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Procedure Name: Placement Stability Plan
Procedure Number: OP-1116
Revision #/Date: NA
Effective Date: 12/30/08

Applicable to: CBCB, Case Management Agencies and Child Placing Agencies

SUBJECT: Placement Stability Plan

PURPOSE: To provide mechanisms for placement stability for children residing in out of home care.

PROCEDURE:

References

CBCB Policies/Procedures: GOV 202, GOV203

Principles

Community Based Care of Brevard (CBCB) recognizes that minimization of trauma associated with a removal from a child's home is imperative for healthy developmental functioning. Children that experience multiple placements within the foster care system are exposed to conditions that place them at risk of developing an attachment disorder. Sudden separation from a primary caretaker, confounded with these variables, teaches a child that the world is unsafe.

CBCB's Intake and placement philosophy is based on a number of key principles:

- CBCB on call respondents are available 24 hours per day, 7 days per week;
- CBCB ensures that substitute care homes consist of safe, stable environments that do not have early identifiable issues indicative of placement disruption;
- each family foster home meets the child's specific needs with child's safety and well being of primary importance;
- each family foster home shares responsibility for the child's educational, medical, social, recreational and emotional health;
- each home serves the child's best interest, special needs and cultural characteristics whenever possible;
- children are placed within their home county and same school zone to preserve the child's community connections and to allow close proximity to biological families and siblings whenever possible;
- any sibling group that is separated is reviewed on at least a quarterly basis to expedite the facilitation of a placement together.

Before a child is placed in foster care, non custodial parents, relatives and non relatives will be given first consideration and subsequently will have been ruled out as a placement resource. Once it has been determined that licensed care is required, CBCB Intake Specialist will contact each Child Placing Agency (CPA) to determine the most appropriate, family like placement based on the child's need.

Welcome Center

CBCB has added a child friendly "Welcome Center" as a feature to increase placement viability and serve as a family friendly facility that will accommodate up to 6 children. The concept of the Welcome Center originated in the context of identifying gaps in the current system. It was discovered that historically when a DCF Protective Investigator removes a child from a home, the PI contacts the DCF placement unit to locate an appropriate home. At times there is not a placement available and the child, who has already experienced the unexpected separation from family members and trauma associated with leaving their home, is brought to the office while the placement unit struggles to find resources. Historically the system has been more reactive than proactive. For this reason, CBCB has recognized the importance of developing a resource that is available to allow a child to be placed in a family like environment upon removal. The addition of the Welcome Center is of paramount importance in CBCB's system of care. The Welcome Center provides a means for children who are removed to experience transition into a naturalized family friendly setting.

The Welcome Center is available 24 hours per day, 7 days per week and staffed by trained child care professionals. The Welcome Center is licensed as a group home and receives children on a moment's notice when contacted by CBCB on call staff. There is an unconditional acceptance philosophy. Approximately 25 children enter licensed care each month. The Welcome Center can also be used for respite and for children in which relative or non relative home studies are being completed and results are pending.

Mechanisms to Determine Level of Care

Traditionally, the child welfare system has been categorical in service provision and required a child to fail up into higher level placements. Seldom are children assessed accurately at the front door. For these reasons, each child will be evaluated by a CBCB Utilization Review Specialist, (Masters Level) through the administration of the Child and Adolescent Functional Assessment Scale (CAFAS) and the Pre School and Early Childhood Functional Assessment Scale (PECFAS) designed by Dr. Kay Hodges. The following domains of the child's life will be assessed: School/Work, Community, Home, Behavior towards Others, Moods/Emotions, Thinking, Substance Abuse and Self Harmful Behavior. Each child will be evaluated at intake and on a quarterly basis. Any behavioral challenges that the child has experienced will be communicated to the primary Care Manager. Clinical issues will be incorporated into the care planning process. Each child's strengths and goals will be identified and new goals will be introduced progressively. CBCB Utilization Review Specialists will collaborate with multiple informants throughout this process.

