keep current with all medical and dental examinations. All attempts to encourage compliance will be documented in the young adult's chart.

1. Caregiver arranges for medical and dental services as determined by an agreement between the caregiver and DFPS. The medical and dental services include routine services, annual check-ups, and services that are medically necessary:
   Children and/or young adults at the Basic Service Level will receive a medical examination within 30 days of placement if they have not had a documented annual exam or well-child exam within the last 11 months. Foster/adopt parent(s) must ensure the child/young adult has the medical examination. A dental exam must be scheduled within 30 days and completed within 60 days of placement, unless a documented qualifying exam has been conducted within the 3 months prior to placement or if a child's or young adult's age or dentist's recommendation precludes the exam.

   Foster/adopt parent(s) ensure the child/young adult has the recommended annual and follow-up medical examinations according to the Texas Health Steps Periodicity Schedule. Dental check-ups and treatments should occur semi-annually, or in accordance with the dental professional's recommendations.

2. Caregiver documents in the child's record that the child received these services:
   For each medical and dental examination including exams with specialist providers, the medical professional will complete the Refuge House Medical/Dental Treatment form which will then be filed in the child and/or young adult's record.

3. Caregiver ensures that all medications the child needs are administered as prescribed by the physician:
   Caregivers must dispense all medication according to the instructions on the label or according to a prescribing health care professional's subsequent signed order. Caregivers must ensure that the child and/or young adult has taken the medication as prescribed, however will not physically force a child and/or young adult to take prescription medication. If a child and/or young adult refuses to take medication, the caregiver must note this information on the medication log. The Refuge House Case Manager then fills out a medication error form.

RECREATION

Refuge House recognizes the value and benefit derived from participation in recreational activities and ensures that each child and/or young adult is provided the opportunity to engage in both structured and unstructured activities on a regular basis.

1. Caregiver ensures that opportunities to participate in community activities, such as school sports or other extracurricular school activities, church activities, or local social events are available to the child:
   Foster/adopt parent(s) will ensure that all children and/or young adults placed in their home at the Basic Service Level who are four years and older placed in their home participate in at least one structured and one unstructured recreational activity per week. Children and/or young adults from birth through three years must have the opportunity for at least one age-appropriate recreational activity per week. Recreational activities will be documented on a Refuge House Recreational Calendar and turned into Refuge House at the end of each month.

2. Caregiver organizes family activities that identify, recognize and reinforce the support that is available to the child:
   The foster/adopt family conducts weekly family meetings to identify activities for the family members to participate in that recognize, reinforce, and support the needs of the children and/or young adults placed in their home. Such activities may include but are not limited to group sports activities to improve social skills, music classes to develop self esteem, or family game nights to increase bonding.

EDUCATION

Refuge House ensures that all children and/or young adults receive a formal education meeting the requirements stated by DFPS. Refuge House makes every effort to ensure that a child and/or young adult is in the least restrictive academic setting in accordance with their needs and abilities.

1. Access to a free and appropriate education within the limits of state and federal law is arranged and ensured for each child:
   A child and/or young adult at the Basic Service Level must be enrolled in a TEA accredited public school or private academic institution if approved by the child and/or young adult's managing conservator. Foster/adopt parent(s) are responsible for ensuring that each school aged child and/or young adult is enrolled in the appropriate educational institution within 3 school days of placement during the calendar school year.

2. Reasonable support and assistance will be provided for each child who qualifies as a special education student under the Individual with Disabilities Education Act to ensure that the

appropriate educational and related services, including Early Childhood Intervention, are available in the least restrictive environment appropriate. This may include the necessity to participate in the Admission, Review and Dismissal (ARD) Committee to develop the Individual Education Plan (IEP) explaining how the student will be educated:
If a child and/or young adult with a Basic Service Level is in need of special education services, the foster/adopt parent must attend all ARD meetings conducted for the child(ren) and/or young adult(s) placed in their care. If a child is 3 years or younger, the foster/adopt parent(s) ensure that the child receives a review by Early Childhood Intervention to assess and possibly provide services for the child or children placed in their care.

CASEWORK AND SUPPORT SERVICES

Each foster family of a child and/or young adult at the Basic Service Level is required to maintain and improve the child and/or young adult's functioning and to ensure that necessary services are provided to the child and/or young adult to include the following:

1. Assistance and support in developing or maintaining social skills appropriate to the child's age and development :
   The foster/adopt family will ensure that a child and/or young adult at the Basic Service Level who is placed in their home will be provided with opportunities to participate in a variety of recreational activities designed to develop and strengthen social skills that are appropriate to the child and/or young adult's age and developmental level.

2. Affection, reassurance and involvement in activities appropriate to the child's age and development to promote the child's well being:
   - *The foster/adopt family will provide verbal praise and verbal and physical affection that is appropriate for the child and/or young adult's age and developmental level.*
   - *The foster/adopt family will engage in one-on-one activities with the child and/or young adult, as is age appropriate in an effort to validate the child and/or young adult and their worth.*
   - *The foster/adopt family will conduct a weekly family meeting in which all participants can share openly about their concerns and achievements.*

3. Support in helping the child adjust to the current placement:
   The foster/adopt family will spend one-on-one time with a child and/or young adult at the Basic Service Level when the child and/or young adult is first placed in their home and anytime it appears that the child and/or young adult needs the additional support. The child and/or young adult will be welcomed into the home through introduction to other members of the family and

orientated to the home including common areas and his/her bedroom. The child and/or young adult will be familiarized with the daily routine as well as expectations, privileges and consequences particular to the home. The child and/or young adult will be provided the opportunity to ask questions and make choices as appropriate and applicable. The Refuge House Case Manager will conduct a follow-up meeting with the child and/or young adult and family within 7 days of the child and/or young adult's placement in the home to ensure that the child and/or young adult and parent(s) are adjusting to the placement.

4. Access to therapeutic, habilitative and medical support addressing the child's particular needs, as specified in the child's service plan must be provided. If therapeutic, habilitative, and medical support services are provided, they must be documented:
   The foster/adopt parent will be responsible for ensuring that a child and/or young adult at the Basic Service Level placed in their home has the opportunity to benefit from any therapeutic, rehabilitative and medical services necessary and/or recommended for the child and/or young adult in the child and/or young adult's Individual Service Plan. The foster/adopt parent will complete the Caregiver Log on a monthly basis on all children at the Basic Service Level placed in their home. The Caregiver Log will specify any medical/dental, therapeutic, or rehabilitative appointments the child and/or young adult attended as well as particular needs, successes, accomplishments, and difficulties that the child and/or young adult may have experienced throughout the month. Along with this the foster/adopt parent will document any biological family visits and/or respite.

SERVICE PLANS

Each child and/or young adult in Refuge House care will be provided with an Individual Service Plan that identifies the child and/or young adult's basic and specific needs and how those needs will be met.

1. Service plan must be developed within 30 days of the child's admission:
   An initial 72 hour service plan will be created by Refuge House Intake Department upon the Basic Service Level child and/or young adult's placement into Refuge House care. Within the first 30 days, the treatment team will develop an Initial ISP.

2. Service plan must be based on the child's plan for permanency:
   The ISP will also incorporate the child's and/or young adult's Permanency Plan as a component that will guide the goals within the plan.

3. Service plan must identify strengths and document strategies to address the child's medical and dental needs, development, educational and vocational needs, including life skills appropriate to the child's age and development, family contact needs; social needs; and emotional needs:

The ISP will address the child and/or young adult's strengths and needs in the following areas: medical and dental, therapeutic and psychiatric; educational and vocational; and developmental. Each ISP will include an assessment of and development of life skills appropriate to the child and/or young adult's age and developmental level. Family contact needs and plan, social history and needs, and emotional issues and needs will also be addressed in the service plan.

4. Caregiver and child, as appropriate, actively participate in the development, implementation and periodic review of the service plan:
   In additional to the clinical members of the Treatment Team, the foster/adopt family and child and/or young adult (when appropriate) at the Basic Service Level will participate in the development and implementation of the ISP. The foster/adopt family and child and/or young adult, when appropriate, will be able to provide feedback, insights, and set goals for the child and/or young adult's success during the development of the plan.

5. Provider must periodically review service plans according to the appropriate licensing standard:
   The child at the Basic Service Level will have a review of the Individual Service Plan every 180 days if Child Care Services and every 90 days if Treatment Services. The Individual Service Plan will be updated according to the child's progress in meeting their treatment goals and incorporating any new needs that may have arisen in that time.
   The young adult at the Basic Service Level will have an initial Individual Service Plan at 30 days with updates as needed to address any changes that occur.

TRAINING

Each foster/adopt family will be provided with appropriate and necessary training to help them provide a high level quality of care for all children and/or young adults placed in their home.

Each family unit must receive at least 20 hours of training every year to help them understand the needs and characteristics of children in care, provide the care and emotional support that children need, and appropriately manage children's behavior.

The training requirements for foster/adopt homes providing care for children and/or young adults at the Basic Service Level are as follows:

- *Refuge House Orientation/Rules and Responsibilities*
- *PRIDE*
- *First Aid/CPR*
- *Medication and Administration*
- *Satori Alternatives to Managing Aggression (SAMA) behavior management program*
- *On-line Medical Consent*

- *Developmental Milestones*
- *Trauma Informed Care*
- *Cultural Competency*
- *Transportation Training*

The ongoing training requirement for Basic Care foster/adopt homes is that each married caregiver receives 30 hours of on-going training and education provided by Refuge House and/or approved outside resources. Single caregivers receive 50 hours of ongoing training. Each group home staff receive 30 hours of ongoing training.

When a foster parent is absent from the home for an extended time for military service or employment, training requirements may be adjusted consistent with Minimum Standards 749.951

Refuge House will observe Minimum Standards related to training requirements for caregivers who have documented extended absences from the home due to military service or employment requirements.

