


Therapeutic Family Foster Care and Special Medical Placements

Approved By:  Ronald E. Richter, Commissioner	Date Issued: <u>12/6/12</u>	Number of Pages: 4	Number of Attachments: 1
Related Laws: N/A	Children's Services Divisions/Provider Agency: Division of Family Permanency Services; Division of Child Protection, Office of Placement Administration; Foster Care Provider Agencies	Contact Office /Unit: Fayette Bennett Acting Executive Director, Family Permanency Services/Office of Knowledge Management & Practice – Family Permanency Team Conferencing fayette.bennett@dfa.state.ny.us or Trevor John, Assistant Commissioner, Office of Placement Administration trevor.john@dfa.state.ny.us	
Supporting Regulations: N/A	Supporting Case Law: N/A		
Bulletins & Directives: <i>Intra and Inter Agency Placement Protocol Memorandum, dated 8/10/12</i>	Related Policies: N/A	Supersedes: <i>TFFC Intra and Inter Agency Placement Protocol Memorandum, dated 5/14/2012</i>	
Related Forms: CS-884 Form - <i>Special/Exceptional Care Request</i>			
SUMMARY: This policy provides direction to foster care providers regarding the process for placing youth in Therapeutic Family Foster Care (TFFC) and Special Medical foster homes. Foster care providers must participate in a Family Team Placement Change Conference (or Permanency Planning Conference attended or facilitated by FPS) and obtain approval from OPA for the vacancy in order to preserve these limited resources for the children and youth who need them most.			
SCOPE: This policy applies to all foster care provider agencies when they are considering moving a child or youth to Therapeutic Family Foster Care or a Special Medical foster home.			

I. Introduction

Therapeutic Family Foster Care (TFFC)¹ and Special Medical foster home capacity are limited resources available in our system for children and youth who cannot be safely maintained in a regular foster care placement, due to behavior or special medical issues. If a specialized foster home setting is needed, or if it is necessary to convert a regular foster home or a specialized home into TFFC or Special Medical, the following steps must be taken.

II. Steps Required to Move a Child/Youth or Home to TFFC or Special Medical Placement

- A. A Family Team Placement Change Conference (or Permanency Planning Conference attended or facilitated by FPS) Must Be Held
 - 1. A request for a conference must be made to the Division of Family Permanency Services (FPS) Office of Knowledge Management and Practice - Family Team Conferencing for all children where placement into TFFC or Special Medical is being considered.
 - 2. Prior to making the request to FPS, the agency must have exhausted all referrals or resources available to preserve the placement, including referrals to Bridges to Health (B2H), if appropriate.
 - 3. During the Family Team Conference, the participants shall determine whether the child can be supported in his/her current placement or the current level of care.
- B. OPA Approval For the Vacancy is Required to Move a Child/Youth or Home to TFFC or Special Medical Placement
 - 1. If the outcome of the Family Team Conference is that the child or young person cannot be maintained in his/her current level of care and that a TFFC or Special Medical bed is needed, the agency must send a referral package seeking the same to the ACS Office of Placement Administration (OPA).
 - a. The referral package must be submitted for all placements including intra-agency and inter-agency placements into TFFC or Special Medical, and conversions of homes to TFFC or Special Medical.
 - b. The referral package for **intra-agency placement** is comprised of the following:
 - i. An FTC summary supporting the need for a higher level of care; and
 - ii. Any related court order(s)

¹ TFFC includes Multidimensional Treatment Foster Care (MTFC) placements.