The CBCB System of Care has blended internal expanded placement alternatives with current Pre Paid Mental Health placement options to create a leveling system responsive to each child's individualized needs. Each placement level is characterized by a corresponding CAFAS/PECFAS score, plan of action, compensation for foster parent, placement review frequency, enhanced training requirements of foster parents in addition to licensure standards, criteria of child and finally

requirements of Child Placing Agencies. The following family care levels are encompassed with the CBCB system of care:

Pathway Home (Traditional Foster Care)

CAFAS Score: 0-80 Child has minimal or no impairments in daily living activities. Child requires some outpatient services and community coordination for support and reinforcement. Child is stable in current living environment.

Foster Parent Requirements: One or two parent home, no restriction on employment and training in debriefing process and the impact of separation.

Criteria for child: Child requires out of home care and there are not any relatives or non relatives within the child's support network that are either willing or able meets the standards of approved caregiver.

Connections (Enhanced Foster Care)

CAFAS Score 80-120 Child has some mild impairment that result in sporadic disobedience and uncooperativeness. Child is capable of being redirected and adhering to behavior and/or treatment plan. Child requires customized behavior and treatment plan.

Foster Parent Requirements: Meets criteria for Pathway Home and foster parents must be specially recruited and trained in intervention to meet child's needs. Ten hours of training is required that can include childhood development, discipline, limit setting, consequences, problem solving, relationship building, permanency planning, stress management, confidentiality and cultural competence.

Criteria for child: Child has a serious emotional disturbance, is a victim of child abuse or neglect and required out of home care as determined via an investigation by DCF or contracted community based care agency.

Passages (Enhanced Foster Care)

CAFAS Score 120-160 Child has moderate impairments, may have some non compliant and inappropriate behavior, child demonstrates some difficulty complying with reasonable rules and expectations within the home, typically accepts and processes consequences for undesirable behavior.

Foster Parent Requirements: Meets criteria for Connections and it is recommended that at least one parent must be available 24 hours per day to respond to crisis that may require that one of the foster parents not work outside the home. Two parent household is strongly recommended (a single parent will be given special consideration to parenting experience and availability of support network) and an additional 20 hours of training is required. Twenty hours of training can include children with serious emotional disturbances, trauma, removal and loss, mentoring of biological parents, behavior management, theories and skills.

Criteria for child: Child has a serious emotional disturbance, child is a risk of hospitalization or child has been hospitalized, admitted to residential treatment center or crisis stabilization during the last two years, child has a history of abuse or neglect, child no longer meet the Medical Necessity Criteria for Specialized Therapeutic Foster Care Level 1 or Specialized

Therapeutic Foster Care Level 2, history of self injurious behaviors, sexual acting out, Baker Acts, history of current maladaptive behaviors marked by elopement episodes, current or past use of illegal substances, current or past frequent need for Mobile Response Team intervention impaired self control, heightened aggression, lying, stealing, immaturity, failed placements due to behavior history or current DJJ involvement.

Specialized Therapeutic Level 1

CAFAS Score 120-140 and Criteria for child: Magellan Behavioral Health Criteria states that Level 1 is for enrollees whom have a serious emotional disturbance, including a mental, emotional or behavior disorder as diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without specialized therapeutic foster care, the enrollee would require admission to a psychiatric hospital, the psychiatric unit or a general hospital, a crisis stabilization unit or a residential treatment center or has, within the last two years, been admitted to one of these settings. A history of delinquent acts and has a serious emotional disturbance. The enrollee may exhibit maladaptive behaviors such as destruction of property, aggression, running away, use of illegal substance, lying, stealing etc. The enrollee may display impaired self concept, emotional immaturity or extreme impulsiveness and immaturity impairs decision making and places the enrollee at risk in a non therapeutic community setting or there is a history of abuse and neglect and serious emotional disturbance. The enrollee's emotional and behavioral patters are marked by self destructive acts, impaired self concept, heightened aggression, or sexual acting out. Additional signs of social and emotional maladjustment such as lying, stealing, eating disorders and emotional immaturity may also be identified. Individual may have also been determined through the Clinical Review Process that the enrollee cannot be adequately treated with less intensive services, been a victim of abuse or neglect and been determined by the Department of Children and Families, district Child Welfare and Community Based Care program office to require out of home care.