Each direct care staff and foster parent must receive trauma informed care training annually. Each newly hired direct care staff and each verified foster parent must receive trauma informed care training within 60 days of hire or foster home verification. Certification of completed trauma informed care training must be placed in staff and foster parent records containing the training staff signature, completion date and number of hours.

All Refuge House staff and verified foster/adopt parents will receive training in Trauma Informed Care within 60 days of hire or verification of the home. Certificates of completion of the training course will be placed in the employee and foster/adopt parent's file. Ongoing training in Trauma Informed Care will be conducted on an annual basis thereafter.

PERSONNEL

Providers must ensure that all caregivers and staff members meet all appropriate licensing and contract requirements.

All Refuge House employees and caregivers abide by all appropriate licensing and contract requirements. (please refer to Refuge House Policies and Procedures, and Foster Parent Handbook for requirements, qualifications, and job responsibilities for foster/adopt parent(s) and employees)

Moderate Service Level

Each child and/or young adult with a Moderate Service Level will be placed in a consistent and supportive family setting with foster/adopt parent(s) who have been trained in meeting the therapeutic needs of children in foster care using the PRIDE program and COMPASS model provided by Refuge House (RH). Additionally, each child and/or young adult who has primary medical or habilitative needs will receive all needed intermittent interventions by a caregiver who has demonstrated competency and skills in caring for children/young adults with medical or habilitative needs.

Children and/or young adults with a Moderate Service level need to experience love, affection, and reassurance from a nurturing foster/adopt family in a home that is safe and welcoming. In the foster/adopt home children and/or young adults will receive consistent guidance and supervision which will ensure their sense of security and comfort.

Foster/adopt parent(s) will encourage the children and/or young adults in the home to participate in developmentally age appropriate leisure, recreational, and educational activities to promote their self-confidence, social skills, and well-being. All children and/or young adults, with the approval of their managing conservator, will be provided the opportunity to maintain communication and connections with biological family members and other significant persons in order to help them maintain a sense of their identity and culture.

All children and/or young adults at the Moderate Service Level will also have access to medical, therapeutic and rehabilitative services provided by professionals or paraprofessionals as necessary to promote healthy development in both mind and body.

Characteristics of a Child at the Moderate Service Level

A child needing moderate services has problems in one or more areas of functioning. The children needing moderate services may include:

- A child whose characteristics include one or more of the following:
  - Frequent non-violent, anti-social acts
  - Occasional physical aggression
  - Minor self-injurious actions
  - Difficulties that present a moderate risk of harm to self or others
- A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include one or more of the following:
  - Substance abuse to the extent or frequency that the child is at-risk of substantial problems

  - A historical diagnosis of substance abuse or dependency with a need for regular community support through groups or similar interventions
- A child with developmental delays or mental retardation whose characteristics include:
  - Moderate to substantial difficulties with conceptual, social, and practical adaptive skills to include daily living and self-care
  - Moderate impairments in communication, cognition, or expressions of affect
- A child with primary medical or habilitative needs, whose characteristics include one or more of the following:
  - Occasional exacerbations or intermittent interventions in relation to the diagnosed medical condition
  - Limited daily living and self-care skills
  - Ambulatory with assistance
  - Daily access to on-call skilled caregivers with demonstrated competency

SUPERVISION

In addition to providing a supportive setting for all children and/or young adults at the Basic Service Level, foster/adopt parents will consider the additional supervision needs of children and/or young adults at the Moderate Service Level to include the following:

1. Caregiver provides more than routine supervision with additional structure and support, preferably in a family-like setting. The supervision should include structured daily routines with limit setting.
   Foster/adopt parent(s) will provide a consistent and supportive family setting for each child and/or young adult at the Moderate Service Level. Each home will have an established list of written rules and the children and/or young adults will be given the opportunity to learn the rules of the home. Children and/or young adults at the Moderate Service Level will be provided intermittent supervision in an effort to help them make positive choices. Each child and/or young adults will be given the opportunity to participate in a structured daily routine that details activities and tasks to be completed by each child and/or young adult. Each child and/or young adult will be afforded the opportunity to complete the activities/tasks with assistance as needed and will learn about rewards and consequences associated with their efforts to comply with the routine.

2. For a child with developmental delays, mental retardation, primary medical or habilitative needs, the caregiver provides regular daily supervision.
   Foster/adopt parents must give due(Informed) consideration to the particular needs of children and/or young adults who have developmental delays, mental retardation, or primary or

habilitative needs and provide regular and consistent supervision for these children and/or young adults in an effort to promote their feelings of safety and well-being .

3. For a child with primary medical or habilitative needs, the caregiver provides, as appropriate, intermittent interventions that typically consist of verbal guidance, assistance, and monitoring from a caregiver.
   Foster/adopt parents must be attuned to the needs of children with primary medical or habilitative needs. In an effort to promote a sense of independence and encourage healthy development, foster/adopt parents will provide all necessary guidance and assistance through the use of verbal encouragement, reminders, and oversight/monitoring as the child and/or young adult engages in their daily activities.

CHILD TO CAREGIVER RATIO

The child to caregiver ratio for a Moderate Service Level child and/or young adult must meet the applicable licensing standards.

REFUGE HOUSE FOSTER HOME

May care for up to 6 children, including biological, adopted and foster children, adults in care, and children for whom the Refuge House foster home is providing a mini-break, in home substitute care, or Intermittent Alternative Care.

CHILD CARE SERVICES

- *In a Refuge House foster home providing care for only Child Care Services children, the ratio is 1:6 unless there is 1 or more children under the age of 5 in which case the ratio is 1:5.*
- *In a Refuge House agency home, no more than 2 children under 18 months may reside, unless the children are in a sibling group. If 2 children 18 months and under are placed in the same home, no more than 2 additional children age 5 and under may reside in the home. These restrictions include biological and adopted children and children in the home for respite care.*

TREATMENT SERVICES

- *In a Refuge House foster home providing care for 1-2 Treatment Services children where all children are 5 and older, the ratio is 1:6.*
- *In a Refuge House foster home providing care for 1-2 Treatment Services children, where any child is below the age of 5, the ratio is 1:5.*

- *In a Refuge House foster home providing care for 3 or more Treatment Services children, the ratio is-1:4.*

REFUGE HOUSE GROUP HOME

May care for up to 12 children , including biological, adopted and foster children, adults in care and children for whom the Refuge House group home is providing respite care.

CHILD CARE SERVICES

- *In a Refuge House group home providing care for children identified as Child Care Services, the ratio is 1:8 unless there are 1 or more children under the age of 5, in which case the ratio is 1:5.*
- *When placing a child under the age of 5 in a Refuge House group home, Refuge House Intake Department must document that a less restrictive setting cannot meet the needs of a sibling group.*

TREATMENT SERVICES

- *In a Refuge House group home providing care for 1-2 Treatment Services children where all children are 5 and older, the ratio is 1:8*
- *In an Agency group home providing care for 1 – 2 Treatment Services children, where any child is below the age of 5, the ratio is 1:8*
- *In an Agency group home providing care for 3 or more Treatment Services children, the ratio is 1:4*

During the time children in care are away from and an agency home, the caregivers are not required to maintain ratio. However, at least one caregiver must be available by phone to 1) respond to emergencies, changes in schedule or unplanned events; 2) provide care and supervision whenever a child needs the attention of a caregiver, including when a child returns home.

MEDICAL & DENTAL SERVICES

In addition to arranging for all required medical and dental care services as for children at the Basic Service Level, foster/adopt parents ensure that proper medical care will be provided to children and/or young adults at the Moderate Service level to include the following:

1. For a child receiving psychotropic medication, a physician, as often as clinically necessary and appropriate, must monitor the child's condition

If a child requires psychiatric services, including prescribed psychotropic medication, foster/adopt parents will ensure that the child is assessed by the psychiatric provider at least once per quarter (more frequently if recommended by the physician) to appropriately monitor the child's condition. Foster/adopt parent(s) will provide young adults with the opportunity to receive ongoing psychotropic medication assessment and maintenance with a physician at least once per quarter.

2. For a child with developmental disabilities, mental retardation, primary medical or habilitative needs, the caregiver arranges, as appropriate, for licensed nursing services, assistance with mobility, and routine adjustment or replacement of medical equipment.
   Foster/adopt parents providing care to children and/or young adults with developmental disabilities, mental retardation, primary medical and/or habilitative needs will ensure that the child and/or young adult is receiving appropriate services and will arrange for licensed nursing and habilitative services as required. Any required adjustment or replacement of medical equipment will be completed on a regularly scheduled basis or as recommended by a health professional.

RECREATION

Refuge House recognizes the value and benefit derived from participation in recreational activities and ensures that each child is provided the opportunity to engage in both structured and unstructured activities on a regular basis. In addition to the recreation and leisure-time activities required for children at the Basic Service Level, children at the Moderate Service level will receive the following services:

1. Caregiver arranges and supervises structured daily routines for the child that includes recreational and leisure-time activities:
   Foster/adopt parent(s) will create daily schedules for the school year, summer, and weekends which includes recreational and leisure activities. All activities are supervised by the foster/adopt parent(s) and/or other authorized adult.

2. Caregiver ensures the activities are designed to meet the child's therapeutic, developmental, and medical needs:
   Foster/adopt parent(s) will ensure that a child and/or young adult at the Moderate Service level follows a daily schedule that implements the needs requirements stated in the child's and/or young adult's ISP.

3. Caregiver documents the daily routine and the recreational and leisure-time activities that the child participated in:

Refuge House and foster/adopt family will complete and maintain a monthly recreational calendar for all children and/or young adults in care. The monthly recreational calendar is filed in the child's and/or young adult's chart.