- c. The referral package for **inter-agency placement** is comprised of the following:
 - i. Medical documentation (i.e. diagnosis, physician remarks, prognosis, required treatment, etc.);
 - ii. A current psychosocial outlining the need for a specialized placement;
 - iii. A psychiatric evaluation dated within one year;
 - iv. A psychological evaluation dated within two (2) years;
 - v. An FTC summary supporting the need for a higher level of care;
 - vi. School reports / IEP; and
 - vii. Court order(s)
2. Upon receipt of the request, OPA will review the TFFC or Special Medical waiting list and TFFC or Special Medical system capacity prior to making a decision on the request in order to prioritize the most critical placements across the system.
3. OPA will prioritize TFFC and Special Medical vacancies for children requiring a higher level of care to prevent the possible escalation to psychiatric hospitalization where a less restrictive appropriate placement is available.
4. A referral package must be submitted to OPA even in instances when the youth's current foster care placement is being converted into a TFFC or Special Medical home.
5. OPA will make a decision and respond to the foster care agency's request within three (3) business days.
6. While every effort will be made by OPA to preserve placements and maintain continuity for youth, if a determination is made that system-wide needs require that a specific agency's capacity in this area be assigned to a different youth who is awaiting placement, the youth whom the agency is seeking to step up may be placed on the TFFC or Special Medical waiting list until another TFFC or Special Medical slot becomes available. Providers must put in place a concurrent plan to support the immediate needs of the child pending approval for the vacancy from OPA. **These youth will not be placed at the Children's Center while awaiting a TFFC or Special Medical home.**
7. Once OPA approves the vacancy for the placement change request, the provider agency may then update the appropriate systems to reflect the placement as being TFFC or Special Medical. The referring agency for all inter-agency referrals must update all systems within one week after

receiving OPA approval to facilitate timely access for the accepting agency to begin case planning and management.

8. The provider agency shall follow the process for requesting the special/exceptional rate from the Children with Special and Exceptional Needs Unit (CSEN) for all planned moves to TFFC or Special Medical (See Attachment A for instructions).
9. Please note: OPA will approve the vacancy for MTFC placements and sign the CS-884 form (Attachment A) authorizing the Special/Exceptional rate for up to one year.
9. The ACS Systems Support Office will verify that all placements into TFFC or Special Medical have a Child Placement Referral (CPR) approved by OPA. If there is no supporting documentation, the placement change will be flagged for the agency and reversed in CCRS.

C. Exceptions to the Above Protocol

1. OPA approval for the vacancy for a placement change to TFFC or Special Medical involving children and youth who are medically ready to step down from hospitalization or psychiatric hospitalization need not be sought; however, a Family Team Conference must still be held. Family Team Conferences are part of ongoing discharge planning for hospitalized children and youth; and therefore, shall not cause a delay in the placement process. Packages must still be submitted to OPA for necessary tracking. Placement packages must include the same documents listed above in section II(B)(1)(b) for intra-agency placements and section II(B)(1)(c) for inter-agency placements. OPA will prioritize placements for these children and youth.
 2. OPA approval for court ordered moves need not be sought; however, placement packages must still be submitted to OPA for necessary tracking.
- D. ACS emphasizes that the population most in need of TFFC placements are youth exhibiting acting out behaviors. These youth, who cannot be supported in a foster home and/or are transitioning from a residential placement, will be prioritized in terms of approving placement level changes. ACS strongly encourages TFFC agencies to continue to recruit and to support foster parents who can serve this population of young people.

SPECIAL / EXCEPTIONAL CARE REQUEST / DEMOGRAPHICS

FIRST OF 3 FORMS REQUIRED TO APPLY FOR SPECIAL/EXCEPTIONAL RATE

Demographics

CHILD'S NAME (LAST, FIRST, PLEASE PRINT):		SEX (PLEASE CHECK ONE) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	CIN:
CASE NAME (LAST, FIRST, PLEASE PRINT):			CASE NUMBER: S	
FOSTER CARE AGENCY (NAME):	FBH PLACEMENT DATE:	STATE FBH CERTIFICATE NUMBER:	EXPIRATION DATE OF FBH:	

Request

☐ Initial to begin: ____/____/____ Ending: ____/____/____ ☐ Reauthorization; to begin: ____/____/____ Ending: ____/____/____

Level of Difficulty being requested is: (Choose only one)
☐ Special ☐ Exceptional (Attach Supporting Documentation)

Reauthorization Timeframe being requested is: (Choose one)
☐ Annual (a) ☐ Bi-annual (b) ☐ Every 18 months (c) ☐ No reauthorization required (d)

Request Based Upon (Have you attached supporting documentation?)

Special Care: (LOD = 2)

☐ The child suffers from pronounced physical conditions as a result of which a physician or nurse practitioner certifies that the child requires a high degree of physical care.

☐ The child has been diagnosed by a qualified psychiatrist, psychologist or nurse practitioner as being moderately developmentally disabled, emotionally disturbed or having a behavioral disorder to the extent that requires a high degree of supervision.