Note that no more than two specialized or regular foster care children or children committed to the Department of Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity. The waiver must be approved by the office of Substance Abuse and Mental Health.

Foster Parent Requirements: The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the enrollee. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the enrollee. One of the following individuals must serve in the role of specialized therapeutic foster care clinical staff for each enrollee: Psychiatric Nurse, Clinical Social Worker, Mental Health Counselor, Marriage and Family Therapist, Mental Health Professional or Psychologist. Providers of specialized therapeutic foster care services must be certified by the Community Based Care program office and the Area Medicaid office or Juvenile Justice as a specialized therapeutic foster care services provider and be enrolled in Magellan as a specialized therapeutic foster care provider. Providers must be certified annually by the designated Substance Abuse and Mental Health office, the district Child Welfare and Community Based Care program office or Juvenile Justice and area Medicaid staff as meeting the specific qualifications to provide these specialized services. Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these specialized services.

Group Home Placement

CAFAS Score 120-180 Child's behavior cannot be managed in a family foster home setting or less restrictive placement. This level can also be used as a step down option for residential treatment or other settings for children and youth who are unable to return home and/or provide consistency for children who experience many moves and placements in a short time period.

Group Home Requirements: Group homes are designed to provide consistency and may be gender specific or coed based on a positive peer culture model that can include such services for residents as family therapy when appropriate, individual and group therapy, psychiatric services, medication management, educational components in which program goals are to provide successful transition for those children and youth returning home or to a family foster care placements. This level helps residents to become more confident, develop ability to control behaviors, increase motivation and learn life skills that will help them to achieve personal goals. Group Home rules and regulations ensure safety of day to day residents and effective day to day operations.

Criteria for child: Child's behavior cannot be managed in a family foster home settings, child has experienced disruption in less restrictive placements, child has attended inpatient residential and group home is step down option for residential treatment, child has experienced multiple placements in a short time period and group home placement will provide consistency in a structured environment that is needed to stabilize a child.

Specialized Therapeutic Level 2

CAFAS Score 160-180 and Criteria for child: Level 2 is for an enrollee who meets the criteria for Level 1 and who exhibits more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self inflicted injuries and suicide indications or gestures or an inability to perform activities of daily and community living due to psychiatric symptoms. The enrollee requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents. Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional or psychiatric crisis. The enrollees must be in foster care or commitment status and meet Level 1 or Level 2 criteria. The Clinical Review process must be utilized to determine the level of specialized therapeutic foster care services required by the enrollee, and review each child/adolescent status to reauthorize services no less than every six months. A specialized therapeutic foster home may be used as a temporary crisis intervention placement for a maximum of 30 days. Any exception to the length of stay must be approved in writing through the Clinical Review Process.

Note that no more than two specialized or regular foster care children or children committed to the Department of Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity.

Foster Parent Requirements: The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the enrollee. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the enrollee. One of the following individuals must serve in the role of

specialized therapeutic foster care clinical staff for each enrollee: Psychiatric Nurse, Clinical Social Worker, Mental Health Counselor, Marriage and Family Therapist, Mental Health Professional or Psychologist. Providers of specialized therapeutic foster care services must be certified by the Community Based Care program office and the Area Medicaid office or Juvenile Justice as a specialized therapeutic foster care services provider and be enrolled in Magellan as a specialized therapeutic foster care provider. Providers must be certified annually by the designated Substance Abuse and Mental Health office, the district Child Welfare and Community Based Care program office or Juvenile Justice and area Medicaid staff as meeting the specific qualifications to provide these specialized services. Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these specialized services. The waiver must be approved by the office of Substance Abuse and Mental Health.