4. Caregiver allows enough flexibility in the daily routine and the activities for the child to manage his time based on his individual goals
   Foster/adopt parent verbally discusses the importance of both the service plan goals and the child's and/or young adult's personal goals with the child and develops a schedule that allows for the opportunity to achieve both.

5. Caregiver provides activities that are modified to meet any restrictions or limitations due to a child's developmental disability, mental retardation, or medical condition:
   Foster/adopt parents are educated on known limitations of each specified child and/or young adult within their care and plan recreational activities based on their specific needs.

EDUCATION

Refuge House ensures that all children receive a formal education as per DFPS requirements. Refuge House makes every effort to ensure that a child and/or young adult is placed in the least restrictive academic setting in accordance with their needs and abilities. A child and/or young adult completing their high school education must be enrolled in a TEA accredited public school, a special "non-public school" with an educational program approved by TEA or a TPSAC accredited private or non-public academic institution if approved by the child's managing conservator.

In addition to the services provided for a child at the Basic Service level, children and/or young adults at the Moderate Service level will receive the following educational services:

Additional structure and educational support:

Foster/adopt parent(s) will ensure that the child and/or young adult will receive all appropriate school-related support services. Foster/adopt parent(s) will also employ the use of tutors, computer assisted programs, etc. as necessary to assist the child and/or young adult in their academic efforts.

CASEWORK AND SUPPORT SERVICES

Refuge House will ensure that each child and/or young adult is provided wrap around services designed to maintain and improve the child's and/or young adult's functioning. In addition to the support services provided to children at the Basic Service Level, Refuge House will provide additional supports and structure for children and/or young adults at the Moderate Service Level to include the following:

1. Provider also ensures that all caregivers receive support and direction from someone who is qualified to supervise their functioning as a caregiver.
   Each child's and/or young adult's case is managed by a Refuge House case manager and overseen by a Treatment Director who is qualified to provide expertise and guidance on a routine basis. An on-call Case manager is available 24 hours a day 7 days a week to provide case management services as needed.

2. Provider also ensures completion of a diagnostic assessment on each child within 30 days of admission. The assessment must address the child's strengths and needs in the following areas: physical; psychological; behavioral; family; social; and education.
   Each child and/or young adult will receive a developmental or psychological evaluation within 30 days of admission by a licensed psychologist, unless a qualifying evaluation within the prior 11 months is documented in the child's record.

3. Provider ensures provision of intermittent therapeutic, habilitative and medical interventions in an environment designed to help the child attain or maintain functioning appropriate to the child's age and development:
   Each child and/or young adult is given the opportunity to receive the necessary therapeutic, habilitative and medical interventions detailed in the recommendation section of the professional assessment obtained via examinations and evaluations. These services are incorporated into the child's and/or young adult's Individual Service Plan.

4. Provider also ensures provision of individual, group, and family therapy for those children who need therapy by professional therapists or counselors or paraprofessional staff under the direct supervision of professional therapists or counselors.
   Each child in care is evaluated by a licensed psychologist and psychiatrist (as age appropriate). Recommendations for ongoing therapy and psychiatric treatment are incorporated into the child's and/or young adult's Individual Service Plan. Refuge House maintains subcontracts with qualified therapists, psychologists and psychiatrists to provide assessments and services.

5. Provider also ensures documentation of the provider's philosophy and program model governing therapeutic interventions and treatments and ensures that the therapeutic or habilitative program addresses the child's individual needs.
   Refuge House provides the philosophy and therapeutic treatment model to foster/adopt parents at orientation and also in the Caregiver Handbook.

6. Provider ensures a written schedule of structured daily routines that is consistent with the provider's programs of therapeutic support:

Each family develops household routines in the training process that are in compliance with Refuge House program and then adjusts the routine according to the individual needs of the children and/or young adults placed in their care. The family's household routine is documented in the family record.

7. If the child qualifies for substance abuse services, the provider arranges for a substance abuse treatment program. The program may be either residential or nonresidential:
   Refuge House, in cooperation with the child's and/or young adult's managing conservator, will assess each child and/or young adult with substance abuse issues on a case-by-case basis to ensure that each child and/or young adult is provided the opportunity to receive appropriate and necessary treatment, including therapy and treatment services specific to substance abuse.

SERVICE PLANS

Each child and/or young adult at the Moderate Service Level in Refuge House care will be provided with an Individual Service Plan (ISP) that identifies the child's basic and specific needs and how those needs will be met.

1. Provider must have a case manager to coordinate implementation of the service plan:
   A Refuge House Case Manager will be assigned to each child and/or young adult in care. The Case Manager will be responsible for scheduling the date and time for the development of the ISP. The foster/adopt family and child and/or young adult (as appropriate) will participate in the development and implementation of the ISP, as well as Case Manager and Agency Treatment Director and other clinical professionals and members of the treatment team as appropriate.

2. Provider must develop a service plan based on the diagnostic needs assessment for each child within 30 calendar days of the child's admission. The plan must include:
   a. An estimate of the length of time the child will remain in care
   b. A description of the goals of service
   c. Specific instructions for caregivers
   d. A transition plan
   e. Documentation of
      i. The plan having been shared with the child and the child's parents or managing conservator
      ii. The child's care to date:

   An initial 72 hour service plan will be created by Refuge House Intake Department upon the placement of a child with a Moderate Service Level into Refuge House care. Within the first 30 days, the treatment team will develop an Initial ISP. This plan includes information related to the

child's care to date in the foster home; the estimated length of time the child and/or young adult will remain in care; a description of the child's and/or young adult's goals of service; specific instructions for caregivers to help a child and/or young adult reach their goals; and a transition plan for the child and/or young adult to prepare them for their permanency plan. A signature is obtained from both the child and/or young adult and foster parent(s) upon completion of the review and discussion of the ISP. Signed verification of the review is attached to the document and placed in the child's and/or young adult's file.

3. Provider must, when reviewing the service plan:
    a. Evaluate the services to date that have been provided to the child in each domain or function; and
    b. Identify any additional need that has arisen since the previous service plan was developed.

ISPs for a child with a Moderate Service Level will be reviewed every 180 days (for Child Care Services) or 90 days (for Treatment Services). ISPs for a young adult with a Moderate Service Level will be updated every 180 months and reviewed on a yearly basis. During the review, an evaluation all services provided to the child and/or young adult will be conducted and adjusted (if necessary) according to the child's and/or young adult's progress in their treatment goals and incorporating any additional needs that may have -been identified.

TRAINING

All foster/adopt parents and caregivers are required to participate and complete pre-service orientation training as well as on-going education hours once they have been licensed.

In addition to the training requirements at the Basic Service Level

1. Each caregiver must receive pre-service training in areas appropriate to the needs and characteristics of children in care:
   Each Refuge House family receives pre-service training using the PRIDE training format in the following areas:
    - *Constructive Guidance and Discipline of Children*
    - *Developmental Stages of Children*
    - *Fostering Children's Self Esteem*
    - *Positive Interaction with Children*
    - *Strategies and Techniques for Working with the Population of Children Served*
    - *Supervision and Safety Practices in the Care of Children*
    - *Cultural Competency and Diversity*
    - *Different Roles of Caregivers*

- *Measures to Prevent, Identify, Report and Treat Suspected Occurrences of Child Abuse*
- *Neglect and Exploitation*
- *Teamwork Towards Permanency*
- *Attachment, Loss & Grief*
- *Strengthening Family Relationships*
- *Planning for Change*
- *Shaken Baby Syndrome*
- *Cultural Competency*

Families also receive training in:

- *Refuge House Orientation/Rules and Responsibilities*
- *First Aid/CPR*
- *Satori Alternatives to Managing Aggression (SAMA) behavior management program*

2. The number of hours of annual training required at the Moderate Service level is 30 hours per caregiver. These hours of training must help the caregiver understand the provider's therapeutic and habilitative treatment modalities, service programming and behavior management programs.

   The annual on-going training requirement for Moderate Care foster homes is that each foster/adopt parent receives 30 hours of on-going education provided by Refuge House and/or approved outside sources. Single parents receive 30 hours of on-going training. Each group home staff will receive 30 hours of ongoing training.

3. All caregivers who administer psychotropic medications must receive training on psychotropic medications.
   All foster/adopt parent(s) and caregivers who are authorized to administer psychotropic medications are required to participate in and complete a medication and administration training course prior to licensure and must complete a refresher training course each year in order to maintain their licensed status.

4. A licensed physician, registered nurse, or a pharmacist must conduct training on psychotropic medication.
   Refuge House contracts with a licensed physician or registered nurse to conduct Medication and Administration training.

5. The trainer assesses each participant after the psychotropic medication training to ensure that the participant has learned the course content.

Each participant is required to complete a Medication and Administration evaluation in the form of a written test at the end of each training session.

6. The training course provided to caregivers includes identification of the psychotropic medications; basic pharmacology (the actions and side effects of and possible adverse reactions to various medications); techniques and methods of administering medications and related policies and procedures
   The approved training materials for Medication and Administration training include the following training topics:
   - *General Principles Regarding the use of Psychotropic Medication*
   - *Criteria Indicating the Need for Further Review of a Child's Clinical Status*
   - *Types of Psychotropic Medications and their Side Effects*
   - *Usual Recommended Maximum Doses of Common Psychotropic Medications*
   - *Responsibilities of the Person Administering Medication*

PERSONNEL

All caregivers and employees members must meet all appropriate licensing and contract requirements. See Refuge House Policies and Procedures and Foster Parent Handbook for requirements, qualifications, and job responsibilities for foster/adopt parents and employees. In addition to these requirements, Refuge House meets the following personnel requirements for care for children at the Moderate Service Level:

1. The staff includes at least one case manager:
   Refuge house ensures that each foster/adopt family is assigned one Refuge House Case Manager who acts as a liaison between the foster home, Refuge House and DFPS.