Exceptional Care: (LOD = 3)

☐ The child requires, as certified by a physician or nurse practitioner, 24-hour a day care provided by qualified nurses, or persons closely supervised by qualified nurses or physicians.

☐ The child has severe behavior problems characterized by the infliction of violence on themselves, other persons or their physical surroundings, and have been certified by a qualified psychiatrist, psychologist or nurse practitioner as requiring high levels of individual supervision in the home.

☐ The child has been diagnosed by a qualified physician or nurse practitioner as having severe mental illnesses, such as childhood schizophrenia, severe developmental disabilities or brain damage, severe autism.

☐ The child has been diagnosed by a physician or nurse practitioner as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immuno-Deficiency Virus (HIV) related illnesses as defined by the AIDS Institute of the State Department of Health.

☐ The child who tested positive for HIV infection (Child who subsequently tested negative for HIV infection due to seroconversion remains eligible for exceptional level of care for a period of one year from the initial placement date. New York City Children's Services will deem seroconversion to have occurred after the second negative PCR test).

Submitted By Agency Liaison/Case Planner

PRINT NAME (Case Planner):	SIGNATURE:	TELEPHONE NUMBER:	DATE:
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Children's Services Use Only

CCRS ENTRY:	MODIFIER:	ACTIVITY CODE: S200
Date Received by ACS: ____/____/____	Date agency notified of decision: ____/____/____	
The request for (Check one): <input type="checkbox"/> Special Care <input type="checkbox"/> Exceptional Care <input type="checkbox"/> Regular Care		
Has been approved:		Effective beginning: ____/____/____ Ending: ____/____/____
APPROVER SIGNATURE:	DATE:	

Requested Rate Level Has Been Disapproved Due To:

☐ Insufficient documentation to support special/exceptional care request

☐ Medical condition not consistent with requested level of care

☐ No/insufficient foster parent training ☐ Other (explain): _____

Instructions For Special/Exceptional Care Request, Form CS-884

A. General Information

All foster care provider agencies are required to utilize page 1 of the attached Administration for Children's Services Special/Exceptional Care Request, Form CS 884 when applying for special or exceptional rates on behalf of children who meet the criteria for special/exceptional rates. Page 2 is for Children's Services use only. This form is accessible for download via the ACS intranet at: Forms>> Policy and Planning>> Medical Services Planning>> Children with Special and Exceptional Needs Unit

B. Required Identifying Information

Prior to sending the Special/Exceptional Care Request to Children's Services, foster care agencies are responsible for fully completing all required information as indicated on the form and are responsible for submitting relevant supporting documentation as outlined below:

► Foster Child's Information:

- ♦ Case Name and Children's Services Case Number
- ♦ Child's Name and Gender
- ♦ CIN Number and Date of Birth
- ♦ Foster Boarding Home (FBH) Date of Placement of the child in home of foster parent
- ♦ State FBH Certificate Number
- ♦ Expiration Date of Foster Board Home Certification

► Foster Care Provider Agency Information:

- ♦ Foster Care Agency Name
- ♦ Special/Exceptional Foster Agency Liaison Name
- ♦ Name, signature and phone number of agency liaison

C. Request Type

- **Level of Difficulty (LOD)** – Place a check in the appropriate box that corresponds to the level of difficulty being requested and the reauthorization time frame being requested.

NOTE: Supporting Documentation: Whether LOD 2 or 3 is requested, supporting documentation that fully explains the occurrence/establishment of the diagnosis that may qualify the child for the special or exceptional rate **MUST** be included with the application packet.

- **Reauthorization Timeframe** – Check the box that corresponds to the reauthorization time frame being requested if reauthorization is being requested.
- **Child's Qualifying Condition** – The case planner has to check the box that most appropriately describes the child's qualifying condition. The case planner **MUST** submit relevant supporting documentation for the child's condition. **The supporting medical (psychiatric or physician) documentation must be current-within one year of the submission of the application package for special/exceptional rates, therefore, if the application package is submitted on October 1, 2008, the supporting documentation cannot be older than October 1, 2007, except for a psychologist's diagnosis, the time frame for an psychologist evaluation is 2 years within the date of submission of the application package.**

For questions on the special/exceptional care application process or eligibility criteria, you may call the Children with Special/Exceptional Needs Unit 212-513-7754.