Specialized Therapeutic Group Home (STGH)

CAFAS Score 120-200 An ICD-9-CM diagnosis of a) 295.0 through 298.9 or b) 294.8, 294.9 through 301.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, 312.81 through 314.9 and 303.0 through 305.9 and either have been enrolled in a special education program for the seriously emotional disturbed or emotionally handicapped or have scored 50 or below on the Axis V Global Assessment of Functioning Scale or CGAS with the past six months. The justification to the score must be well documented and detailed on the certification form. The enrollee must be diagnosed by a psychiatrist or other licensed practitioner of the healing arts as having a moderate to serious psychiatric, emotional or behavioral disorder and due to the emotional or psychiatric symptoms, is exhibiting severe maladaptive behaviors or an inability to perform activities of daily living. The enrollee must require intensive, structure mental health interventions and the availability of highly trained therapeutic group care staff. The enrollees must have reached the maximum health benefit from a more restrictive setting or a less restrictive treatment option may have been tried or considered and not found sufficient to meet safely the enrollee's treatment needs. Each enrollee must be reviewed via the Clinical Review process and must reauthorize no less than every six months for the first twelve consecutive months of placement and then no less than every month for the following 12 consecutive months. The focus of service must be directly related to the enrollee's mental health or substance abuse condition. The intensity and individual utilization of treatment services must be determined by, and must be directly related to the enrollee's specific needs as identified in the individualized treatment plan and reflected in the clinical record.

Foster Parent Requirements: Specialized Therapeutic Group Homes are community based psychiatric residential treatment services designed for children and adolescents with moderate to severe emotional disturbances. They are provided in a licensed residential group home setting serving no more than 12 children and adolescents. Treatment includes provision of psychiatric, psychological, behavioral and psychosocial services to enrollees who meet the specified clinical criteria. STGH is intended to provide a high degree of structure, support, supervision and clinical intervention in a home like setting. Services are highly supportive, individualized and flexible and are designed to maximize an enrollee's strengths and reduce behavior problems or functional deficits stemming from a mental health disorder. The goal of STGH is to enable an enrollee to self manage and work toward resolution of emotional, behavioral or psychiatric problems towards the long term goal of returning to a normalized living situation with a family, foster family, in a residential group care setting or an independent living situation. Providers must comply with the regulations listed in the Community Behavioral Health Services Coverage and Limitations Handbook.

Family Residence Program

CAFAS Score 120-160 This level is characterized for youth in need of permanent living arrangement, who may have recently entered care, resided in temporary shelter or have experienced multiple foster home placements. Youth will participate in Pre Independent Living Skill Training in preparation for transition to adulthood. This level is designed to assist the youth in a successful transition to adulthood in a family environment.

Foster Parent Requirements: Foster Parents must participate with the other professionals in the development of a service plan, are primarily responsible for implementing in home strategies, works cooperatively with the Family Care Team, participate in the development of a normalcy plan, attend trainings as required including child assessment of progress, family interaction, safety issues to include written training and professional development plan, document the tracking and evaluation of services ensuring licensing standards are met and communicating in the consumer's language. The Child Placing Agency managing the Family Residence Home is required to provide a Certified Behavior Analyst Consultant, Individual Therapy, Group Therapy, Psychiatrist Consultation, Wrap around supports, 24 hour crisis support, ARNP and psychiatric medication management services.

Residential Treatment Statewide Inpatient Psychiatric Program: (SIPP)

CAFAS Score 200-240 Criteria for admission per Substance Abuse and Mental Health Program Office and it subcontracted providers: All admissions are non emergency and voluntary, medical clearance must be given by a physician or other medical professional. If the recipient has chronic medical problems, First Health and the provider must agree that the admission is appropriate. The child or adolescent has age appropriate cognitive ability and under CFR 441.152 Federal Requirements A, B, and C shall meet criteria for admission to SIPP. Ambulatory care resources available in the community do not meet the treatment needs of the recipient (42 CFR 441.152(a)). Recipient meets criteria for inpatient psychiatric services. A reasonable course of acute inpatient and/or intensive outpatient services has failed to resolve symptoms to permit placement in a less restrictive setting. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician (42 CFR 441.152 (a)).