2. The casework and clinical supervisory staff have at least one year of experience in providing services to children who have been removed from their homes.
   Refuge House ensures that each Refuge House Case Manager Supervisor has at least one year of experience in providing services to children who have been removed from their homes prior to providing supervision to Case Managers who are within their first year of case management experience.

3. Each staff member with primary administrative and clinical responsibility for managing the therapeutic interventions and programs:
   a. Is a psychiatrist; or
   b. Is a psychologist; or

c. Has a master's degree in social work or another field of human services, and is an appropriately license and qualified paraprofessional or professional under the program model governing the provider's therapeutic interventions and treatments; or
d. Has a bachelor's degree in social work or another field of human services and at least three years of experience in providing care to children who have been removed from their homes; or
e. Has a bachelor's degree in a field other than human services, and at least five years of experience in providing care to children who have been removed from their homes, including at least two years of clinical supervisory experience.

Refuge House employs a full-time Treatment Director who is responsible for providing the clinical oversight of the overall treatment program, including the management of Agency therapeutic interventions. Qualifications of the Treatment Director include the following:

- *Licensed as a psychiatrist or psychologist*
  OR
  Have Master's Degree in a human service field from an accredited college or university plus three (3) years experience providing treatment services for children with an emotional disorder, including one year in a residential setting
  OR
  Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or licensed marriage and family therapist, plus three (3) years' experience providing treatment services for children with an emotional disorder, including one year in a residential setting
- *Excellent writing skills*
- *Excellent communication skills*
- *Organizational skills*
- *Relationship development skills*
- *Knowledge and interest in family dynamics and keeping families together*

4. Professional therapists, or paraprofessional staff under the direct supervision of professional therapists, conduct interventions, such as individual, group and family therapy:
   Refuge House utilizes professional subcontractors for therapeutic services provided for children and/or young adults in care. In order to be eligible to provide therapeutic services, the subcontractor must have the appropriate degree or credentials, and be fully licensed and/or certified by the appropriate licensing entity to practice and provide the service.

5. The provider documents the treatment-plan strategies developed for and the hours of therapeutic services and types of intervention provided to the children in care:
   Refuge House subcontractors for therapeutic services must provide monthly documentation of services including frequency of services provided, type s of therapeutic interventions provided, therapeutic treatment goals and the child's and/or young adult's progress toward those goals.

6. The provider documents the number of paraprofessional or professional staff scheduled to provide therapeutic interactions:
   Refuge House maintains a master list of subcontractors who are eligible to provide services to the children and/or young adults in care.

7. The provider has enough appropriately qualified paraprofessional or professional staff available on a full-time, part-time, or consulting basis to assess and address the needs of all the children in care:
   Refuge House ensures that it maintains active contracts with an adequate number of professional service providers who are available to provide therapeutic services to the children and/or young adults in care.

8. The provider has a professional staffing plan that includes a detailed description of the qualifications, responsibilities and authority of every paraprofessional or professional position; indicates whether each such position is filled on a full-time, part-time or consulting basis; and specifies the frequency and hours for each position:
   Refuge House maintains an updated professional staffing plan that includes the following: qualifications for service position, responsibilities/requirements of the position, and terms of service (employment status and frequency of contact)

9. The provider has ensured that the professional-staffing plan assigns responsibilities for conducting diagnostic assessments, developing and reviewing service plans, and providing treatment services:
   Refuge House ensures that the professional staffing plan indicates specific responsibilities for therapeutic services including the following: conducting diagnostic assessments, developing and reviewing service plans, and providing treatment services.

Specialized Service Level

Each child and/or young adult with a Specialized Service Level will be placed in a consistent and supportive family setting with foster/adopt parent(s) who have been trained in meeting the therapeutic needs of children and/or young adults in foster care using the PRIDE program and COMPASS model provided by Refuge House (RH). Additionally, each child and/or young adult who has primary medical or habilitative needs will receive all needed interventions on a consistent basis by a caregiver who has demonstrated competency and skills in caring for children/young adults with medical or habilitative needs.

Children and/or young adults with a Specialized Service Level need to experience love, affection, and reassurance from a nurturing foster family in a home that is safe and welcoming. In the foster home, children and/or young adults will receive 24-hour supervision which includes close monitoring and increased limit setting to ensure their sense of security, safety, and comfort. Foster/adopt parent(s) will encourage the children and/or young adults in the home to participate in developmentally age appropriate leisure, recreational and educational activities to promote their self-confidence, social skills, and well-being.

All children and/or young adults at the Specialized Service Level, with approval from their managing conservator, will be provided the opportunity to maintain communication and connections with their biological family members and other significant persons in order to help them maintain a sense of their identity and culture. All children and/or young adults will also have access to medical, therapeutic and rehabilitative services provided by professionals or paraprofessionals as necessary to promote healthy development in both mind and body.

Refuge House does not place children and/or young adults with primary medical or habilitative needs. Additionally, Refuge House does not place children who have a primary diagnosis of substance abuse or dependence.

Characteristics of a Child at the Specialized Service Level

A child needing specialized services has severe problems in one or more areas of functioning. The children needing specialized services may include:

- A child whose characteristics include one or more of the following:
    - Unpredictable non-violent, anti-social acts;
    - Frequent or unpredictable physical aggression;
    - Being markedly withdrawn and isolated;
    - Major self-injurious actions to include recent suicide attempts; and
    - Difficulties that present a significant risk of harm to self or others.

- A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include one or more of the following:
    - Severe impairment because of the substance abuse; and
    - A primary diagnosis of substance abuse or dependency.
- A child with developmental delays or mental retardation whose characteristics include one or more of the following:
    - Moderate to substantial difficulties with conceptual, social, and practical adaptive skills to include daily living and self-care
    - Severely impaired conceptual, social, and practical adaptive skills to include daily living and self-care;
    - Sever impairment in communication, cognition, or expressions of affect;
    - Lack of motivation or the inability to complete self-care activities or participate in social activities;
    - Inability to respond appropriately to an emergency; and
    - Multiple physical disabilities including sensory impairments.
- A child with primary medical or habilitative needs, whose characteristics include one or more of the following:
    - Regular or frequent exacerbations or interventions in relation to the diagnosed medical condition
    - Severely limited daily living and self-care skills
    - Non-ambulatory or confined to a bed; and
    - Constant access to on-site, medically skilled caregivers with demonstrated competencies in the interventions needed by children in their care.

SUPERVISION

In addition to providing a supportive setting for all children at the Basic and Moderate Service Levels, Refuge House and their foster/adopt parent(s) will consider the additional supervision needs of children at the Specialized Service Level to include the following:

1. Provider has a written policy statement describing how supervision is provided and explaining how the program is structured to stabilize or improve the child's functioning:

   Refuge House maintains a policy that all children and/or young adults have supervision requirements and a plan based on Type of Service, Service Level, age, developmental level and specific risk factors. For children and/or young adults at the Specialized Service Level, this includes close daily supervision that is continuously assessed for needs, taking into account age, medical, physical and mental conditions and other factors that affect the amount of supervision required at any given time, as well as determining if the child and/or young adult is at imminent

risk of harming themselves or others. Caregiver will not be engaged in tasks or activities that interfere with the ability of the caregiver to interact with the child and/or young adult , either verbally or visually, meaning the caregiver should be able to either see or hear the foster child and/or young adult at all times and ensure they have adequate time and ability to react to situations that may arise suddenly. In cases where a child and/or young adult presents as an imminent risk of harm to self or others, caregiver will provide line-of-site supervision until a safety plan is in place.

2. Provider has specialized training to provide therapeutic and habilitative support and interventions in a treatment setting:
   Refuge House employees, foster/adopt parent(s), and other authorized caregivers are provided with training specific to the therapeutic needs associated with children at the Specialized Service Level.

3. Provider has an adequate number of caregivers available at all times to meet a child's needs, taking into account the child's age, medical, physical, and mental condition, and other factors that affect the amount of supervision required:
   Refuge House and Foster/adopt parent(s) will ensure that all children and/or young adults who have Specialized Service Levels are provided with an adequate number of caregivers available to them at all times to meet their individual needs and to provide appropriate supervision based on their physical and mental health issues, age, and history of behaviors.

4. Provider has written plans for the direct, continuous observation of a child who presents a significant risk of harm to self or others.
   When a child and/or young adult presents a risk of harm to self or others, the Agency will develop a written Safety Plan, which may include continuous observation (including awake night-time supervision)until the danger has subsided and the child's and/or young adult's condition has stabilized. The foster/adopt parent(s) will follow all aspects of the written Safety Plan until further notification from their RH Case Manager and Treatment Director.

5. For a child with developmental delays or mental retardation the caregiver provides close daily supervision;
   Foster/adopt parent(s) will provide closely monitored supervision of children and/or young adults at the Specialized Service Level who have developmental delays or mental retardation

6. For a child with primary medical or habilitative needs the caregiver provides constant supervision and, as appropriate, extensive intervention which typically consists of physical intervention, assistance, and monitoring from a caregiver:

Foster/adopt parent(s) will provide constant and closely monitored supervision for a child and/or young adult with primary medical or habilitative needs. They will be available at all times to provide physical intervention and assistance as necessary to support a child/young adult in the completion of daily tasks and activities.

CHILD TO CAREGIVER RATIO

The child to caregiver ratio for a Specialized Service Level child must meet the applicable licensing standards.

REFUGE HOUSE FOSTER HOME

May care for up to 6 children, including biological, adopted and foster children, adults in care, and children for whom the Agency home is providing a mini-break, in home substitute care, or Intermittent Alternative Care.