The following criteria must also be met; recipient has a primary DSM IV diagnosis, established through documented comprehensive bio psychosocial diagnostic assessment, that indicates that presence of a psychiatric disorder that is severe in nature and requires more intensive treatment than can be provided on a outpatient basis, the rating on DSM IV for Axis V for the admission diagnosis is less than 70, the recipient continues to experience problems related to the mental disorder diagnosed above and one of the following categories; self care deficit, impaired safety threat, impaired through and or perceptual process (reality testing) or severely dysfunctional patterns. The recipient continues to have serious impairment of functioning in one or more major life roles (family, interpersonal relations, self care etc) as evidenced by documented presence of deficits in cognition, control or judgment due to diagnosis, circumstances resulting from those deficits in self care, personal safety, social/family functioning, academic or occupational performance or prognostic indicators which predict the effectiveness of treatment.

The provider describes a proposed plan of treatment that includes medical, psychiatric, neurological, psychological, social, educational and substance abuse assessments at an inpatient level of care. The services can reasonably be expected to improve, within a time

frame of three to six months, the recipient's condition or prevent further regression so that services will no longer be needed.

Clinical Review Process

This weekly staffing process, facilitated by the Utilization Program Manager, includes the review of children whom meet medically necessity criteria for Level 1, Level 2, and Specialized Therapeutic Group Care, are experiencing placement disruptions, or in need of a more or less restrictive placement option. The clinical review team consists of CBCB Consulting Psychologist, Utilization Program Manager, Substance Abuse and Mental Health Representative, Brevard County School Board Representative, CBCB Intake Specialists, CBCB Utilization Review Specialists, Care Coordinator, Care Manager, Supervisor, Therapist and Targeted Case Manager (if applicable).

Mechanisms to Assist in the Prevention of Placement Disruptions

Although there are multiple reasons why children disrupt, at times it is a result of the lack of access to the child's identified services. As a result of the child not engaging in services, the child destabilizes and the foster parent subsequently becomes frustrated. CBCB offers additional supports to primary Care Managers to ensure that there are not any barriers to a child receiving the necessary and required services. CBCB Care Coordinators function as resource specialists and authorize services in a prudent yet effective manner to ensure that adequate resources exist to serve each child's needs. Professional contracted providers are also utilized in addition to the community resources that already exist in Brevard County and with whom working agreements have been pre arranged. Any Child Placing Agency that receives a 30 day notice from the family foster home will be scheduled for a Family Team Conference before CBCB accepts the placement notice.

Selected families under the supervision of CBCB will also engage in the Family Team Conference (FTC) Process. The initial FTC will be held within 14 days of CBCB receiving the referral and each subsequent utilization review will address the child's and family's progress. In addition, any child that is experiencing potential placement disruption will automatically be scheduled for an emergency FTC to discuss what additional supports can be deployed to stabilize the child in their current placement. Each family's network of supporters (called the Family Care Team) will provide input into the planning process. All informal and natural supports will be utilized. Each CPA will have representation at the FTC and every resource must have been exhausted before consideration is given to change placement. If a placement change is required, the affiliated CPA will replace the child within their own network and same school zone.

Another reason for placement disruption can be a lack of support to the foster home. The experience of a foster parent unable to receive help can be isolative and often causes an ultimatum to be given. CBCB provides crisis intervention to each foster home through the Mobile Response Team (MRT) 24 hours per day, 7 days per week for de-escalation of a crisis that might result in placement disruption. In addition, the following supports can be accessed through the Child Welfare Pre Paid Mental Health Plan and CBCB's subcontracted providers:

- Assessments and Written Recommendations
- Psychological Evaluations
- Home Based Interventions
- Paraprofessional Support/Parent Education
- Psychiatric Evaluation/Medication Management

- Behavior Management/Support
- Safety and Crisis Planning
- Home Based Therapy
- Dialectical Behavior Therapy
- Cognitive Behavior Therapy
- Trauma Treatment and Evaluations

BY DIRECTION OF THE CHIEF EXECUTIVE
OFFICER:



DR. PATRICIA NELLIUS-GUTHRIE
Chief Executive Officer
CBC of Brevard, Inc.