CHILD CARE SERVICES

- *In a Refuge House foster home providing care for only Child Care Services children, the ratio is 1:6 unless there is 1 or more children under the age of 5 in which case the ratio is 1:5.*
- *In a Refuge House foster home, no more than 2 children under 18 months may reside, unless the children are in a sibling group. If 2 children 18 months and under are placed in the same home, no more than 2 additional children under the age of 6 may reside in the home. These restrictions include biological and adopted children and children in the home for respite care.*

TREATMENT SERVICES

- *In a Refuge House foster home providing care for 1-2 Treatment Services children where all children are 5 and older, the ratio is 1:6.*
- *In a Refuge House foster home providing care for 1-2 Treatment Services children, where any child is below the age of 5, the ratio is 1:5.*
- *In a Refuge House foster home providing care for 3 or more Treatment Services children, the ratio is 1:4.*

REFUGE HOUSE GROUP HOME

May care for up to 12 children, including biological, adopted and foster children, adults in care and children for whom the Agency home is providing respite care.

CHILD CARE SERVICES

- *In a Refuge House group home providing care for children identified as Child Care Services, the ratio is 1:8 unless there are 1 or more children under the age of 5, in which case the ratio is 1:5.*
- *When placing a child under the age of 5 in a Refuge House group home, Intake Department must document that a less restrictive setting cannot meet the needs of a sibling group.*

TREATMENT SERVICES

- *In a Refuge House group home providing care for 1-2 Treatment Services children where all children are 5 and older, the ratio is 1:8*
- *In a Refuge House group home providing care for 1 – 2 Treatment Services children, where any child is below the age of 5, the ratio is 1:8*
- *In a Refuge House group home providing care for 3 or more Treatment Services children, the ratio is 1:4*

During the time children in care are away from and agency home, the caregivers are not required to maintain ratio. However, at least one caregiver must be available by phone to 1) respond to emergencies, changes in schedule or unplanned events; 2) provide care and supervision whenever a child needs the attention of a caregiver, including when a child returns home.

There must be a written staffing plan documenting the ability to provide awake caregivers throughout the night whenever necessary to meet the needs of a particular child.

Refuge House will ensure that any child and/or young adult who is presenting as a potential safety risk will be provided the appropriate child-to-caregiver ratio. In addition, Refuge House will arrange for the provision of continuous supervision including awake night-time staff in order to ensure the safety of the child and/or young adult until the danger has subsided and the child's and/or young adult's condition has stabilized.

MEDICAL & DENTAL SERVICES

In addition to arranging for all required medical and dental care services as for children and/or young adults at the Moderate Service Level, foster/adopt parent(s) ensure that proper medical care will be provided to children and/or young adult at the Specialized Service level to include the following:

1. Provider has a written plan, agreement, or contract with medical personnel to provide routine medical, nursing and psychiatric services based on the needs of the child as identified in the child's service plan. The plan or agreement for medical, nursing and psychiatric services shall include provisions for timely access to services in emergencies. The plan or agreement must also be sufficient to ensure appropriate monitoring of chronic but stable physical illness.

Refuge House maintains ongoing contracts with professional service providers including medical, nursing, and psychiatric services for children at the Specialized Service Level and ensure that they provide such services in accordance with the child's and/or young adult's Individual Service Plan (ISP).

2. For a child with developmental disabilities, mental retardation, primary medical or habilitative needs, the provider also arranges, as appropriate, for: consistent and frequent medical attention; a skilled caregiver to provide medical assistance; an on-call nurse to be available; assistance with mobility; and administering of life-support medications and treatments.
   In all cases that require specialized care for any child and/or young adult with developmental disabilities, mental retardation, primary medical and/or habilitative needs, Refuge House will arrange for consistent and frequent medical attention as necessary, a skilled caregiver to provide medical assistance as necessary, assistance with mobility, an on-call nurse and medical supports, and administration of life-supporting medication and treatments as necessary.

RECREATION

Refuge House recognizes the value and benefit derived from participation in recreational activities and ensures that each child and/or young adult is provided the opportunity to engage in both structured and unstructured activities on a regular basis. In addition to the recreation and leisure-time activities required for children and/or young adults at the Moderate Service Level, children and/or young adults at the Specialized Service level will receive the following services:

1. The structured daily routine and the recreational and leisure- time activities are designed to address the needs of the children in care:
   Recreational activities, both structured and unstructured, are designed to specifically target a child's and/or young adult's individual needs for socialization, development of problem-solving skills, team building skills, etc. Recreational activities are determined during the development stage of the child's and/or young adult's ISP. Activities are selected that are best suited to meet a child's ~~b~~and/or young adults behavioral, emotional and developmental needs.

2. The therapeutic value of each activity based on the child's service plan is documented:
   Each child's and/or young adult's ISP indicates the therapeutic value of each activity in which the child and/or young adult participates. Therapeutic values are also included with each activity/recreational calendar submitted.

3. If the child has primary medical or habilitative needs, recreational and leisure-time activities may require medical and physical supports:

A child and/or young adult who presents with primary medical or habilitative needs will receive all medical and physical supports necessary as may be required to engage in the recreational and leisure-time activities indicated in their ISP.

EDUCATION

Refuge House ensures that all children receive a formal education meeting as per DFPS requirements. Refuge House makes every effort to ensure that a child and/or young adult is placed in the least restrictive academic setting in accordance with their needs and abilities. A child and/or young adult completing their high school education at the Moderate Service Level must be enrolled in a TEA accredited public school, a special "non-public school" with an educational program approved by TEA or a TPSAC accredited private or non-public academic institution if approved by the child's managing conservator.

In addition to the services provided for a child and/or young adult at the Moderate Service level, children and/or young adults at the Specialized Service level will receive the following educational services:

1. Caregiver must coordinate the child's educational and related services with the child's service plan, and document their consistency:
   All education and developmental services are incorporated into the child's and/or young adult's service plan. Children and/or young adults with special developmental needs obtain services through an ARD. Documentation of education progress is maintained by the foster/adopt parent(s) and in the child's and/or young adult's record.

2. Caregiver must designate a liaison with the child's school:
   Prior to foster/adopt parent(s) being licensed to serve any service level child and/or young adult served by Refuge House, they are asked to identify a liaison at each level school within their district. This information is kept in the family and child's and/or young adult's file. Typically, the caregiver is the child's and/or young adult's school liaison.

3. Caregiver must document the liaison's involvement in the child's schooling:
   The caregiver documents their involvement in the child's and/or young adult's education in the Caregiver Log that is submitted to Refuge House on a monthly basis. Caregiver Logs are filed in each child's and/or young adult's chart.

4. Caregiver must document a written description of the relationship between the provider and the school district; or a written agreement between the provider and the school district outlining the responsibilities of each party; and including procedures for resolving conflicts.
   Refuge House sends a school district letter to every school a child and/or young adult attends within the first 3 days of placement. The letter indicates the child's and/or young adult's

placement in the care of Refuge House and authorizes the foster/adopt parent(s) to sign as their caretaker. The letter also provides the name of the Case Manager as the primary contact should any problems or issues arise for the child and/or young adult in care.

CASEWORK AND SUPPORT SERVICES

Refuge House will ensure that each child and/or young adult is provided wrap around services designed to maintain and improve the child's and/or young adult's functioning. In addition to the support services provided to children and/or young adults at the Moderate Service Level, Refuge House will provide additional supports and structure for children and/or young adults at the Specialized Service Level to include the following:

1. Therapeutic, habilitative and medical interventions that are regularly scheduled, and professionally designed and supervised to help the child attain functioning appropriate to the child's age and development must be provided.
   Treatment services specific to a child's and/or young adult's therapeutic, habilitative and medical needs are addressed during the development of the child's and/or young adult's ISP and/or at special meetings if problems arise.

2. Individual, group, and family therapy by professional therapists or counselors for those children who need therapy, must be provided.
   Refuge House will ensure that each child and/or young adult is provided a licensed therapist who will provide the therapeutic interventions recommended by the child's and/or young adult's psychological evaluation. Therapists credentialed through the Superior Medicaid program for foster children and/or young adults may either be sub-contracted or directly employed by the Agency.

3. If the child qualifies for substance abuse services, the provider arranges for the child to participate in a substance abuse treatment program. The program may be either residential or nonresidential:
   Refuge House will ensure that any child and/or young adult in care requiring substance abuse treatment or services has access to the appropriate resources necessary for treatment.

SERVICE PLANS

Each child and/or young adult in Refuge House care will be provided with an ISP that identifies the child's and/or young adult's basic and specific needs and how those needs will be met. In addition to the service plan requirements for a child and/or young adult at the Moderate Service Level, Refuge House will also provide the following:

1. An initial service plan for each child is developed within 72 hours of the child's admission:

For a child and/or young adult with a Specialized Service Level, an initial 72 hour service plan will be created by Refuge House intake staff upon the child's and/or young adult's placement into Refuge House care.

2. The diagnostic needs assessment and service plan for each child are developed by an interdisciplinary team or a full-time staff ember with three years of experience in treating children with similar characteristics who has a master's degree in a mental health field from an accredited college or university and is licensed as a therapist or counselor or has a professional medical license.
   The foster family and child and/or young adult will participate in the development (when able) and implementation of the ISP, as well as Case Manager and Agency Treatment Director and other clinical professionals and members of the clinical treatment team as appropriate.

TRAINING

All foster/adopt parent(s) and caregivers are required to participate and complete a pre-service orientation training as well as on-going education hours once they have been licensed.

In addition to the training requirements at the Basic and Moderate Service Levels, foster/adopt parent(s) providing services to a child at the Specialized Service Level will comply with the following:

1. New caregivers without previous experience in a residential childcare may not be assigned sole responsibility for any child until the new caregiver has been supervised for at least 40 hours while conducting direct child-care duties. An experienced caregiver must be physically available to each new caregiver at all times, until the new caregiver acquires the supervised experience. The provider must document the supervised child-care experience of every caregiver who provides direct care to children. Documented verification of a minimum of one year relevant experience to the population that the Caregiver would serve, such as children with primary medical needs, pervasive developmental disorders, mental retardation, emotional disorders, and physical disabilities, may permit new caregivers to be waived from the 40 –hour supervision requirement.
   Prior to verification, families will complete 40 hours of observation training with a tenured foster family where they will have the opportunity to participate in direct child-care duties. Active transfer foster families will be required to complete 40 hours of observation training with a tenured foster family on a case-by-case basis. Any foster family that transfers from another agency and for whom the 40 hour supervision period is waived, will have documented in their file their experience with this population for at least one year prior to their transfer to Refuge House.

2. All caregivers must receive 50 hours of training each year with the exception of caregivers in foster homes verified by child-placing agencies:

All Refuge House homes are verified as foster/adopt homes by Refuge House.

3. Caregivers in foster homes verified by child-placing agencies must meet the following requirements: for homes with two or more caregivers, each caregiver must receive at least 30 hours of training; OR for homes with one caregiver, the caregiver must receive at least 50 hours of training.
   The on-going training requirement for Moderate Care foster homes is that each foster/adopt parent receives 30 hours of on-going education provided by Refuge House and/or approved outside sources. Single caregivers receive 50 hours of on-going training.

PERSONNEL

All caregivers and employees must meet all appropriate licensing and contract requirements. See Refuge House Policies and Procedures and Foster Parent Handbook for requirements, qualifications, and job responsibilities for foster/adopt parent(s) and employees. In addition to the requirements for children at the Moderate Service Level, Refuge House meets the following personnel requirements for care for children at the Specialized Service Level:

The provider arranges for interventions such as individual, group, and family therapist to be conducted by professional therapists; or behavior or medical intervention as directed by the service plan.

Refuge House utilizes subcontractors for therapeutic services provided for children and/or young adults in care. In order to be eligible to provide therapeutic services, the subcontractor must have the appropriate degree or credentials, be fully and properly licensed and/or certified by the appropriate licensing entity to practice and provide the services that are outlined in each child's and/or young adult's ISP.

Intense Service Level

Intense Service Level

Each child and/or young adult with an Intense Service Level will be placed in a highly structured, consistent, and supportive family setting with foster/adopt parent(s) who have been trained in meeting the therapeutic needs of children and/or young adults in foster care using the PRIDE program and COMPASS model provided by Refuge House (RH).

Children and/or young adults with an Intense Service Level need to experience love, affection, and reassurance from a nurturing foster family in a home that is safe and welcoming. In the foster home, children and/or young adults will receive 24-hour supervision which includes frequent one-to-one monitoring and the ability to provide immediate on-site response in order to ensure the child's sense of security, safety, and comfort. Children and/or young adults will also receive consistent and frequent attention, direction, and assistance to help them connect with their environment and therefore become stable in the home. Foster/adopt parent(s) will encourage the children and/or young adults in the home to participate in developmentally age appropriate leisure, recreational and educational activities to promote their self-confidence, social skills, and well-being.

All children and/or young adults at the Intense Service Level, with approval from their managing conservator, will be provided the opportunity to maintain communication and connections with their biological family members and other significant persons in order to help them maintain a sense of their identity and culture. All children and/or young adults will also have access to frequent therapeutic, rehabilitative, and medical intervention services provided by professionals or paraprofessionals to promote healthy development in both mind and body.

Children at an Intense Service Level with developmental delays or mental retardation will also have professionally directed, designed, and monitored interventions put in place to help enhance their level of functioning in areas such as mobility, communication, sensory, motor, and cognitive development, and self help skills. Children with primary medical or rehabilitative needs will have frequent and consistent interventions put in place to ensure that they are properly accommodated by people or technology. The treatment team will design, monitor, and approve all interventions to ensure that the child's needs are being appropriately met.

Refuge House does not place children who have a primary diagnosis of substance abuse or dependence. Any needs identified after placement will be dealt with on a case by case basis.

Characteristics of a Child at the Intense Service Level

A child needing Intense services has severe problems in one or more areas of functioning that present an immediate and critical danger of harm to self or others. The children needing Intense services may include:

- A child whose characteristics include one or more of the following:
    - Extreme physical aggression that causes harm;
    - Recurring major self-injurious actions to include serious suicide attempts;
    - Other difficulties that present a critical risk of harm to self or others; and
    - Severely impaired reality testing, communication skills, cognitive, affect, or personal hygiene.
- A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include a primary diagnosis of substance dependency in addition to being extremely aggressive or self-destructive to the point of causing harm.
- A child with developmental delays or mental retardation whose characteristics include one or more of the following:
    - Impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others; and
    - A consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others.
- A child with primary medical or habilitative needs that present an imminent and critical medical risk whose characteristics include one or more of the following:
    - Frequent acute exacerbations and chronic, intensive interventions in relation to the diagnosed medical condition;
    - Inability to perform daily living or self-care skills; and
    - 24-hour on-site, medical supervision to sustain life support.

SUPERVISION

In addition to providing a supportive setting for all children at the Basic, Moderate, and Specialized Service Levels, Refuge House and their foster/adopt parent(s) will consider the additional supervision needs of children at the Intense Service Level to include the following:

1. Caregiver has specialized training to provide intense therapeutic and habilitative support and interventions in a highly structured treatment setting with little outside access:

    Refuge House employees, foster/adopt parent(s), and other authorized caregivers are provided with training specific to the therapeutic needs associated with children at the Intense Service Level . Such training is designed to assist foster/adopt parents in facilitating a highly structured and consistent therapeutic setting for the Intense Service Level child/young adult so as to facilitate healthy growth and development. Training units may include but are not limited to the following:

    - *Signs and symptoms of severe mental illness*
    - *Signs and symptoms of high risk self harm behaviors*

- *Creating structure and consistency in a home setting*
- *Recreational activities for behaviorally, physically, and/or cognitively challenged children/young adults*
- *Key elements of effective observation and monitoring*

2. An adequate number of caregivers are available to provide twenty-four hour supervision:

   Refuge House and Foster/adopt parent(s) will ensure that all children and/or young adults who have Intense Service Levels are provided with an adequate number of caregivers available to them at all times to meet their individual needs and to provide appropriate supervision based on their physical and mental health issues, age, and history of behaviors.

3. For a child with developmental delays or mental retardation the caregiver provides twenty-four hour supervision;

   Foster/adopt parent(s) will provide close twenty-four hour supervision of children and/or young adults at the Intense Service Level who have developmental delays or mental retardation.

4. For a child with primary medical or habilitative needs the caregiver provides twenty-four hour close supervision and, as appropriate, frequent and continuous interventions which typically consist of hands-on physical intervention, assistance, and monitoring from a caregiver:

   Foster/adopt parent(s) will provide close twenty-four hour supervision as well as hands-on physical intervention, assistance, and monitoring of children and/or young adults at the Intense Service Level who have primary medical or habilitative needs. Such supervision and monitoring may include audio monitoring, utilization of door and window alarms, and use of in-home care for respite purposes.

CHILD TO CAREGIVER RATIO

The child to caregiver ratio for an Intense Service Level child must meet the applicable licensing standards.

Refuge House Foster Home

May care for up to 6 children, including biological, adopted and foster children, adults in care, and children for whom the Agency home is providing a mini-break, in home substitute care, or Intermittent Alternative Care.

CHILD CARE SERVICES

- *In a Refuge House foster home providing care for only Child Care Services children, the ratio is 1:6 unless there is 1 or more children under the age of 5 in which case the ratio is 1:5.*
- *When an Intense Service Level child/young adult is in the home, the ratio is 1:5 during all waking hours.*
- *In a Refuge House foster home, no more than 2 children under 18 months may reside, unless the children are in a sibling group. If 2 children 18 months and under are placed in the same home, no more than 2 additional children under the age of 6 may reside in the home. These restrictions include biological and adopted children and children in the home for respite care.*

TREATMENT SERVICES

- *In a Refuge House foster home providing care for 1-2 Treatment Services children where all children are 5 and older, the ratio is 1:6. If an Intense Service Level child is placed in the home, the ratio is 1:5 during all waking hours.*
- *In a Refuge House foster home providing care for 1-2 Treatment Services children, where any child is below the age of 5, the ratio is 1:5.*
- *In a Refuge House foster home providing care for 3 or more Treatment Services children, the ratio is 1:4.*

Refuge House Group Home

May care for up to 12 children, including biological, adopted and foster children, adults in care and children for whom the Agency home is providing respite care.

CHILD CARE SERVICES

- *In a Refuge House group home providing care for children identified as Child Care Services, the ratio is 1:8 unless there are 1 or more children under the age of 5, in which case the ratio is 1:5.*
- *When an Intense Service Level child is in the home, the ratio must be no more than 1:5 during waking hours.*
- *When placing a child under the age of 5 in a Refuge House group home, Intake Department must document that a less restrictive setting cannot meet the needs of a sibling group.*

TREATMENT SERVICES

- *In a Refuge House group home providing care for 1-2 Treatment Services children where all children are 5 and older, the ratio is 1:8*
- *In a Refuge House group home providing care for 1 – 2 Treatment Services children, where any child is below the age of 5, the ratio is 1:8*

- *In a Refuge House group home providing care for 3 or more Treatment Services children, the ratio is 1:4*
- *When an intense child is in the home, the ratio must be no more than 1:5 during waking hours.*

During the time children in care are away from and agency home, the caregivers are not required to maintain ratio. However, at least one caregiver must be available by phone to 1) respond to emergencies, changes in schedule or unplanned events; 2) provide care and supervision whenever a child needs the attention of a caregiver, including when a child returns home.