APPROVAL DATE: 1/14/09

Community Based Care of Brevard, Inc. Policy and Procedure Manual

Updated on 11/13/2008 10:18:00 AM CATEGORY OF FAMILY CARE SUPPORT	PATHWAY HOME (Traditional)	CONNECTIONS (Enhanced)	PASSAGES (Enhanced)	CWPMHP & SAMH Funded Specialized Therapeutic 1	GROUP HOME PLACEMENT
CAFAS/PECFAS SCORE RANGE AND CHILD PROFILE	0-80 Child has minimal or no impairments in daily living activities. Child requires some outpatient services and community coordination for support and reinforcement. Child is stable in current living environment.	80-120 Child has some mild impairment that result in sporadic disobedience and uncooperativeness. Child is capable of being redirected and adhering to behavior and/or treatment plan. Child requires customized behavioral and treatment plan.	120-160 Child has moderate impairments, may have some non compliant and inappropriate behavior, child demonstrates some difficulty complying with reasonable rules and expectations within the home, typically accepts and processes consequences for undesirable behavior.	120-140 MEDICAID CRITERIA	120-180 Child's behavior cannot be managed in family foster home setting; less restrictive placements; can be used as step down option for residential treatment or other settings for children/youth who are unable to return home and/or to provide consistency for children who experience many moves and placements in a short time period.
PLAN	Reassess CAFAS/PECFAS every six months	Reassess CAFAS/PECFAS quarterly, implement Behavioral and treatment plan	Reassess CAFAS/PECFAS quarterly, develop and implement crisis plan	Start discharge planning on day one and coordinate with provider point of contact	Reassess CAFAS/PECFAS quarterly, develop and implement crisis plan
BOARD RATE	Board Rate: \$ 14.49 11 and younger \$ 16.96 12 and older Enhancements to Foster Parent: \$ None - 11 and younger \$ 2.54 - 12 and older CPA rate: \$15.00	Board Rate: \$ 14.49 11 and younger \$ 16.96 12 and older Enhancements to Foster Parent: \$ 12.51 - 11 and younger \$ 20.04 - 12 and older CPA rate: \$20.00	Board Rate: \$ 14.49 11 and younger \$ 16.96 12 and older Enhancements to Foster Parent: \$ 22.51 - 11 and younger \$ 30.04- 12 and older CPA rate: \$25.00	If CWPMHP & SAMH Funded 0 If CBCB Funded \$87.30 daily	Board Rate: Ranges: \$85.00 to \$175.00 daily
REVIEW FREQUENCY	Minimally every 180 days	Minimally every 90 days	Minimally every 90 days	Minimally every 90 days	Minimally every 90 days
REQUIREMENTS OF FOSTER PARENTS	One OR two parent home No restrictions on employment State License Training details Debriefing Process Impact of Separation	Meets criteria for Pathway Home AND Foster parents must be specially recruited and trained in interventions to meet child needs, 10 hours of training Training details Normal Childhood Development Discipline, limit setting, consequences, problem solving and relationship building skills Permanency	Meets criteria for Connections AND It is recommended that at least one parent be available 24 hours per day to respond to crisis Two parent household is strongly recommended .20 hours of training is required. Training details: Serious Emotional Disturbances in children	MEDICAID CRITERIA	Designed to provide consistency. May be gender specific or coed based on a positive peer culture model that can include such services for residents are family therapy when appropriate, individual and group therapy, psychiatric services, medication