Caregivers will ensure that there are enough caregivers available to provide 24 hour supervision to ensure the child's safety and sense of security through frequent one-to-one monitoring with the ability to provide immediate on-site response. All supervision hours will be documented in a daily log indicating how ratio requirements were met and hours of coverage for each particular caregiver. Documentation will also include a plan for providing back-up caregivers in case of emergencies or crisis.

There must be a written staffing plan documenting the ability to provide 1 to 1 child to caregiver ratio for twenty-four hours whenever necessary to meet the needs of the particular child.

Refuge House will ensure that any child and/or young adult who is presenting as a potential safety risk will be provided with 1:1 supervision 24 hours a day until the acuity and risk has subsided and the child's and/or young adult's condition has stabilized. In addition, Refuge House will arrange for the provision of this continuous supervision by providing emergency backup caregivers, including awake night-time staff, in order to ensure the safety of the child and/or young adult until the danger has subsided and the child's and/or young adult's condition has stabilized.

MEDICAL & DENTAL SERVICES

In addition to arranging for all required medical and dental care services as for children and/or young adults at the Specialized Service Level, foster/adopt parent(s) ensure that proper medical care will be provided to children and/or young adults at the Intense Service level to include the following:

1. Provider has a written plan, agreement, or contract with medical personnel to provide twenty-four hour, on-call medical, nursing and psychiatric services based on the needs of the child as identified in the child's service plan. The plan or agreement for medical, nursing and psychiatric services must include provisions for timely access to services in emergencies. The plan or agreement must also be sufficient to ensure appropriate monitoring of chronic illness.

   Refuge House maintains ongoing contracts with professional service providers within the family's community including medical, nursing, and psychiatric services for children at the Intense Service Level and ensures that they provide such services in accordance with the child's and/or

young adult's Individual Service Plan (ISP) which may include in-home nursing/medical care providers.

2. For a child with developmental disabilities, mental retardation, primary medical or habilitative needs, the provider also arranges, as appropriate, for twenty-four hour medical or nursing supervision; 24 hour availability of nursing, medical, and psychiatric services; and 1 to 1 supervision during the provision of medical and dental services.

   In all cases that require intense care for any child and/or young adult with developmental disabilities and/or mental retardation, Refuge House will arrange for 24 hour medical or nursing supervision as necessary as well as the ongoing availability of nursing, medical, and psychiatric services. Caregivers will ensure that they maintain a 1 to 1 child to caregiver ratio during all medical and dental services.

RECREATION

Refuge House recognizes the value and benefit derived from participation in recreational activities and ensures that each child and/or young adult is provided the opportunity to engage in both structured and unstructured activities on a regular basis. In addition to the recreation and leisure-time activities required for children and/or young adults at the Specialized Service Level, children and/or young adults at the Intense Service level will receive the following services:

1. An interdisciplinary team of professionals who are qualified to address the child's individual needs designs an individualized service plan. The individual recreation plan must specify the structured daily routine and the recreational and leisure-time activities and must be included in the child's service plan.

   Recreational activities, both structured and unstructured, will be designed by an interdisciplinary team to specifically target a child's and/or young adult's individual needs for socialization, development of problem-solving skills, team building skills, etc. Activities selected will be best suited to meet a child's and/or young adult's behavioral, emotional, and developmental needs. Recreational activities will be determined during the development stage of the child/ young adult's ISP. The ISP will specify which structured and unstructured activities the child/young adult will participate in during the review period. Each ISP will also include the child/young adult's structured daily routine which indicates the time periods within which the child/young adult will engage in therapeutic recreational and leisure time activities.

2. If the child has primary medical or habilitative needs, the recreational and leisure-time activities may require 1 to 1 medical and physical supports.

Refuge House will ensure that children/young adults with primary medical or habilitative needs have the 1 to 1 medical and physical supports needed for them to participate in recreational and leisure-time activities which will be tailored to their individual needs and outlined in their ISPs.

EDUCATION

Refuge House ensures that all children receive a formal education that meets DFPS requirements. Refuge House makes every effort to ensure that a child and/or young adult is placed in the least restrictive academic setting in accordance with their needs and abilities. A child and/or young adult completing their high school education at the Intense Service Level must be enrolled in a TEA accredited public school, a special "non-public school" with an educational program approved by TEA or a TPSAC accredited private or non-public academic institution if approved by the child's managing conservator.

In addition to the services provided for a child and/or young adult at the Specialized Service level, children and/or young adults at the Intense Service level will receive the following educational services:

1. One to one support, as appropriate, is provided by caregivers knowledgeable and trained to deal with the child's special needs and to encourage the child to participate in the education process.

   Prior to foster/adopt parent(s) being licensed to serve an Intense Service Level child and/or young adult served by Refuge House, they are trained and knowledgeable on dealing with the special needs of children/young adults at the Intense level. Caregivers will play an active role in each child/young adult's education ensuring that Special Education services are provided through the child's school. Refuge House and foster/adopt parents will notify appropriate school officials of the Intense Service Level child/young adult's academic and behavioral needs to ensure that appropriate services are in place which may include but would not be limited to self-contained classroom environment and 1:1 supervision and instruction. All caregivers will encourage each child/young adult to participate in the education process.

CASEWORK AND SUPPORT SERVICES

Refuge House will ensure that each child and/or young adult is provided wrap around services designed to maintain and improve the child's and/or young adult's functioning. In addition to the support services provided to children and/or young adults at the Specialized Service Level, Refuge House will provide additional supports and structure for children and/or young adults at the Intense Service Level including:

1. Providing the child with frequent and intense therapeutic, habilitative, and medical interventions that are individually designed to stabilize the child's condition.

   Treatment services specific to a child's and/or young adult's therapeutic, habilitative and medical needs are addressed during the development of the child's and/or young adult's ISP and/or at

special meetings if problems arise. All interventions are designed to help stabilize the child's condition and will be documented in the child's ISP.

SERVICE PLANS

Each child and/or young adult in Refuge House care will be provided with an ISP that identifies the child's and/or young adult's basic and specific needs and how those needs will be met. In addition to the service plan requirements for a child and/or young adult at the Specialized Service Level, Refuge House will also provide the following:

1. A description of the emotional, behavioral, and physical conditions that require intense services.

   During the development of the ISP, the child's/young adult's emotional, behavioral, and physical conditions that require intense services will be discussed with the treatment team. All information will be documented on the child's/young adult's ISP to evaluate the need for continuation of services at the Intense Service Level.

2. A description of the emotional, behavioral, and physical conditions the child must achieve and maintain to be assigned to a lower service level.

   During the development of the ISP, the emotional, behavioral, and physical conditions that the child/young adult must achieve to be assigned to a lower service level will be discussed and target goals will be outlined. All information will be documented on the child's/young adult's ISP and progress will be monitored.

3. A description of the special treatment program and other services and activities that are planned to help the child achieve and maintain a condition allowing a lower Service level.

   The child's/young adult's ISP will describe the special treatment program and other services that are put in place to help the child/young adult achieve and maintain a condition that will allow him/her to attain a lower service level.

4. Criteria for re-evaluating the child's condition after 90 days and deciding whether to continue the placement at the Intense Service Level; continue the placement at a lower Service level; transfer the child to a less restrictive setting; or refer the child to an inpatient hospital.

   The Intense child's/young adult's service plan will expire after a period of 90 days. At each service plan meeting, the child's progress on goals and the conditions related to the child's/young adult's emotional, behavioral, and physical conditions will be reviewed in order for the treatment team to determine whether the child/young adult should continue at the Intense

service level, be placed at a lower service level, the child/young adult should be in a less restrictive setting or placed in an inpatient hospital.

5. The provider must ensure that an interdisciplinary team of professionals develop, review, and supervise each child's service plan.

   Refuge House will ensure that a treatment team of professionals including the child's/young adult's therapist(s), doctor, nurse, psychiatrist, treatment director, case manager, managing conservator, etc help to develop, review, and supervise the child's /young adult's service plan.

TRAINING

All foster/adopt parent(s) and caregivers are required to participate and complete a pre-service orientation training as well as on-going education hours once they have been licensed.

In addition to the training requirements at the Moderate Service Level, foster/adopt parent(s) providing services to a child at the Specialized/Intense Service Level will comply with the following:

1. New caregivers without previous experience in a residential childcare may not be assigned sole responsibility for any child until the new caregiver has been supervised for at least 40 hours while conducting direct child-care duties. An experienced caregiver must be physically available to each new caregiver at all times, until the new caregiver acquires the supervised experience. The provider must document the supervised child-care experience of every caregiver who provides direct care to children. Documented verification of a minimum of one year relevant experience to the population that the Caregiver would serve, such as children with primary medical needs, pervasive developmental disorders, mental retardation, emotional disorders, and physical disabilities, may permit new caregivers to be waived from the 40 –hour supervision requirement.

   Prior to verification, families will complete 40 hours of observation training with a tenured foster family where they will have the opportunity to participate in direct child-care duties. Active transfer foster families will be required to complete 40 hours of observation training with a tenured foster family on a case-by-case basis. Any foster family that transfers from another agency and for whom the 40 hour supervision period is waived, will have documented in their file their experience with this population for at least one year prior to their transfer to Refuge House.

2. All caregivers must receive 50 hours of training each year with the exception of caregivers in foster homes verified by child-placing agencies:

   All Refuge House foster/adopt parents and caregivers are required to complete no less than 30 hours of on-going training each year.

3. Caregivers in foster homes verified by child-placing agencies must meet the following requirements: for homes with two or more caregivers, each caregiver must receive at least 30 hours of training; OR for homes with one caregiver, the caregiver must receive at least 30 hours of training.

   The on-going training requirement for Moderate Care foster homes is that each foster/adopt parent receives 30 hours of on-going education provided by Refuge House and/or approved outside sources. Single caregivers receive 30 hours of on-going training.

PERSONNEL

All caregivers and employees must meet all appropriate licensing and contract requirements. See Refuge House Policies and Procedures and Foster Parent Handbook for requirements, qualifications, and job responsibilities for foster/adopt parent(s) and employees. In addition to the requirements for children at the Moderate and Specialized Service Levels, Refuge House meets the following personnel requirements for care for children at the Intense Service Level:

1. The provider ensures that a physician recommends and approves services at the time of the initial diagnosis and at each review.

   Refuge House will ensure that the child/young adult is seen by a physician upon entering care if not previously seen and diagnosed prior to placement. Service Plans will be reviewed by the child/young adult's physician at the appropriate intervals and recommendations approved by the physician will be followed by the caregivers as indicated in the Service Plan.

2. The individual treatment program is developed by an interdisciplinary team to address the child's intense needs.

   Refuge House will ensure that the treatment team, including subcontractors, develop the child's/young adult's individual treatment program and that it addresses all of the child's/young adult's Intense Service Level needs to help stabilize the child's/young adult's condition.

Residential Child-Care Contract
Attachment G
Intensive Foster Family Care Services

1. The Child Placing Agency (CPA) Contractor has been approved to participate in the Intense Foster Family Care Services (IFFCS).

2. Pursuant to Contract Section 7 (F), the Contractor must "comply with the Department's Intense Foster Family Care Services policy and procedures" which are documented in this Attachment G to the Contract. DFPS will not pay the Contractor the Intense Level rate until the Contractor has complied with the process referenced below in this Section.

3. Approval Procedures for Children with Primary Medical Needs.

For foster homes who are verified to provide residential child care for children with Primary Medical Needs (PMN), the following policy and procedure will be utilized:

A) Within 30 days of placement or an increase to the Intense Service Level for a Child who is already placed in a foster home verified for the Intense Service Level and who has Treatment Services as Primary Medical Needs (PMN), the Contractor must submit the date of foster home verification and a copy of the foster home screening to the Designated CPS State Office Placement Program Specialist.

B) The Designated CPS State Office Placement Program Specialist notifies the State Office Foster Care Billing Program Specialist who updates the foster home's IMPACT verification; and

C) The Contractor will be paid the Intense Service Level foster care rate for the placement of the Child in accordance with the date of foster home verification.

4. Pre-Placement Approval Procedures for Children with Emotional Disturbance, Intellectual or Developmental Disability or Pervasive Developmental Disorder.

Prior to the placement of a child with an Emotional Disturbance, Intellectual or Developmental Disability or Pervasive Developmental Disorder and a Service Level of Intense, the Contractor will not be paid at the Intense Service Level unless the following process is completed and the Contractor has been approved by DFPS:

A) If the Contractor wants to verify a foster home for the Intense Service Level **before a Child has been identified for placement:**
   i. The Contractor shall submit the foster family's previous foster home screening, amended foster home screening, and a copy of the foster home's verification to the Designated CPS State Office Placement Program Specialist.
   ii. The Designated CPS State Office Placement Program Specialist will submit the foster home screening to the Service Level Monitor within one business day.
   iii. The Service Level Monitor will review the Contractor's foster home screening to determine the foster home's Service Level compliance with the Intense Service Level Indicators (Attachment C).

iv. The Service Level Monitor will issue a letter of compliance or noncompliance to DFPS staff and the Contractor within ten business days.
v. If the Contractor receives a letter of noncompliance, the decision is final; however the Contractor may submit a new application for consideration.

B) If the Contractor wants to verify a foster home for the Intense Service Level for the placement of a Child whose Service Level is Intense prior to such placement:
i. The Contractor shall submit the foster family's previous foster home screening, amended foster home screening, a copy of the foster home's verification and the name of the Child to the Designated CPS State Office Placement Program.
ii. The Designated CPS State Office Placement Program Specialist will submit the foster home screening and information regarding the Child to the Service Level Monitor within one business.
iii. The Service Level Monitor will review the foster home screening, the Child's information, the Contractor's staffing plan, supervision plan and the Child's Treatment Plan to determine the foster home's Service Level compliance with the Intense Service Level Indicators (Attachment C).
iv. The Service Level Monitor will issue a letter of compliance or noncompliance to DFPS staff and the Contractor within ten business days.
v. If the Contractor receives a letter of compliance:
a. The Designated CPS State Office Placement Program Specialist notifies the State Office Foster Care Billing Program Specialist who updates the foster home's IMPACT verification; and
b. The Designated CPS State Office Placement Program Specialist will notify the Contractor that the foster home has been approved to be paid at the Intense Service Level foster care rate, the Child may be placed and the Contractor will be paid the Intense Service Level foster care rate.
vi. If the Contractor receives a letter of noncompliance, the Contractor may submit a new application including an amended foster home screening for a new consideration of approval, but will not be paid until approved.

5. Post-Placement Approval Procedures for Children with Emotional Disturbance, Intellectual or Developmental Disability or Pervasive Developmental Disorder.

When a Child with an Emotional Disturbance, Intellectual or Developmental Disability or Pervasive Developmental Disorder has been residing in a foster home and their Service Level is increased to Intense, the Contractor will not be paid at the Intense Service Level foster care rate unless the following process is completed and the Contractor has been approved by DFPS:

A) The Contractor must submit the request for approval to the Designated CPS State Office Placement Program Specialist within 30 days of the Child's Service Level increase to the Intense Service Level.

B) If the Contractor wants to be paid the Intense Service Level foster care rate for the placement of a Child whose Service Level increases to the Intense Service Level while placed in a foster home that is not verified for the Intense Service Level, the Contractor will not be paid at the Intense Service Level foster care rate unless the following process is completed and the Contractor has been approved by DFPS:
   i. Within 30 days of the increase of the Child's Service Level to the Intense Service Level, the Contractor must submit the foster family's previous foster home screening, the amended foster home screening, a copy of the foster home's verification, the Child's treatment plan and the Contractor's staffing plan to the Designated CPS State Office Placement Program Specialist.
   ii. The Designated CPS State Office Placement Program Specialist will submit the foster home screening and information regarding the Child to the Service Level Monitor within one business day.
   iii. The Service Level Monitor will review the foster home screening and the Child's information to determine the foster home's Service Level compliance with the Intense Service Level Indicators (Attachment C).
   iv. The Service Level Monitor will issue a letter of compliance or noncompliance to DFPS staff and the Contractor within ten business days.
   v. If the Contractor receives a letter of compliance:
      a. The Designated CPS State Office Placement Program Specialist notifies the State Office Foster Care Billing Program Specialist who updates the foster home's IMPACT verification; and
      b. The Designated CPS State Office Placement Program Specialist will notify the Contractor that the foster home has been approved to be paid at the Intense Service Level foster care rate, the Child may be placed and the Contractor will be paid the Intense Service Level foster care rate back to the date of the verification at the Intense Service Level.
   vi. If the Contractor receives a letter of noncompliance:
      a. The approval process is completed, and the decision is final.
      b. However, the Contractor may submit a new application including an amended foster home screening for a new consideration of approval, but will not be paid until approved.

C) If the Contractor fails to submit the request for approval to the Designated CPS State Office Placement Program Specialist within 30 days of the Child's Service Level increase to the Intense Service Level in a foster home that is not verified for the Intense Service Level, the Contractor may be paid back to the date of verification for the Intense Service Level only after the following process is completed and the Contractor has been approved by DFPS:
   i. The Contractor must submit the foster family's previous foster home screening, the amended foster home screening, a copy of the foster home's verification, the Child's treatment plan and the Contractor's staffing plan to the Designated CPS State Office Placement Program Specialist.

ii. The Designated CPS State Office Placement Program Specialist will submit the foster home screening and information regarding the Child to the Service Level Monitor within one business day.
iii. The Service Level Monitor will review the foster home screening and the Child's information to determine the foster home's Service Level compliance with the Intense Service Level Indicators (Attachment C).
iv. The Service Level Monitor will issue a letter of compliance or noncompliance to DFPS staff and the Contractor within ten business days.
v. If the Contractor receives a letter of compliance:
    a. The Designated CPS State Office Placement Program Specialist notifies the State Office Foster Care Billing Program Specialist who updates the foster home's IMPACT verification; and
    b. The Designated CPS State Office Placement Program Specialist will notify the Contractor that the foster home has been approved to be paid at the Intense Service Level foster care rate and the Contractor will be paid the Intense Service Level foster care rate back to the date the submission of the foster family and Child's documentation was provided to the Designated CPS State Office Placement Program Specialist.
    c. If the Contractor receives a letter of noncompliance, the Contractor may submit a new application including an amended foster home screening for a new consideration of approval, but will not be paid until approved.

D) For the placement of a Child who is currently residing in a foster home which has been verified for the Intense Service Level, the Contractor must ensure that the continued placement of the Child has been approved by DFPS through the following procedures:
i. Within 30 days of the increase of the Child's Service Level to the Intense Service Level, the Contractor must submit the foster home screening, the Child's treatment plan and the Contractor's staffing plan to the Designated CPS State Office Placement Program Specialist.
ii. The Designated CPS State Office Placement Program Specialist will review the documentation and email the Contractor if the Child has been approved for continued placement and payment at the Intense Service Level foster care rate.

E) DFPS may recoup payment in the event that after review of documentation, it is determined by DFPS that the Contractor did not provide Intense Services to a Child placed in an approved IFFCS foster home.