		<p>Planning Stress Management Confidentiality Cultural Competency</p>	<p>Trauma. Removal and Loss Working with biological families as a Mentor Behavior Management, Theories and Skills</p>		<p>management, educational components in which program goals are to provide successful transition for those children and youth returning home or to a family foster care placement. Helps residents to become more confident, develop ability to control behaviors, increase motivation an learn life skills that will help them to achieve personal goals. Group home rules and regulations ensure safety of day to day residents and effective day to day operations.</p>
<p>CRITERIA FOR CHILDREN</p>	<p>1. Child requires out of home care and there are not any relatives or non relatives within child's support network that are either willing or able and meet standards or approved caregiver</p>	<p>1. Serious Emotional Disturbance (SED) 2. Victim of Child Abuse or Neglect 3. Child requires out of home care as determined via an investigation by DCF or contracted community based care agency</p>	<p>1. SED 2. Child at risk of hospitalization OR child has been hospitalized, admitted to RTC or crisis stabilization during the last two years 3. Hx of abuse or neglect 4. No longer or does not currently meet the Medical Necessity Criteria for STFC/I or STFC/II. 5. Hx of self injurious behaviors, sexual acting out, Bakers Acts, hx of or current maladaptive behaviors marked by elopement episodes, current or past use of illegal substances, current or past frequent need for Mobile Response Team intervention, , impaired self control,</p>	<p>MEDICAID CRITERIA</p>	<p>1. Child's behavior cannot be managed in family foster home setting and/or; 2. Child has experienced disruption in less restrictive placements and/or; 3. Child is at risk for or has attended inpatient residential and group home is step down option for residential treatment and/or 4. Child has experienced multiple placements in a short time period and group home placement will provide consistency in a structured environment that is needed to stabilize child.</p>

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			heightened aggression, lying, stealing, immaturity, failed placements due to behavior, hx of or current DJJ involvement.		
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CATERGORY OF FAMILY CARE SUPPORT	CWPMHP & SAMH Funded Specialized Therapeutic 2	CWPMHP & SAMH Funded Specialized Therapeutic Group Care	FAMILY RESIDENCE PROGRAM	SAMH Funded SIPP beds
CAFAS/PECFAS SCORE RANGE AND CHILD PROFILE	160-180 MEDICAID CRITERIA	120-200 MEDICAID CRITERIA	120-240	200-240 MEDICAID CRITERIA
PLAN	Start discharge planning on day one and coordinate with provider point of contact for step down	Start discharge planning on day one and coordinate with provide point of contact for step down	Youth will become stabilized and may reside in the Family Residence Program until age of majority.	Start discharge planning on day one and coordinate with provider point of contact for step down
BOARD RATE	If CWPMHP or SAMH Funded 0 If CBCB Funded \$135.80 daily	If CWPMHP or SAMH Funded 0 If CBCB Funded \$60.00 per day	Varies depending upon capacity	SIPP Funded
REVIEW FREQUENCY	Minimally every 30 days	Minimally every 30 days	Minimally every 90 days	Minimally every 30 days
REQUIREMENTS OF FOSTER PARENTS	MEDICAID CRITERIA	MEDICAID CRITERIA	Participate with other professionals in the development of a service plan Primary responsibility for implementing in home strategies Work cooperatively with Family Team Members Attend required trainings child assessment of progress, family interaction, safety issues to include written training and professional development plan Document the tracking and evaluation of services Ensure licensing standards are met Communicate in consumer's language	MEDICAID CRITERIA

<p>CRITERIA FOR CHILDREN</p>	<p>MEDICAID CRITERIA</p>	<p>MEDICAID CRITERIA</p>	<p>Youth in need of a permanent living arrangement who have may have recently entered care, resided in temporary shelter or have experienced multiple foster home placements. Youth will participate in Pre Independent Living Skill Training in preparation for transition to adulthood. The Family Residence Program will assist youth in successful transition to adulthood.</p>	<p>MEDICAID CRITERIA</p>
<p>REQUIREMENTS OF CHILD PLACING AGENCIES</p>	<p>MEDICAID CRITERIA</p>	<p>MEDICAID CRITERIA</p>	<p>CBA Consultant Individual Therapy Group Therapy Psychiatrist consultation Wrap around services 24 hour crisis support ARNP/psychiatric medication management services</p>	<p>MEDICAID CRITERIA</p>